Estate Planning Questionnaire

Wills and Trusts

(Married)

This form will help you to gather your information to assist our office in designing an Estate Plan that meets your goals. Please complete with as much information as you have currently available.

You may complete the form electronically and e-mail it to our office. Otherwise, please print it so that you can fill in the information.

It is helpful if you can return this prior to your appointment. Otherwise, bring the completed questionnaire to our first meeting to discuss your estate planning. Please call if you have any questions.

All information provided is strictly confidential

The information we have provided in this document is true and correct, to the best of our knowledge. We understand that Studenberg Law is relying on this information for the advice it gives us, and if there is any material change in our asset composition, values, or other personal data during the course of representation, we will notify Studenberg Law.

If prepared electronically, the check next to our printed names indicates acknowledgement of the above declaration.

| Signature | Signature |
|--------------------------|-----------------------|
| ☐ Husband's printed name | ☐ Wife's printed name |
| Date: | Date: |



Personal information Please provide requested information.

| Husban | d's Lega | l Name | | | | | |
|-------------|--------------|--------------------|-------------------------|----------------|--------------|------------------|----------|
| Other nan | nes used to | title prope | erty and accounts | | | | |
| Prefer to b | oe called | | | | | | |
| Date of M | Iarriage | | | | | | |
| Home Ad | dress | | | | | | |
| City | | | | State | | Z | ip i |
| Birth Date | e | | | | | | |
| Social Sec | curity# | | | U.S. Ci | tizen? □ | | |
| Home Tel | ephone | | Cell Phone | | Busine | ss Telephone | |
| E-mail Ac | ldress | | | | | | |
| Employer | | | | Position | n | | |
| Business A | Address | | | | | | |
| City | | | | State | | Z | iip |
| Wife's I | Legal Na | me | | | | | |
| Other nan | nes used to | title prope | erty and accounts | | | | |
| Prefer to b | oe called | | | | | | |
| Home Ad | dress | Same as Husband | 's | | | | |
| City | | | | State | | Z | iip |
| Birth Date | e | | | | | | |
| Social Sec | curity # | | | U.S. Ci | tizen? □ | | |
| Home Tel | ephone | | Cell Phone | | Busine | ss Telephone | |
| E-mail Ad | ldress | | | | | | |
| Employer | | | | Position | n | | |
| Business A | Address | | | | | | |
| City | | | | State | | Z | iip |
| Contact | and Oth | er Infor | mation | | | | |
| Please in 1 | list order o | f preferenc | e the means for contact | cting you (ma | il, e-mail o | r telephone nu | mber(s). |
| Please list | in order o | f preferenc | e the method of receiv | ving correspon | dence (mai | l, e-mail, or bo | oth). |
| How were | e you refer | red to our o | office? | | | | |

Children Please list all children. If not currently living with you, please provide contact information.

| 1. Child's Legal Name | | | | |
|---|-----------------|---------------------|--|--|
| Home Address | | | | |
| City | | | | |
| State | Zip | | | |
| Birth Date | E-mail | | | |
| Social Security # | U.S. Citizen? □ |] | | |
| Husband and Wife Both Parents? □ Husband Parent Only? □ Wife Parent Only? □ | | | | |
| Additional Information | | | | |
| | | | | |
| | | | | |
| 2. Child's Legal Name | | | | |
| Home Address | | | | |
| City | | | | |
| State | Zip | | | |
| Birth Date | E-mail | | | |
| Social Security # | U.S. Citizen? □ |] | | |
| Husband and Wife Both Parents? ☐ Husband Parent Onl | y? □ | Wife Parent Only? □ | | |
| Additional Information | | | | |
| | | | | |
| | | | | |
| 3. Child's Legal Name | | | | |
| Home Address | | | | |
| City | | | | |
| State | Zip | | | |
| Birth Date | E-mail | | | |
| Social Security # | U.S. Citizen? |] | | |
| Husband and Wife Both Parents? ☐ Husband Parent Onl | y? □ | Wife Parent Only? □ | | |
| Additional Information | | | | |

