





Consider out of wedlock children, a trust, parental control, ability to be treated differently, income and education planning.

- 9. Are any beneficiaries disabled? Yes \_\_\_ No \_\_\_  
Are any beneficiaries non-U.S. Citizens? Yes \_\_\_ No \_\_\_ If so, then whom? \_\_\_\_\_
- 10. Do you want adopted children to be treated the same as biological children? Yes \_\_\_ No \_\_\_
- 11. If any of the above children were born of a previous marriage, then indicate child's name and parent's name and address.

Child's Name: \_\_\_\_\_ Parent's Address: \_\_\_\_\_

Consider common law marriage, assets of deceased spouse have been properly probated and divorce.

- 12. Do you presently have a Will, Trust, Durable Power of Attorney, Durable Health Care Power of Attorney or Living Will in force? Yes \_\_\_ No \_\_\_  
Will: Yes \_\_\_ No \_\_\_  
Trust: Yes \_\_\_ No \_\_\_  
Durable Power of Attorney: Yes \_\_\_ No \_\_\_  
Durable Health Care Power of Attorney: Yes \_\_\_ No \_\_\_  
Living Will: Yes \_\_\_ No \_\_\_  
If yes to any of the above, please attach a copy or provide information as to location of will, trust, Durable Power of Attorney, Durable Health Care Power of Attorney and/or Living Will.  
Do you want me to review the same? Yes \_\_\_ No \_\_\_

- 13. Name, address and telephone number of Advisors:

CPA	Address	Phone #
Broker	Address	Phone #
Trust Advisor	Address	Phone #

- 14. Safety deposit box -under names: \_\_\_\_\_

CONTENTS	DEPOSITORY	ADDRESS
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- 15. Name of funeral home: \_\_\_\_\_  
Cremation: Yes \_\_\_ No \_\_\_  
Pre-paid funeral: Yes \_\_\_ No \_\_\_

Note: You may give me burial instructions which should not be maintained with your will since a will is read and executed after burial has taken place.

- 16. If retired, then explain briefly the type and nature of any retirement program under which you may now, or in the future, be entitled to benefits: \_\_\_\_\_
- 17. List any debts and/or mortgages for which you or the estate is now obligated:

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>CREDITORS</u>	<u>DATE DUE</u>
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18. Do you own property in a foreign country? Yes\_\_\_\_ No\_\_\_\_ Where\_\_\_\_\_

19. LIST OF ASSETS:

[LSG- REQUEST COPIES OF DEEDS, BANK STATEMENTS, AND BENEFICIARY DESIGNATIONS.]

DESCRIPTION	Approximate Value		WIFE	TOTAL
	TITLED	HUSBAND		
Real Estate:	_____	_____	_____	_____
Cash/Checking CD's/Savings:	_____	_____	_____	_____
Money Markets	_____	_____	_____	_____
Stocks/Bonds Notes/Mtgs	_____	_____	_____	_____
Life Ins. Annuities	_____	_____	_____	_____
IRAs/Pension Plans	(Please attach copy of designation of beneficiary form)			_____
Candidate for Life Settlement?	_____	_____	_____	_____
Business Interests Corp/Partnerships Ltd. Partnerships	_____	_____	_____	_____
Furnishings	_____	_____	_____	_____
Motor Vehicles (LSG Advise of TBE and exposure)	_____	_____	_____	_____
Jewelry and Art	_____	_____	_____	_____
Other Valuable Items	_____	_____	_____	_____

TOTAL:

20. Are you a beneficiary of another's life insurance, annuity, IRA, or other deferred retirement account?  
Yes\_\_\_\_ No\_\_\_\_; If Yes, please explain \_\_\_\_\_.

