

**WELCH LAW LLC**  
**ESTATE PLANNING QUESTIONNAIRE**

(Please fill out to the best of your ability prior to your initial consultation. If you are unsure how to answer a question, leave it blank and we will discuss during our meeting. This document serves as a guide for our discussion and we will likely cover additional material during the consult.)

Name: \_\_\_\_\_

Other Names used: \_\_\_\_\_

Address (Street, City): \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

Marital Status:  Never married  Divorced  Widowed  Married

If married, name of Spouse: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

**CHILDREN:**  None

**AGE**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| • Any deceased children?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name(s): _____   |                          |                          |
| If yes, survived by issue?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name(s): _____   |                          |                          |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support?          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a named beneficiary dies before you, do you want the assets to go to that beneficiary's children?         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you expect to inherit substantial assets (\$100,000 +)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Will?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever executed a trust (either revocable or irrevocable)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing General Power of Attorney?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you currently hold any assets in Joint Tenancy with another person?                                       | <input type="checkbox"/> | <input type="checkbox"/> |

**If you intend to transfer your primary residence into a trust, or desire us to create a beneficiary deed, please bring a copy of your current deed or legal description of your home (which can typically be found in your mortgage documents). We will need this information to create a deed for your proposed property transfer.**

- The name of the person(s) that you want to be the financial decision maker concerning your estate upon your death or incapacity (Legal Name and phone #):

1. \_\_\_\_\_  
2. \_\_\_\_\_

- The name of the person(s) that you want to raise a child that is under 18 (if applicable) (full name and phone number):

1. \_\_\_\_\_  
2. \_\_\_\_\_

- The name of the person(s) that you want to make any major medical decisions on your behalf (full name and phone number):

1. \_\_\_\_\_  
2. \_\_\_\_\_

- In general, state how you want your estate distributed among your beneficiaries?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you wish to list contingent beneficiaries?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# BURIAL WISHES

At my death, I wish to be:             cremated             buried.

I would like my ashes disposed as follows/ I would like my remains interred as follows

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I have already made arrangements at:

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# OTHER ADVISORS

Accountant: \_\_\_\_\_

Financial Advisor(s): \_\_\_\_\_

Insurance Agent(s): \_\_\_\_\_

Business Advisor(s) (if applicable): \_\_\_\_\_

# ESTIMATED\* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc.**)	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____
<b>TOTAL:</b>	\$ _____

\* Use best guess; this can be a “ballpark” estimate.

\*\* Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

## LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH VALUE</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

## LONG TERM CARE/DISABILITY INSURANCE

INSURED (H/W/S)	OWNER (H/W/C)	BENEFICIARY (H/W/C/O)	BENEFIT VALUE (Monthly/Lump/Yearly)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____