



ATTORNEYS & COUNSELORS

CONFIDENTIAL ESTATE
PLANNING QUESTIONNAIRE

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I. CONTACT INFORMATION

Mr./Mrs./Ms.		Date:	
Home Address:		Phone #:	
		County:	
Business Address:		Phone #:	

II. FAMILY MATTERS

	HUSBAND	WIFE
Legal Name:		
Nickname:		
SS#:		
Birthdate:		
Occupation:		
Employer:		
E-Mail Address:		

CHILDREN:

Please list your children, including adopted and step-children, and their contact information.
Please indicate whether the child is from Husband (H), Wife (W), or Both (B).

Child #1:

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Phone #: _____

Grandchildren (please include ages): _____

Child #2:

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Phone #: _____

Grandchildren (please include ages): _____

Child #3:

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Phone #: _____

Grandchildren (please include ages): _____

Child #4:

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Phone #: _____

Grandchildren (please include ages): _____

Child #5:

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Phone #: _____

Grandchildren (please include ages): _____

- Do any members of your family have physical or mental challenges? Yes: ____ No: ____
 - If so, please describe. _____
- Has husband or wife been previously married? Yes: ____ No: ____
 - If so, please bring copies of any divorce judgment, or if not available, identify where any divorces took place.
- Have you previously prepared a Will or Trust? Yes: ____ No: ____
- Have you previously executed a Power of Attorney? Yes: ____ No: ____
- Have you previously executed a Designation of Patient Advocate? Yes: ____ No: ____
- Have you ever executed a prenuptial or antenuptial agreement? Yes: ____ No: ____

*****If you answered YES to any of the above, please provide us with copies of such documents*****

III. FINANCIAL MATTERS

PROFESSIONAL ADVISORS:

Name/address of **Accountant:**

Phone #: _____

Name/address of **Financial Planner:**

Phone #: _____

Name/address of **Insurance**

Representative:

Phone #: _____

• Do we have authorization to discuss your plans with these advisors? Yes: ____ No: ____

PERSONAL RESIDENCE:

Address	Market Value	Balance Owed	To Whom is Property Titled

OTHER REAL ESTATE:

Address	Market Value	Balance Owed	To Whom is Property Titled

*****Please provide us with copies of any deeds or land contracts for the above property*****

OTHER ASSETS:

List the following assets and indicate how each is titled (who is the owner of the asset):

Description	Husband	Wife	Joint with Husband/Wife	Joint with Another Person
Checking Accounts:				
Savings Accounts:				
Stocks:				
Bonds:				
Mutual Funds:				
Automobiles:				
Boat/Camper:				
Collections/Art/Antiques:				
Jewelry:				

INSURANCE: List the following information concerning your **Life Insurance Policies:**

Company:		Company:	
Insured:		Insured:	
Policy Owner:		Policy Owner:	
Beneficiary:		Beneficiary:	
Primary:		Primary:	
Contingent:		Contingent:	

Company:		Company:	
Insured:		Insured:	
Policy Owner:		Policy Owner:	
Beneficiary:		Beneficiary:	
Primary:		Primary:	
Contingent:		Contingent:	

- Do you have any **Disability Insurance**? Yes: ____ No: ____
 - If yes, please describe terms of coverage: _____
 - _____

- Do you have any **Long-Term Care Insurance**? Yes: ____ No: ____
 - If yes, please describe terms of coverage: _____
 - _____

BUSINESS INTERESTS:

List the following information regarding your **Business Interests:**

Business Name	Type (Corp or LLC)	% of Ownership	Name of Owner (s)

RETIREMENT ACCOUNTS (INVESTMENT ACCOUNTS):

List the following information regarding your **Retirement Accounts (Investment Accounts)**:

IRA/401(k)	Husband	Wife
Financial Institution:		
Primary Beneficiary:		
Contingent Beneficiary:		

OTHER RETIREMENT ACCOUNTS	Husband	Wife
Financial Institution:		
Primary Beneficiary:		
Contingent Beneficiary:		

IV. WILL, TRUST, POWER OF ATTORNEY & PATIENT ADVOCATE

PERSONAL REPRESENTATIVE (EXECUTOR OF YOUR WILL/ESTATE):

- Who do you desire to take care of settling your affairs upon your death? Typically, married couples name each other as the primary **Personal Representative**, and a close family member as the successor.

PERSONAL REPRESENTATIVE	Husband	Wife
Primary:		
Successor:		
Address of Primary:		
Address of Successor:		

GUARDIANSHIP / CONSERVATORSHIP OF MINOR CHILDREN:

- If neither you nor your spouse were living, who would you like to take care of your minor children?