21. Homestead:  
 (a) To spouse: Yes \_\_\_ No \_\_\_; To children: Yes \_\_\_ No \_\_\_; JWROS \_\_\_; TC \_\_\_  
 (b) Direct sale of homestead: Yes \_\_\_ No \_\_\_  
 (c) Explain Save our Home Cap: Yes \_\_\_ No \_\_\_
22. (a) If you desire any specific items of real or personal property or cash bequeathed to a particular individual or individuals, then indicate same on Separate Writing.  
 (b) How do you want you emails and passwords handled?
23. Indicate the individual or individuals to whom you wish the remainder of your estate assets to be distributed:

NAME (WITH DOB)	SSN	SHARES
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Do you want drug abuse provision? Yes \_\_\_ No \_\_\_
25. Do you want pet provision? Yes \_\_\_ No \_\_\_
26. (A) If taxable estate, then discuss family and marital trust and how assets should be invested.  
 (B) Who are trustees? \_\_\_\_\_  
 (C) Marital-Outright \_\_\_ QTIP \_\_\_ POA \_\_\_  
 (D) Should children and grandchildren be beneficiaries of family trust? \_\_\_\_\_  
 (E) Gifting of QTIP Marital Trust after first spouse's death? \_\_\_\_\_  
 (F) Discuss limiting family trust in light of higher exemption amounts so spouse receives adequate property.  
 (G) Total Return Trust \_\_\_ vs. Income \_\_\_  
 (H) Prudent investor's rules apply: Yes \_\_\_ No \_\_\_  
 (I) Power to Adjust: Yes \_\_\_ No \_\_\_  
 (J) 5/5 Power or QTIP: Yes \_\_\_ No \_\_\_ (do not use if sprinkle trust)  
 (K) Consider lifetime QTIP, sever jt. ten., gifts, if spouse doesn't have credit shelter amt.  
 (L) Discuss portability in 2011 and 2012; Do you want to rely on that? Yes \_\_\_ No \_\_\_  
 (M) Discuss disclaimer trust.

**DISCUSS CREDITOR ISSUES IF TRANSFERRING ASSETS INTO SEPARATE TRUSTS DISCUSS DISINHERITANCE OF SPOUSE**

27. List any religious, charitable or other organizations to receive any portion of your estate:

NAME	ADDRESS	AMOUNT/ITEM
_____	_____	_____
_____	_____	_____
_____	_____	_____

Charitable giving, charitable interest and/or tax planning, CLT, CRT, CRAT, CRUT, NIMCRUT, outright gifts (during life and death), private foundations and pooled income funds.

28. Have you ever lived in the following community property states?  
 Arizona \_\_\_\_\_ Louisiana \_\_\_\_\_ Texas \_\_\_\_\_  
 California \_\_\_\_\_ Nevada \_\_\_\_\_ Washington \_\_\_\_\_  
 Idaho \_\_\_\_\_ New Mexico \_\_\_\_\_ Wisconsin \_\_\_\_\_

29. List the name, address & relationship of the person(s) you wish to serve as per. rep. and successor:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Per. Rep. Comp. No. \_\_\_\_\_ 733.617 \_\_\_\_\_ Other \_\_\_\_\_

30. List the name, address and relationship of the person or persons you wish to serve as your trustee and successor: **(NOTE: CONFIRM THAT IF THE PER. REP. AND TRUSTEE ARE SAME PERSON THEN NOTICE WILL HAVE TO BE GIVEN TO ALL TRUST BENES)**

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: If you name an out-of-state trustee, then consider state income tax consequences.

Independent Trustee Comp. Yes \_\_\_\_\_ No \_\_\_\_\_ T'ee - Benef. Yes \_\_\_\_\_ No \_\_\_\_\_  
 Amount \_\_\_\_\_ Amount \_\_\_\_\_

**IF A TRUSTEE RESIDES IN ARIZONA, CALIFORNIA, DELAWARE, GEORGIA, HAWAII, NEW HAMPSHIRE, NEW MEXICO, OREGON OR VIRGINIA CHECK WITH CPA REGARDING STATE INCOME TAX.**

Do you authorize a Corporate Trustee to invest in affiliated services and products? Yes \_\_\_\_\_ No \_\_\_\_\_

31. Do you want a designated representative to receive accountings for a beneficiary after your death?

Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so then whom? Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

1. Can not represent beneficiary if trustee.
2. Can not represent beneficiary if also beneficiary unless:

- (a) Named specifically by settlor: or
- (b) The person is beneficiary's spouse, grandparent, descendant of grandparent of beneficiary or the beneficiary's spouse.