| 4. Chi | ld's Leg | al Name | | | |
|-----------|------------|--------------------|-------------------------|------------------|----------------------|
| Home A | Ī | | | | |
| City | | | | | |
| State | | | | Zip | |
| Birth Da | ite | | | E-mail | |
| Social So | ecurity # | | | U.S. Citizen? |] |
| Husband | l and Wife | Both Parents? □ | Husband Parent Onl | y? □ | Wife Parent Only? □ |
| Addition | nal Inform | ation | | | |
| | Please lis | t other family mem | nbers or individuals th | at may be includ | ed in your planning. |
| Home A | | | | | |
| City | | | | | |
| State | | | | Zip | |
| Relation | ship | | | E-mail | |
| Social So | ecurity # | | | U.S. Citizen? |] |
| Telephor | ne | | | L | |
| Addition | nal Inform | ation | | | |
| | | | | | |
| | al Name | | | | |
| Home A | ddress | | | | |
| City | | | | | Γ |
| State | | | | Zip | |
| Relation | | | | E-mail | _ |
| | ecurity # | | | U.S. Citizen? |] |
| Telephoi | | <u> </u> | | | |
| Addition | nal Inform | ation | | | |

Your Concerns

Please rate the following as to how important they are to you:

H - high concern, S - some concern, L - low concern, N - no concern or not applicable.

| Description | Level of Husband | Concern Wife |
|---|------------------|-----------------|
| Get affairs in order and create a comprehensive plan to manage affairs in case of death or disability | | ,,,,,, |
| Providing for and protecting a spouse | | |
| Providing for an protecting children | | |
| Disinheriting a family member | | |
| Providing for charities at the time of death | | |
| Plan for transfer and survival of a family business | | |
| Avoiding or reducing your estate taxes | | |
| Avoiding probate | | |
| Reduce administration costs at time of your death | | |
| Avoiding guardianship in case of incapacity | | |
| Avoiding will contests or other disputes upon death | | |
| Protecting assets from lawsuits or creditors | | |
| Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers | | |
| Plan for a child with disabilities or special needs, such as medical or learning disabilities | | |
| Protecting children's inheritance in the event of a surviving spouse's remarriage | | |
| Please list any other concerns: | | |
| | | |
| | | |
| | | |

Important Family QuestionsPlease check Yes or No for your answer.

| Question | Yes | No |
|---|-----|----|
| Are either of you receiving Social Security, disability, or other governmental benefits? <i>If yes, please describe:</i> | | |
| Are either of you making payments pursuant to a divorce or property settlement order? <i>If yes, please furnish a copy.</i> | | |
| Have you and your spouse signed a pre-marriage or post-marriage agreement? <i>If yes, please furnish a copy.</i> | | |
| Have either of you ever been widowed? If a federal estate tax return Form 706 or a state death tax return was filed, please furnish a copy. | | |
| Have either of you ever filed federal (Form 709) or state gift tax returns? If yes, please furnish copies of these returns | | |
| Have either of you completed previous will, trust, or estate planning? If yes, please furnish copies of these documents before our first meeting, if possible. | | |
| Do you support any charitable organizations now that you wish to make provisions for at the time of your deaths? <i>If so, please explain:</i> | | |
| Are there any other charitable organizations you wish to make provisions for at the time of your deaths? <i>If yes, please explain:</i> | | |
| Have either of you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.</i> | | |
| Are either of you currently the beneficiary of anyone else's trust? If yes, please explain: | | |
| Do any of your children have special educational, medical, or physical needs? | | |
| Do any of your children receive governmental support or benefits? | | |
| Do you provide primary or other major financial support to adult children or others? | | |
| Are either of you currently involved in any litigation or know of any pending litigation? | | |
| Have either of you been injured in the last year? | | |
| Additional information: | | |

Advisors Please list any advisors.

| Attorney's Name | | |
|---|--------------|------------------------|
| Address | | |
| City | State | Zip |
| Telephone | E-mail | May we contact? □ |
| | 1 | , |
| | | |
| Accountant's Name | | |
| Address | | |
| City | State | Zip |
| Telephone | E-mail | May we contact? □ |
| | | |
| | | |
| | | |
| Financial Advisor's Name | | |
| Financial Advisor's Name Address | | |
| | State | Zip |
| Address | State E-mail | Zip May we contact? □ |
| Address City | | |
| Address City | | |
| Address City Telephone | E-mail | |
| Address City Telephone Life Insurance Agent's Name | E-mail | |
| Address City Telephone Life Insurance Agent's Name Address | E-mail | May we contact? □ |
| Address City Telephone Life Insurance Agent's Name | E-mail | |

