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Confidential Estate Planning Questionnaire

Please answer the following questions before your first appointment. Your answers provide a basis for discussing your specific estate planning needs and intentions. The answers will be used to draft your documents. Please answer the questions as completely as possible. If certain questions do not apply to you, please mark them as “N/A.” All information supplied is strictly confidential and necessary to provide you with proper advice. We will discuss any questions you have about the requested information when we meet. Spouses/partners can complete a joint questionnaire and note where their information differs. You may complete separate questionnaires if necessary.

1. Your name: _____

2. Spouse/Partner name: _____

3. Do you currently have estate planning documents? [] Yes (Please have it available) [] No

4. Home address: _____

Home phone number: _____

Cell numbers: _____

Email addresses: _____

5. Dates of birth: _____

Places of birth: _____

Citizenship: _____

6. Have you been married? [] Yes [] No

If “Yes” did marriage end in [] death or [] divorce?

Year marriage ended: _____

7. Do you have a domestic partnership agreement in effect? [] Yes [] No

If "Yes" please have a copy available for review.

8. Do you have any children? [] Yes [] No

(Skip to Question 9 if you have no children)

a. Do any of your children have special needs or are any handicapped? [] Yes [] No

b. Please list all of your children, including adopted children. Include names, city, state, and age.

Name	City, State	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. Please identify any children who predeceased you:

(Use other side if additional space is needed)

Specific Bequests of Property to Specific Persons

In many situations a person tells family members how (s)he wants the personal property divided. Generally, these items are not specifically mentioned in the will or trust. This leaves you free to create a separate list that you may change whenever you like without having to rewrite your will or trust. You can use the will or trust to make a specific bequest if you are concerned your wishes will not be honored. A specific bequest may also be appropriate if you intend to leave an item to a nonfamily member.

9. Please indicate the specific item(s) you want distributed and the name of the person(s) to whom you are leaving the item(s).

Beneficiaries of the Remainder of Your Estate

Please think about who you want to inherit the remainder of your estate (all items not specifically mentioned above). List primary beneficiary(ies) first (example: everything to my spouse), and alternate beneficiary(ies) next (example: if my spouse does not survive me, everything to my child). If you are naming multiple beneficiaries in a section, do you want them to inherit equal shares? (Use other side if additional space is needed.)

11. Name the primary person(s) who you want to leave your estate:

Name: _____

Relationship: _____

City/State: _____

Name: _____

Relationship: _____

City/State: _____

12. Name the person(s) you wish to be the alternate beneficiary of your estate:

Name: _____

Relationship: _____

City/State: _____

Name: _____

Relationship: _____

City/State: _____

Name: _____

Relationship: _____

City/State: _____

13. GUARDIANSHIP OF MINOR CHILDREN. If you have children under the age of 18 you need to consider naming a guardian. Natural parents have priority in these matters. You can name someone to be the guardian of the person and of the estate. If you do not name a guardian, and there is no other natural parent, the probate court will appoint one for any minor child(ren).

a. First choice for guardian:

Name: _____

Relationship: _____

City/State: _____

b. Alternate choice for guardian:

Name: _____

Relationship: _____

City/State: _____

14. EXECUTOR. Every will needs an individual to act as the executor. This is the person responsible for collecting all the property at the time of death and paying all legal debts, taxes, and expenses out of the property collected. The executor is also responsible for distributing the remaining property to the people named in your will. The executor can be anyone over the age of eighteen or it can be an institution. It is advisable to name an alternate executor in case the first person is unable or unwilling to accept the responsibility. Your executor will be compensated from the estate assets according to a schedule set by [your state] law. The executor may choose to waive the fee.

a. First choice for executor:

Name: _____

Relationship: _____

City/State: _____

b. Alternate choice for executor:

Name: _____

Relationship: _____

City/State: _____

15. WILL CONTEST. Consider whether any family member is apt to file a will contest. If you think that may happen, you may want to include a provision to deter people from filing a will contest. You may provide that anyone contesting the will receives nothing from the estate. Generally, you will need to leave a specific bequest sufficient to make an heir think twice before contesting your will.