GUARDIAN	Name	Address
Primary:		
Alternate:		

- If neither you nor your spouse were living, who would you like to handle your minor children's financial affairs?

CONSERVATOR	Name	Address
Primary:		
Alternate:		

TRUSTEE:

- If you want a revocable living trust, who would you want to take care of settling your affairs upon your death? Typically, for a joint trust, married couples are the primary **Trustees**, and a close family member as the successor.

TRUSTEE	
Primary:	
Successor:	
Address of Primary:	
Address of Successor:	

POWER OF ATTORNEY (FINANCIAL):

- If you are unable to make financial decisions, who do you want to handle your financial affairs? Typically, married couples name each other as the primary **Power of Attorney**, and a close family member as the successor.

POWER OF ATTORNEY	Husband	Wife
Primary Agent:		
Successor Agent:		
Address of Primary:		
Address of Successor:		

PATIENT ADVOCATE (MEDICAL):

- If you are unable to make medical decisions, who do you want to make them? Typically, married couples name each other as the primary **Patient Advocate**, and a close family member as the successor.

HUSBAND:

PATIENT ADVOCATE	Name	Relationship	Phone #
Primary:			
Alternate:			
Address of Primary:			
Address of Successor:			

WIFE:

PATIENT ADVOCATE	Name	Relationship	Phone #
Primary:			
Alternate:			
Address of Patient Adv.:			
Address of Patient Adv.:			

- Would you like your Patient Advocate to be able to make **mental health treatment decisions** for you?
 - Yes: ____ No: ____
- What instruction would you like to give your Patient Advocate regarding **artificial nutrition and hydration**?

____ I would like my Patient Advocate to use discretion in determining if withholding or withdrawing artificial nutrition or hydration is warranted under the circumstances.

____ I would not like to be kept alive by artificial nutrition and hydration.

____ I would like to discuss incorporating my religious beliefs into these instructions to my Patient Advocate.

- Would you like to make any **anatomical gifts** upon death (i.e. organ donation)? Yes: ____ No: ____
- Do you have prepaid funeral arrangements, or would you like to discuss them at our meeting? Yes: ____ No: ____
- Do you wish to provide for **funeral arrangements** in your Will (i.e., burial, cremation)? Yes: ____ No: ____
 - If yes, please describe: _____

- Where are your **cemetery lots**, if any? _____
- Do you have an elder care plan in place or would you like to discuss it at our meeting? Yes: ____ No: ____

DISTRIBUTION OF ASSETS UPON DEATH:

- Do you have specific intentions regarding disposition of any of your tangible personal property (i.e., jewelry, antiques, collections, recreational items, etc.)?
 - Yes: ____ No: ____
 - If yes, please describe. _____

- Do you have any specific intentions regarding the disposition of the residue of your estate (after payment of funeral expenses, claims against the estate, costs of administering your estate, taxes, specific gifts, etc.)?
 - ____ All to each other and upon death of both spouses to all children equally;
 - ____ Specific gift to a charity of your choice; or
 - ____ Other: _____

CHARITABLE GIVING:

- Are there any specific **persons or charities** you would like to provide for in your estate plan:

\$ Gift or % of Estate	Name	Address

- Is there anyone you wish to **EXCLUDE** from your estate?
 - Yes: ____ No: ____
 - If yes, please describe. _____

V. MISCELLANEOUS

• Are you a party to a buy-sell agreement for your business or any other agreement that may impact your estate planning?

▪ Yes: ____ No: ____ If yes, please provide copies.

• Are you, your spouse, and your dependents generally in good health?

▪ Yes: ____ No: ____

▪ If not, please describe. _____

• Please indicate how you learned about our office:

____ Internet

____ Existing Client: Please list name: _____

____ Referral: Please list name: _____

____ Seminar: Please describe: _____

____ Other: Please specify: _____

By signing below, I verify that I have completed this Estate Planning Questionnaire or have had it completed at my direction. I authorize Plachta, Murphy & Associates, P.C. to release a copy of this Questionnaire, and all information contained in it, to the duly appointed conservator of my estate in the event I become legally incapacitated, or to the duly appointed Personal Representative of my estate (and trustee of any trust that I may establish) in the event of my death. Further, upon completion of my estate plan, I authorize Plachta, Murphy & Associates, P.C., to release copies of any Powers of Attorney and Patient Advocates to my named agents upon their request.

Signature of Husband

Signature of Wife