Property Information How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations for owner:

| Husband's name alone, with no other person: | H |
|---|-----|
| Wife's name alone, with no other person: | W |
| Joint Tenancy with spouse: | JTS |
| Joint Tenancy with someone other than a spouse: | JTO |
| Held in Husband's Trust: | HT |
| Held in Wife's Trust: | WT |
| Held in other Trust: | T |
| Other: | O |

Real Property Please list any interest in real estate including your family residence, vacation homes, timeshare, vacant land, etc. Equity is Market Value less any Loan Balance.

| Description and Address | Owner | Market Value | Loan Balance | Equity |
|-------------------------|-------|-----------------|-----------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Total | | | |

Furniture and Personal Effects Please list separately only major personal effects such as jewelry, collections, antiques, firearms, and all other valuable non-business personal property.

| Type or Description | Owner | Market Value |
|---|-------|-----------------|
| Miscellaneous Furniture and Household Effects (total) | | |
| | | |
| | | |
| | | |
| | | |
| | Total | |

Automobiles, Boats, and RVs General Description: Type, such as motor vehicle, boat, RV, etc. Owner: Name(s) on title, Equity is Market Value less any Loan Balance.

| General Description | Owner | Market Value | Loan Balance | Equity |
|---------------------|-------|-----------------|-----------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Total | | | |

Bank Accounts Type, use CA for Checking Account, SA for Savings Account, CD for Certificates of Deposit, MM for Money Market (*Do not include IRAs or 401(k)s here.*) Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give Minor's name.

| Name of Financial Institution and Account Number | Туре | Owner | Amount |
|--|------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | , | Total | |

Stocks Bonds and Brokerage Trust Accounts List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.

Type: BR for Brokerage Account, IND for individually owned. (Do not include IRAs or 401(k)s here.)

| Stocks, Bonds, or Investment Accounts | Account # | Туре | Owner | Amount |
|---------------------------------------|-----------|------|-------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total | |

Life Insurance and Annuities Type: Term, whole life, or annuity. **Insurance company:** Company name. **Beneficiaries**: The primary and contingent beneficiaries. **Primary Owner**: Who's life is insured or owns the annuity. **Amount**: Death Benefit or Net Cash Value.

| Type, Insurance Company, and Beneficiaries | Primary Owner | Amount |
|--|------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | |

Retirement Plans Type: Pension, Profit Sharing, IRA, Roth IRA, SEP, 401(k), etc. **Additional Information**: Plan name and any other pertinent information. Who is the beneficiary. **Primary Owner**: Husband or Wife.

| Type and Additional Information | Primary Owner | Amount |
|---------------------------------|------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | Total | |

Business Interests Type: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **Additional Information**: Give a description of the interests and percentage owned. **Owner:** Husband, Wife, or Joint ownership. **Value**: Net proceeds if business interest was sold.

| Type and Additional Information | Owner | Value |
|---------------------------------|-------|-------|
| | | |
| | | |
| | | |
| | | |
| | Total | |

Money Owed to You Type: Mortgage or promissory notes payable to you, or other moneys owed to you. **Owed to**: Husband, Wife or Joint ownership.

| Type and Name of Debtor | Date of Note (MM/YYYY) | Maturity Date (MM/YYYY) | Owed to | Balance |
|-------------------------|------------------------------|-------------------------|---------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | Total | |

Anticipated Inheritance, Gifts, or Lawsuit Judgment Type: Gifts or inheritances that you expect to receive in the future or moneys that you anticipate receiving though a judgment in a lawsuit. Describe in appropriate detail. Recipient: Husband or Wife or Joint.

| Type and Additional Information | Recipient | Value |
|---------------------------------|-----------|-------|
| | | |
| | | |
| | | |
| | | |
| | Total | |

Other Assets List any other property that does not fit into any of the previously listed categories.

| Type or Description | Owner | Value |
|---------------------|-------|-------|
| | | |
| | | |
| | | |
| | | |
| | Total | |

Summary
Summarize all values from the prior sections. For Assets not jointly owned, list value in **Husband's** or **Wife's** column, otherwise leave these columns blank.