16. TAX ISSUES. In order to determine if tax planning is required for your estate, it is important to estimate the overall value of your accumulated property. This includes future life insurance proceeds, retirement accounts, and all other property listed in your name. If your total estate is over \$1.5 million, you may wish to consider estate planning geared towards mitigating estate taxes. We will discuss the alternatives at the interview.

Estimated value of your total assets at present: (Check one)

a. Under \$1.5 million

b. Over \$1.5 million

17. Do you want to sign a durable power of attorney for legal and financial decision-making?

Yes No

a. Whom do you want to name as your attorney-in-fact (the person to whom you are giving the authority to act on your behalf)?

Name: _____

Address: _____

Telephone number: _____

Relationship: _____

b. Alternate Attorney-in-fact:

Name: _____

Address: _____

Telephone number: _____

Relationship: _____

18. Do you want to sign a health care proxy? Yes No

a. First health care proxy (the person designated to make health care decisions for you):

Name: _____

Address: _____

Telephone number: _____

Relationship: _____

b. Alternate health care proxy:

Name: _____

Address: _____

Telephone number: _____

Relationship: _____

c. Do you want to be an organ donor? Yes No

d. Do you want life sustaining procedures if at any time you should have an incurable injury, disease, or illness certified to be a terminal condition or a permanently unconscious condition by two physicians who have personally examined you, one of whom shall be your attending physician, and the physicians have determined that your death will occur whether or not life-sustaining procedures are utilized, or that you will remain in a permanently unconscious condition, and where the application of life-sustaining procedures would serve only to artificially prolong the dying process? Yes No

Do you want artificially administered nutrition and hydration (food and fluids) WITHHELD should you have a condition mentioned in (d.) above? [] Yes [] No

Assets

Generally, a will does not list specific items of property. More often, the will (or trust, if you have one) mentions that beneficiaries divide the entirety of your estate in whatever percentages you choose. However, it is important to list the *form of ownership and the approximate value of your property* in order for us to make recommendations on the type of planning you should consider. It is important that you complete the answers concerning the following assets as best you can.

20. a. REAL PROPERTY (e.g., residence, vacant land, rental property, vacation home). Please have your deeds available for review.

(i) Location: _____

Market value and mortgage balance: _____

Exact way owner(s) are named on deed: _____

(ii) Location: _____

Market value and mortgage balance: _____

Exact way owner(s) are named on deed: _____

b. BANK ACCOUNTS (Indicate whether checking, savings, brokerage account, or CDs)

Name/location of financial institution: _____

Account balance: _____

Name of account holder (specify if joint or payable on death): _____

Name/location of financial institution: _____

Account balance: _____

Name of account holder (specify if joint or payable on death): _____

Name/location of financial institution: _____

Account balance: _____

Name of account holder (specify if joint or payable on death): _____

Name/location of financial institution: _____

Account balance: _____

Name of account holder (specify if joint or payable on death): _____

c. IRAs, AND OTHER QUALIFIED RETIREMENT PLANS

Name/location of financial institution: _____

Account balance: _____

Name of account holder: _____

Name of beneficiary: _____

Name/location of financial institution: _____

Account balance: _____

Name of account holder: _____

Name of beneficiary: _____

Name/location of financial institution: _____

Account balance: _____

Name of account holder: _____

Name of beneficiary: _____

Name/location of financial institution: _____

Account balance: _____

Name of account holder: _____

Name of beneficiary: _____

(Use other side if additional space is needed)

d. STOCKS, BONDS, MUTUAL FUNDS, AND OTHER INVESTMENTS

Name(s) of stocks/bonds/funds: _____

How holdings are held: _____

Approximate value: _____

Name(s) of stocks/bonds/funds: _____

How holdings are held: _____

Approximate value: _____

Name(s) of stocks/bonds/funds: _____

How holdings are held: _____

Approximate value: _____

e. TITLED VEHICLES; list all cars, trucks, boats, and motorcycles:

Year/make/model: _____

Titled owner: _____

Approximate value: _____

Year/make/model: _____

Titled owner: _____

Approximate value: _____

f. OTHER IMPORTANT ASSETS (e.g., stamp/coin/other collections, business interests, partnerships, lottery winnings):

g. LIFE INSURANCE POLICIES

Name on policy: _____

Cash value (if any): _____

Beneficiary: _____

Name on policy: _____

Cash value (if any): _____

Beneficiary: _____