

THE POLLAN LAW FIRM
An Elder and Special Needs Law Practice

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**ESTATE PLANNING
 PERSONAL AND FINANCIAL QUESTIONNAIRE**

If you and you spouse will have different estate plans, then each must complete a separate questionnaire

PERSONAL INFORMATION

DATE: _____

1. Marital Status				
<input type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Widowed
		<input type="checkbox"/> Divorced		<input type="checkbox"/> Separated or about to divorce
2. Your Name (First, Middle, Last)		Soc. Sec. No.		Date of Birth
3. Spouse's Name (First, Middle, Last)		Soc. Sec. No.		Date of Birth
4. Home Address (Number, Street)		City		State Zip
5. Mailing Address If Different From Above (Number, Street)		City		State Zip
6. Home Phone ()		Your Work Phone ()		Spouse's Work Phone ()
7. Your Command/Employer		Your Rank/Grade		Your Occupation
8. Spouse's Command/Employer		Spouses Rank/Grade		Spouse's Occupation

Circle or fill in your answers	You	Your Spouse
1. Are you a U.S. citizen?	Yes No	Yes No
2. Do you have a will or trust now?	Yes No	Yes No
3. Are you expecting to receive property or money from (circle all that apply):..... If so, approximately how much?	Gift Inheritance Lawsuit - Other \$	Gift Inheritance Lawsuit - Other \$
4. How many living children do you have?		
5. Are all your children legally yours (natural or legally adopted)?	Yes No	Yes No
6. How many stepchildren do you have?		
7. In which state do you vote?		
8. Which state issued your driver's license ?		
9. In which state is your car registered?		
10. In which state(s) do you own real estate?		

11. Do you pay state income tax? If yes to which state?		
12. In which state do you plan to retire/live permanently?		
13. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR)	Yes No	Yes No
14. Do you have a pre-nuptial or post-nuptial agreement?	Yes No	Yes No
15. Do you have a divorce decree affecting your pension or other property rights?	Yes No	Yes No
If "yes" to questions 2, 14 or 15, you must bring these documents to your appointment		

FINANCIAL INFORMATION

1. Do you own a home or any other real estate? Indicate which your residence/homestead is.

Description and Location	Titled in whose name Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	Mortgage	Market Value - <u>Mortgage</u> Equity
Total Net Value					

2. Do you own any other titled property such as a car, boat, etc.?

Description	Titled in whose name Indicate if Joint or Beneficiary and name	Market Value	Less Mortgage	Equity
Total Net Value				

3. Do you have any checking accounts?

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value		

4. Do you have any interest bearing accounts (savings, money market) and/or CD's?

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value		

5. Do you own any stocks, bonds or mutual funds (including company stock)?

Number Shares	Name of Security	Titled in Whose Name Indicate if Joint or Beneficiary and name	Purchase Price	Current Value
Total Value				

6. Do you have any profit sharing, IRAs or pension plans?

Description/Location	Beneficiary	Current Value
Total Value		

7. Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
SGLI					
Total Value					

8. Does anyone owe you money?

Description	Approx. Value	
Total Net Value		

9. Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value	
Total Net Value		

10. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate.....\$ _____

11. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owned

#1 Choice: Name: _____

Name: _____

Address: _____

Address: _____

#2 Choice: Name: _____

Name: _____

Address: _____

Address: _____

#3 Choice: Name: _____

Name: _____

Address: _____

Address: _____

BENEFICIARIES

1. Special Gifts To Organizations

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Description of Gift	Alternate Beneficiary

2. Special Gifts To Individuals

Do you want to give any specific items or cash gifts to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Description of Gift or Amount	Alternate Beneficiary

3. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or percentage; however the percentages are easier, and must add to 100 per cent.

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary

4. Inheriting Instructions

List your children

Name	Address	Age	T=This Marriage P= PreviousMarriage	Married? Y or N	Number of Grandchildren

5. Do you want your children to receive their inheritance in installments, at certain ages, or all at once? In what amounts and at what age(s)? Your children's inheritance can be held in trust and managed for them until they are at any age you chose (21, 25, 30, etc) and used for their education and other needs until that time. This method waits until the children are mature enough to handle money.

6. If a child dies, do you want that child's share to go to that child's children, your grandchildren, (Per Stirpes) or do you want that child's share to be divided among *only* your other living children (Per Capita). , nothing to a grandchild whose parent died.

7. Do you want to ensure that your children from a previous marriage receive a share of your estate? **You** Yes No **Your Spouse** Yes No

8. List Dependents Who Require Special Care
Do you want to provide for "basic" care or luxuries and other extras to supplement government benefits? **Yes** **No**

9. Alternative Beneficiaries
Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Name of Person/Organization	Amount/Percentage

10. Disinheriting
Are there any relatives that you specifically do not want to receive anything from your estate?

SPECIAL INSTRUCTIONS FOR INCOMPETENCY

1. Keeping/Selling Assets
If necessary to pay for your care, do you want certain assets sold first? Are there potential buyers you want contacted?

2. Medical Care
Do you want to be in (or avoid) a certain hospital/nursing home? _____

A Living Will makes your wishes known to family and doctors regarding life support and the following decisions in the event you become terminally ill or injured with no hope for recovery. Do you want a living will?	You <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please answer the following for your Living Will:

If you have a terminal condition, diagnosed by two (2) doctors, do you want	You	Your Spouse
Your life artificially prolonged by machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition and Hydration (Food and Water) by tube?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Transfusions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ Transplants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon your death, do you wish to donate your organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For science or medical research	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