32. Do you want the 360 RAP (nonjudicial modification is available) or do you want the common law RAP whereby the nonjudicial modification is not available if waived in the agreement?
33. If you have minor children, then list the name, address and relationship of the person or persons you wish to serve as the guardian:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DO YOU WANT TO NAME A GUARDIAN FOR THE HOMESTEAD PROPERTY? IF SO WHOM?**

34. List any other information you feel may be helpful in the analysis of your estate plan which has not been covered herein:
- \_\_\_\_\_
- \_\_\_\_\_

35. Apportionment of estate taxes and GST issues. Also discuss paying estate taxes on death of first spouse to die.

36. Discuss elective share:
- \_\_\_\_\_
- \_\_\_\_\_

37. Have you established any trusts? Yes \_\_\_ No \_\_\_ If so, approximate value? \_\_\_\_\_  
 Are you the beneficiary of any trust? Yes \_\_\_ No \_\_\_ If yes, copy and approximate value \_\_\_\_\_  
 Do you have a power of appointment? Yes \_\_\_ No \_\_\_

38. Have you made any gifts over \$10,000 prior to 2007, \$12,000 in 2007 and \$13,000 since 2008, per beneficiary, for which you filed or should have filed gift tax returns?  
 Yes \_\_\_ No \_\_\_
- (a) Need gifts to spouse to equalize estate at least to the applicable credit amount.
  - (b) Charitable/schedule of gifts:
    - Does client want to start a gift program?
    - Does client have appreciating property to gift?
    - Is client custodian of the gift client made until beneficiary reaches maturity? Gift will be included in custodian's estate.
    - Making interest-free or below market loan may create gift.

- Gift of insurance can be included in donor's estate if 3 years have not passed.
- Will gifts to children reduce parent's control over children? "He who has the gold makes the rules."

- (c) Is the client the beneficiary of the trust?
- (d) Does the client have any powers of appointment that need to be exercised? Is client named in any documents?
- (e) Have any trusts been created by client?
- (f) Is there a shareholder's agreement?

39. Durable Power of Attorney: Photocopy to be treated as original: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Attorney-in-fact: \_\_\_\_\_  
 Successor: \_\_\_\_\_  
 Online Account Access: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Advise Doctor You are a Danger to Operate a Motor Vehicle: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Medical Consent: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Tax Returns: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Purchase and Sell Investments: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Fund or Amend Retirement Plans: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Make Charitable Pledges or Charitable Gifts: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Gifts to lineal descendants: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Gifts to spouses of lineal descendants: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you want the POA to have the power to create, amend or revoke your trust? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Create 529 (College and Health Expenses): Yes \_\_\_\_\_ No \_\_\_\_\_  
 Apply for Government Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Disclaim Interest in Property: Yes \_\_\_\_\_ No \_\_\_\_\_
40. Durable Health Care Power of Attorney:  
 Attorney-in-fact: \_\_\_\_\_  
 Successor: \_\_\_\_\_  
 Photocopy or electronic copy to be treated as original: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you want anatomical gifts? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Advise Doctor You a Danger to Operate a Motor Vehicle: Yes \_\_\_\_\_ No \_\_\_\_\_
41. Do you want Living Wills (food and water)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you want intravenous food and water to be discontinued? Yes \_\_\_\_\_ No \_\_\_\_\_
42. Original documents: LSG safe \_\_\_\_\_ Client \_\_\_\_\_
43. Joint representation letter: Yes \_\_\_\_\_ No \_\_\_\_\_
44. Use of revocable trust discussed? Yes \_\_\_\_\_ No \_\_\_\_\_
45. Did clients choose revocable trust? Yes \_\_\_\_\_ No \_\_\_\_\_
46. Medicaid planning? Yes \_\_\_\_\_ No \_\_\_\_\_ LSG advise re: Referral? Yes \_\_\_\_\_ No \_\_\_\_\_
47. Advise re: long term care partnership insurance Yes \_\_\_\_\_ No \_\_\_\_\_
48. Remind client re: ethical will or client's wishes Yes \_\_\_\_\_ No \_\_\_\_\_
49. If trust then does client want LSG to help fund the trusts? Yes \_\_\_\_\_ No \_\_\_\_\_ (Highly recommended)  
 (Rate is @ \$150 an hour for paralegal time and LSG or associate rate for attorney time).