| Assets | Husband | Wife | Value |
|---|---------|------|-------|
| Real Property | | | |
| Furniture and Personal Effects | | | |
| Automobiles, Boats and RVs | | | |
| Bank Accounts | | | |
| Stocks, Bonds, and Brokerage Trust Accounts | | | |
| Life Insurance and Annuities | | | |
| Retirement Plans | | | |
| Business Interests | | | |
| Money owed to you | | | |
| Anticipated Inheritance | | | |
| Other Assets | | | |
| Total Assets | | | |

Guardian for Minor Children If you have any children under the age of 18, list in order of preference those persons whom you wish to be the guardian for your children.

| Guardians | S | | | | | | | |
|------------------|---|--------------|---------------------|-----------|----------|-------------|--------|--|
| 1. Name | | Relationship | | nship | | | | |
| Address | C | City | | | State | | Zip | |
| 2. Name | | | | Relatio | nship | | | |
| Address | C | City | | | State | | Zip | |
| 3. Name | | | | Relatio | nship | | | |
| Address | С | City | ' | | State | | Zip | |
| Please list in o | Trustee(s) A trust maybe part of your of preference your successor trustee(s) | | | ı serving | g as the | initial tru | ustee. | |
| 1. Name | | | | Relatio | nship | | | |
| Address | C | City | | | State | | Zip | |
| 2. Name | | | | Relatio | nship | | | |
| Address | C | City | | | State | | Zip | |
| 3. Name | | | | Relatio | nship | | | |
| Address | C | City | | | State | | Zip | |
| | ccessor Trustee(s) designations are the same as Husban | nd's, o | otherwise please of | complete | below. | | | |
| 1. Name | | • | | Relatio | | | | |
| Address | C | City | | | State | | Zip | |
| 2. Name | | | | Relatio | nship | | | |
| Address | C | City | | | State | | Zip | |
| 3. Name | | • | | Relatio | nship | | | |
| Address | С | City | | | State | | Zip | |

Power of Attorney If you are unable to make financial decisions for yourself, whom do you want to make those decisions for you? Please enter the primary and successor agents in order of preference.

| Husband's Power of Attorney | | | | | | |
|-----------------------------|---|--------------|--------------------------|----------|-----|--|
| 1. Name | | | Relatio | nship | | |
| Address | Cit | ty | | State | Zip | |
| 2. Name | | | Relatio | nship | | |
| Address | Cit | ty | | State | Zip | |
| 3. Name | | | Relationship | | | |
| Address | Cit | ty | State | | Zip | |
| | wer of Attorney designations are the same as Husband | l's, o | therwise please complete | e below. | | |
| 1. Name | | | Relatio | | | |
| Address | Cit | ty | | State | Zip | |
| 2. Name | | Relationship | | | | |
| Address | Cit | ty | | State | Zip | |
| 3. Name | | Relationship | | | | |
| Address | Cit | ty | | State | Zip | |

Health Care If you are unable to make decisions for yourself, whom do you want to make decisions for you with regard to your medical treatment? Please enter the primary and any successor agents in order of preference.

| Health Car | re Decisions for Husband | | | | | |
|-----------------------------|--|----------|----------------------|-----------------|----------------|----------|
| 1. Name | | | Re | elationship | | |
| Address | | City | | State | Zip | |
| 2. Name | | | Re | elationship | · | |
| Address | | City | | State | Zip | |
| 3. Name | | | Re | elationship | · | |
| Address | | City | | State | Zip | |
| | re Decisions for Wife designations are the same as Husb | and's, c | otherwise please con | aplete below. | · | |
| 1. Name | | | | elationship | | |
| Address | | City | | State | Zip | |
| 2. Name | | | Re | elationship | | |
| Address | | City | | State | Zip | |
| 3. Name | | | Re | elationship | | |
| Address | | City | | State | Zip | |
| Living Will artificial mean | Do you want to provide that as or measures? | t the mo | oment of your death | n not be unnece | essarily prolo | onged by |

Wife

No □

Yes □

Husband

Yes □

No □

Other Items to Include or Discuss or Additional Information Your Estate Plan should address all of your hopes, fears, and wishes. Please list any other items that you want included or to be discussed. Also, list in this area any information related to previous sections that needs further explanation.

| Additional Information |
|------------------------|
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