

## **Thomson Law Estate Planning Questionnaire**

This questionnaire is designed to provide information regarding your family and financial information relevant to your estate planning.

The questionnaire requests details regarding your family circumstances and your assets. We recognize that you may not be able to complete all of the answers before our conference. However, this questionnaire will help you to focus on the information we will be discussing.

## **I. PERSONAL INFORMATION**

Name as you want it to appear on your documents: \_\_\_\_\_

Address:

Phone Number: \_\_\_\_\_

Date of Birth:

Email Address:

## **II. BENEFICIARY INFORMATION AND FAMILY MEMBERS**

**A. List your family members, (spouse, children, grandchildren, etc.) even if you do not want them to receive any assets of your estate and other individuals you want included in your estate plan:**

NAME

## RELATIONSHIP

## AGE

### **III. PERSONAL REPRESENTATIVE, TRUSTEES AND GUARDIANS**

If you have decided, please provide the following information:

1. Who will act as the Executor/Personal Representative/ Successor Trustee of your estate?

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

You may have more than one. In such case, they would act as Co-Personal Representatives.

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

2. If the person(s) listed in #1 are not able to do so, please list an alternate to act as Personal Representative.

Alternate Personal Representative: \_\_\_\_\_

Address:

Phone number:

3. If you have minor children, who would you nominate to act as their guardian if you and their other parent were deceased?

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

#### **IV. MISCELLANEOUS QUESTIONS.**

1. Do you have specific funeral wishes?
2. Do you have a funeral trust or burial instructions on file with a funeral home?
3. Do you have a burial plot or do you desire to be cremated?
4. Who would you choose to act on your behalf if you were alive but unable to make decisions regarding your **finances** due to incompetency?

a. First choice \_\_\_\_\_

b. Second choice \_\_\_\_\_

5. Who would you choose to act on your behalf if you were alive but unable to make **medical** decisions for yourself?

a. First choice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

b. Second choice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

6. Other considerations we will discuss:

- a. If a beneficiary is under a certain age, would you want their share of your estate to be held in Trust?
- b. At what age would you want them to receive the money outright from the trust?

- c. Who would you appoint to serve as Trustee of such trust?
- d. Do you care if your personal representative sells the assets of your estate?
- e. Are you familiar with Transfer on Death Deeds?
- f. Do you have beneficiaries listed on all of your investment, retirement, and bank accounts?
- g. How are all of your real property and vehicles titled?
- h. Do you own a mobile home that has a title?
- i. Are you a party to any Contracts for Deed?

## **V. CONSIDERATIONS FOR DISTRIBUTION**

Please consider the following and we will discuss it during your office conference. Use the space for thoughts, notes, and/or questions.

1. Who will receive your personal property? Do you want to prepare a list of household, personal items and list to whom they shall be given?

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2. Who will receive your real property (home, land)?

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3. Who will receive your financial accounts and bank accounts? Are they listed as beneficiaries at the bank or with your financial advisor?

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4. Do you have any specific instructions or limitations you want included in your estate documents regarding the sale or distribution of any of your assets? This could include someone having a first right to buy certain assets or limiting the liquidation or sale of real property.

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5. In the event one of your heirs is not living at the time of your death, who will receive the deceased person's share of your estate? Would it be distributed to the deceased person's descendants/children, your living children or other?

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## **VI. ASSETS**

Please list all of your major assets and enter an approximate value for each:

<b>BANK ACCOUNTS</b>						
CKNG	CD	SVGS	FINANCIAL INSTITUTION	AMOUNT	JOINTLY HELD?	OTHER SIGNERS?

<b>INVESTMENT ACCOUNTS</b>				
FINANCIAL INSTITUTION	VALUE	JOINTLY HELD? (Yes/No)	BENEFICIARY? (Yes/No)	PAYABLE ON DEATH? (Yes/No)

<b>REAL ESTATE</b>				
DESCRIPTION/ADDRESS/ <u>LOCATION</u>	OWNER(S)	OWNERSHIP %	VALUE	MORTGAGE
RESIDENCE(S)				
OTHER REAL ESTATE				

## LIFE INSURANCE

Name of Policy	Owner of Policy	Beneficiary of Policy	Amount of Policy

## RETIREMENT ACCOUNTS

Financial Institution	Type (IRA, Roth, 401)	Beneficiary	Value

## BUSINESS INTERESTS

Type	Name	Description	Value
Proprietorships			
Partnerships			
Corporations (S or C)			
Limited Liability Co.(LLC'S)			

## OTHER ASSETS

OTHER ASSETS		
Personal Notes		
Vehicle		
Vehicle		
Vehicle		
Rec. Veh		
Rec. Veh		
Collections/Firearms/etc		
Collections/Firearms/etc		
Collections/Firearms/etc		

## ADDITIONAL INFORMATION