The undersigned acknowledges that this Estate Planning Questionnaire is complete and accurate in all respects; that no information is being withheld; that Ms. Griffin is relying upon this furnished data, and that if this questionnaire is not complete, then the proposed recommendations cannot be relied upon.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Client's signature

# What are ... Your Worries? Your Opportunities? Your Strengths?

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

Date: \_\_\_\_\_

Worries	
We've found that these are the common obstacles and issues people like you are facing. Circle all that are relevant to you, and add others if needed.	
<ul style="list-style-type: none"> <li>• Unstable cash flow.</li> <li>• Loss of money in the market.</li> </ul>	<ul style="list-style-type: none"> <li>• Paying the least amount of income and estate taxes to the government.</li> <li>• Unpredictability of government</li> </ul>
<ul style="list-style-type: none"> <li>• Health concerns and staying healthy longer.</li> <li>• Cost of Health Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Dealing with overload of information.</li> <li>• Stress of internet, emails, texts, etc.</li> <li>• Not enough time for vacation.</li> </ul>
<ul style="list-style-type: none"> <li>• Providing for children's and grandchildren's Education</li> </ul>	<ul style="list-style-type: none"> <li>• Making sure my family is well provided and their safety and health.</li> </ul>
<ul style="list-style-type: none"> <li>• Dealing with grief and loss of loved one.</li> <li>• Fear of dying.</li> </ul>	<ul style="list-style-type: none"> <li>• How do I invest to preserve my assets?</li> </ul>
<ul style="list-style-type: none"> <li>• Overwhelming amount of financial and other details at death of loved one.</li> </ul>	<ul style="list-style-type: none"> <li>• Dealing with children and grandchildren equally/fairly at my death.</li> </ul>

Opportunities	
As well as obstacles, you have many opportunities you'd like to be freed up to focus on. Circle those that apply to you, and feel free to add others that fit.	
<ul style="list-style-type: none"> <li>• Time to spend with children and grandchildren.</li> </ul>	<ul style="list-style-type: none"> <li>• Time to pursue education.</li> </ul>
<ul style="list-style-type: none"> <li>• Time to travel and spend more time with spouse.</li> </ul>	<ul style="list-style-type: none"> <li>• Time to work out and be healthier.</li> </ul>
<ul style="list-style-type: none"> <li>• More time for volunteering.</li> </ul>	<ul style="list-style-type: none"> <li>• Good business and staff in place.</li> </ul>
<ul style="list-style-type: none"> <li>• Able to provide for children and grandchildren's education.</li> </ul>	<ul style="list-style-type: none"> <li>• Good Advisors to help me with financial and legal decisions.</li> </ul>
<ul style="list-style-type: none"> <li>• Healthy enough to enjoy retirement.</li> </ul>	<ul style="list-style-type: none"> <li>• Enough money to live comfortably and provide for children.</li> </ul>

Strengths	
You have many talents, capabilities, and skills that you'd like to reinforce and maximize. Circle those that best represent you and add others if needed.	
<ul style="list-style-type: none"> <li>• Great children, successful, and great relationship with grandchildren.</li> </ul>	<ul style="list-style-type: none"> <li>• Intelligent.</li> </ul>
<ul style="list-style-type: none"> <li>• Solid family values and deep love for family.</li> </ul>	<ul style="list-style-type: none"> <li>• Good reputation with your business and clients.</li> </ul>
<ul style="list-style-type: none"> <li>• Great business people and successful in career.</li> </ul>	<ul style="list-style-type: none"> <li>• High degree of integrity.</li> </ul>
<ul style="list-style-type: none"> <li>• Good health.</li> </ul>	<ul style="list-style-type: none"> <li>• Good quality time with spouse and family.</li> </ul>
<ul style="list-style-type: none"> <li>• Willing to understand need help.</li> </ul>	<ul style="list-style-type: none"> <li>• Creative and smart decision making.</li> </ul>

Top 3 Dangers	Goal
1	
2	
3	

Top 3 Opportunities	Goal
1	
2	
3	

Top 3 Strengths	Goal
1	
2	
3	

## **NOTES:**