

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.)

Husband's Legal Name: _____

Other Names used by Husband: _____

Telephone: (Husband cell/home) _____ (Wife cell/home) _____

Address: _____

County: _____ Zip Code: _____

Date of Birth: _____ E-Mail: _____

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

Business/Employment: _____

Wife's Legal Name: _____

Other Names used by Wife: _____

Date of Birth: _____

Business/Employment: _____

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

Prior Marriages?

Husband: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

Wife: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

CHILDREN OF THIS MARRIAGE: None

AGE

_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: _____ Range of Ages: _____

CHILDREN FROM PRIOR MARRIAGE:

WIFE HUSBAND AGE

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage? No Yes

YES NO

- Any deceased children?
 If yes, name(s): _____
 If yes, survived by children?
- Any adopted children?
 If yes, name(s): _____
- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?
- Do you have any relatives (other than children) who depend on you for all or part of their support?
- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?
- Do you wish to disinherit any of your children, grandchildren or any other close relative?
- Do you have an existing Marital Property Agreement?
- Do either of you expect to inherit substantial assets (\$100,000 +)?
- Do you have existing Wills?
- Do you have any existing trusts?
- Have you ever filed a Federal Gift Tax Return?

YES **NO**

- Should the surviving spouse have the power to control the distribution of the entire estate after the first death? YES NO
- Do you want any assets to pass to your children before the second spouse's death? YES NO
- If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's children? YES NO
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? (for example: 1/3 at 25, 1/3 at 30, 1/3 at 35) YES NO
- The name of the person(s) other than the surviving spouse 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 both spouses die (if applicable) (Legal Name and phone #):
 1. _____
 2. _____
- The name of the person(s) other than the surviving spouse that you want to make any major medical decisions on your behalf (name and phone #):
 1. _____
 2. _____
- In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

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

- Do you wish to list contingent beneficiaries?

- Which spouse should be deemed the survivor, if a simultaneous death occurs:

BURIAL WISHES

HUSBAND:

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

I have already made arrangements at:

WIFE:

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

I have already made arrangements at:

OTHER ADVISORS

Accountant: _____

Financial Advisor(s): _____

Insurance Agent(s): _____

Business Advisor(s) (if applicable): _____

ESTIMATED* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>HUSBAND'S SEP. PROP.</u>	<u>WIFE'S SEP. PROP.</u>	<u>COMMUNITY PROPERTY</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)	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

* 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.

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 may be found in your mortgage documents). We will need this information to create a deed for your proposed property transfer.

LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "H" husband; "W" wife; or "S" survivor
- "Owner" will be "C" community property; "H" husband or "W" wife
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "H" husband; "W" wife; "C" child, "O" other

INSURED (H/W/S)	OWNER (H/W/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (H/W/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

LONG TERM CARE/DISABILITY INSURANCE

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