

The Law Office Of Fairchild & Yoder, PLLC

Estate Planning Questionnaire

<input type="checkbox"/> MR.	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH	SOCIAL SEC. NO.
<input type="checkbox"/> MRS. <input type="checkbox"/> MISS				DATE OF BIRTH	SOCIAL SEC. NO.
STREET ADDRESS				CURRENT MARITAL STATUS	
				<input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	
CITY		STATE	ZIP		

Children By Current Marriage

<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	FIRST NAME	M.I.	LAST NAME	SPOUSE'S FIRST NAME
DATE OF BIRTH	<input type="checkbox"/> DECEASED	DATE	CITY	STATE

<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	FIRST NAME	M.I.	LAST NAME	SPOUSE'S FIRST NAME
DATE OF BIRTH	<input type="checkbox"/> DECEASED	DATE	CITY	STATE

<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	FIRST NAME	M.I.	LAST NAME	SPOUSE'S FIRST NAME
DATE OF BIRTH	<input type="checkbox"/> DECEASED	DATE	CITY	STATE

<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	FIRST NAME	M.I.	LAST NAME	SPOUSE'S FIRST NAME
DATE OF BIRTH	<input type="checkbox"/> DECEASED	DATE	CITY	STATE

<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	FIRST NAME	M.I.	LAST NAME	SPOUSE'S FIRST NAME
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DATE OF BIRTH	<input type="checkbox"/> DECEASED	DATE	CITY	STATE
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Prior Marriages

NAME OF PRIOR SPOUSE	CITY	STATE	<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	DATE	PRE-NUP <input type="checkbox"/>
NAME OF PRIOR SPOUSE	CITY	STATE	<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	DATE	PRE-NUP <input type="checkbox"/>
NAME OF PRIOR SPOUSE	CITY	STATE	<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	DATE	PRE-NUP <input type="checkbox"/>

Children By Prior Relationships

WHO'S CHILD?	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	FIRST NAME	M.I.	LAST NAME	
DATE OF BIRTH	SPOUSE'S FIRST NAME	<input type="checkbox"/> DECEASED	DATE	CITY	STATE

WHO'S CHILD?	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	FIRST NAME	M.I.	LAST NAME	
DATE OF BIRTH	SPOUSE'S FIRST NAME	<input type="checkbox"/> DECEASED	DATE	CITY	STATE

WHO'S CHILD?	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	FIRST NAME	M.I.	LAST NAME	
DATE OF BIRTH	SPOUSE'S FIRST NAME	<input type="checkbox"/> DECEASED	DATE	CITY	STATE

WHO'S CHILD?	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	FIRST NAME	M.I.	LAST NAME	
DATE OF BIRTH	SPOUSE'S FIRST NAME	<input type="checkbox"/> DECEASED	DATE	CITY	STATE

Others To Be Considered In Planning

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH
RELATIONSHIP	CITY	STATE	

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH
RELATIONSHIP	CITY	STATE	

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH
RELATIONSHIP	CITY		STATE

Preliminary Information

- Who makes the financial decisions in your household? _____
- Do you currently have a will? Yes No Drawn by whom? _____
When? _____ Date last reviewed or updated? _____
- Have you granted a Power of Attorney? Yes No
To whom? _____ Relationship? _____
- Have you created any trusts? None Living Testamentary Charitable Remainder
- Are you concerned with people accessing information about your estate if it is filed in the courthouse?
 Extremely Concerned Moderately Concerned Unimportant
- Does your net worth exceed \$1,000,000? Yes No
- Have you thought about or discussed whether you would like to be put on life support? Yes No
 - Who would you prefer directs whether to turn off life support? Document Individual
 - In case of a terminal condition where the application of life support will only artificially prolong the dying process, do you prefer life support be turned off: Immediately Never After ____ days
- Are any of your intended beneficiaries on, or expected to be on, any government assistance?
If so, who? _____

Residuary Estate Information

- Do you desire that your spouse inherit your entire estate? Yes No
- Do you desire that your children inherit your entire estate equally (after your spouse, if applicable)? Yes No
- If not, then how would you like the remainder of your estate to be divided (other than any outright gifts listed below)?

NAME	PERCENTAGE OF ESTATE	OR	CASH AMOUNT
NAME	PERCENTAGE OF ESTATE	OR	CASH AMOUNT
NAME	PERCENTAGE OF ESTATE	OR	CASH AMOUNT
NAME	PERCENTAGE OF ESTATE	OR	CASH AMOUNT
NAME	PERCENTAGE OF ESTATE	OR	CASH AMOUNT

OTHER

Real Estate

STREET ADDRESS			APPRAISED VALUE	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE SOLD AND ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
CITY	STATE	ZIP	AMOUNT OWED?	
RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	MORTGAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBDIVIDED SINCE PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LENDER
WHERE IS THE DEED?		OTHER OWNERS?		

STREET ADDRESS			APPRAISED VALUE	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE SOLD AND ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
CITY	STATE	ZIP	AMOUNT OWED?	
RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	MORTGAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBDIVIDED SINCE PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LENDER
WHERE IS THE DEED?		OTHER OWNERS?		

STREET ADDRESS			APPRAISED VALUE	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE SOLD AND ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
CITY	STATE	ZIP	AMOUNT OWED?	
RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	MORTGAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBDIVIDED SINCE PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LENDER
WHERE IS THE DEED?		OTHER OWNERS?		

Businesses

NAME	TYPE	PERCENTAGE OWNED
STREET ADDRESS		ASSETS
CITY	STATE ZIP	

NAME	TYPE	PERCENTAGE OWNED
STREET ADDRESS		ASSETS
CITY	STATE ZIP	

Bank Accounts

INSTITUTION _____ APPROXIMATE VALUE _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
INSTITUTION _____ APPROXIMATE VALUE _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
INSTITUTION _____ APPROXIMATE VALUE _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:

Certificates Of Deposit

INSTITUTION _____	APPROXIMATE VALUE _____	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
INSTITUTION _____	APPROXIMATE VALUE _____	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
INSTITUTION _____	APPROXIMATE VALUE _____	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:

Investment Or Retirement Accounts

INSTITUTION _____	TYPE _____	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
FINANCIAL ADVISOR _____	APPROXIMATE VALUE _____	
INSTITUTION _____	TYPE _____	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
FINANCIAL ADVISOR _____	APPROXIMATE VALUE _____	
INSTITUTION _____	TYPE _____	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:

FINANCIAL ADVISOR	APPROXIMATE VALUE	TO BE GIVEN OUTRIGHT TO:
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Life Insurance Policies

INSTITUTION		GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
APPROXIMATE VALUE	<input type="checkbox"/> HUSBAND _____ <input type="checkbox"/> WIFE _____	
INSTITUTION		GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
APPROXIMATE VALUE	<input type="checkbox"/> HUSBAND _____ <input type="checkbox"/> WIFE _____	
INSTITUTION		GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
APPROXIMATE VALUE	<input type="checkbox"/> HUSBAND _____ <input type="checkbox"/> WIFE _____	

Vehicles

YEAR/MAKE/MODEL	<input type="checkbox"/> PAID OWED _____	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
YEAR/MAKE/MODEL	<input type="checkbox"/> PAID OWED _____	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
YEAR/MAKE/MODEL	<input type="checkbox"/> PAID OWED _____	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
YEAR/MAKE/MODEL	<input type="checkbox"/> PAID OWED _____	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:

Tangible Assets of Significant Value (*Guns, Art, Jewelry, Antiques - \$2,000+*)

DESCRIPTION	APPROXIMATE VALUE	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
DESCRIPTION	APPROXIMATE VALUE	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
DESCRIPTION	APPROXIMATE VALUE	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:
DESCRIPTION	APPROXIMATE VALUE	GIVEN FIRST TO SPOUSE, THEN: <input type="checkbox"/> TO BE ADDED TO ESTATE <input type="checkbox"/> TO BE GIVEN OUTRIGHT TO:

Parties Who May Try To Contest Your Estate Plan

FIRST NAME	M.I.	LAST NAME
RELATIONSHIP	CITY	STATE

FIRST NAME	M.I.	LAST NAME
RELATIONSHIP	CITY	STATE

FIRST NAME	M.I.	LAST NAME
RELATIONSHIP	CITY	STATE

FIRST NAME	M.I.	LAST NAME
RELATIONSHIP	CITY	STATE

- I PREFER THE EXECUTION OF MY WILL BE HANDLED BY MY SPOUSE, OR
 I PREFER THE EXECUTION OF MY WILL BE HANDLED BY THE FOLLOWING PERSON:

Personal Representative
(ensures execution of Will)

FIRST NAME	M.I.	LAST NAME
CITY		STATE
RELATIONSHIP		DATE OF BIRTH

**First Alternate
Personal
Representative**

FIRST NAME	M.I.	LAST NAME
CITY		STATE
RELATIONSHIP		DATE OF BIRTH

**Second Alternate
Personal
Representative**

FIRST NAME	M.I.	LAST NAME
CITY		STATE
RELATIONSHIP		DATE OF BIRTH

Guardian

(assumes physical custody of children if both parents are deceased)

- THE GUARDIAN SHALL HANDLE ESTATE PROCEEDS FOR CHILDREN, OR
 THE TRUSTEE SHALL HANDLE ESTATE PROCEEDS FOR CHILDREN

FIRST NAME	M.I.	LAST NAME
CITY		STATE
RELATIONSHIP		DATE OF BIRTH

**First Alternate
Guardian**

FIRST NAME	M.I.	LAST NAME
CITY		STATE
RELATIONSHIP		DATE OF BIRTH

**Second Alternate
Guardian**

FIRST NAME	M.I.	LAST NAME
CITY		STATE
RELATIONSHIP		DATE OF BIRTH

SAME AS PERSONAL REPRESENTATIVE, OR

Trustee

(handles estate proceeds for children and administration of Revocable Living Trust)

FIRST NAME	M.I.	LAST NAME	
CITY		STATE	
RELATIONSHIP		DATE OF BIRTH	

First Alternate Trustee

FIRST NAME	M.I.	LAST NAME	
CITY		STATE	
RELATIONSHIP		DATE OF BIRTH	

Second Alternate Trustee

FIRST NAME	M.I.	LAST NAME	
CITY		STATE	
RELATIONSHIP		DATE OF BIRTH	

Attorney-in-Fact

- Power of Attorney
- Adv. Med. Directive

FIRST NAME	M.I.	LAST NAME	
STREET ADDRESS			
CITY		STATE	ZIP
RELATIONSHIP		PHONE NUMBER	

First Alternate Attorney-in-Fact

- Power of Attorney
- Adv. Med. Directive

FIRST NAME	M.I.	LAST NAME	
STREET ADDRESS			
CITY		STATE	ZIP
RELATIONSHIP		PHONE NUMBER	

