HMF LAW

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ESTATE PLANNING QUESTIONNAIRE

All information disclosed on this Questionnaire will be held in the strictest confidence and will not be disclosed to any third party without your consent.

Name of Person Completing Form:_____ **Date:**_____

PERSONAL INFORMATION

Full Legal Name: _____ Nickname: _____
Address: _____ City: _____ State: _____ Zip: _____
County: _____ Home E-mail: _____
Home: _____ Cell: _____ Are you a US Citizen? ☐ Y ☐ N
SSN: _____ Birthdate: _____ Place of birth: _____

Employer: _____ Position: _____
Address: _____ City: _____ State:_____ Zip:_____
Business Phone: _____ Business Fax: _____

State of health: _____ Insurable?: _____

Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? ☐ Y ☐ N

SPOUSE/PARTNER INFORMATION

Full Legal Name: _____ Nickname: _____
Address: _____ City: _____ State: _____ Zip: _____
County: _____ Home E-mail: _____
Home: _____ Cell: _____ US Citizen? ☐ Y ☐ N
SSN: _____ Birthdate: _____ Place of birth: _____

Employer: _____ Position: _____
Address: _____ City: _____ State:_____ Zip:_____
Business Phone: _____ Business Fax: _____

State of health: _____ Insurable?: _____

Has your spouse ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? Y ☐ N ☐

Married on: _____Location:_____ Prenuptial agreement: Y ☐ N ☐ (please provide copy)

Referred to HMF Law, PLLC by _____

CHILDREN

Is there a physical possibility of more children? Y ☐ N ☐
Do you have any children who predeceased you? Y ☐ N ☐

CHILD ONE: _____ Date of Birth: _____

Natural ☐ Adopted ☐ Child of : Both ☐ You ☐ Spouse ☐ Male ☐ Female ☐
Address (if different from you): _____

CHILD TWO: _____ Date of Birth: _____

Natural ☐ Adopted ☐ Child of : Both ☐ You ☐ Spouse ☐ Male ☐ Female ☐

Address (if different from you): _____

CHILD THREE: _____ Date of Birth: _____

Natural ☐ Adopted ☐ Child of : Both ☐ You ☐ Spouse ☐ Male ☐ Female ☐

Address (if different from you): _____

CHILD FOUR: _____ Date of Birth: _____

Natural ☐ Adopted ☐ Child of : Both ☐ You ☐ Spouse ☐ Male ☐ Female ☐

Address (if different from you): _____

CHILD FIVE: _____ Date of Birth: _____

Natural ☐ Adopted ☐ Child of : Both ☐ You ☐ Spouse ☐ Male ☐ Female ☐

Address (if different from you): _____

Does any child have special educational, medical, or physical needs, or receive governmental benefits? Y ☐ N ☐

If your children are minors, or under some form of legal disability, who will serve as their guardian?

First Choice: _____ Relation: _____
Second Choice: _____ Relation: _____

Is there anyone <u>other than your children</u> who is dependent on you?

Name: _____ Relationship: _____
Name: _____ Relationship: _____

POWER OF ATTORNEY FORMS

If you were incapacitated for any period of time, who would you choose to make **financial decisions** for you? **NOTE:** Please provide **full legal names and addresses** for individuals listed.

First Choice: _____ Relation: _____
Address:_____Phone:_____
Second Choice:_____ Relation:_____
Address:_____Phone:_____
Third Choice: _____ Relation: _____
Address:_____Phone:_____

If you were incapacitated for any period of time, who would you choose to make **health care decisions** for you? Please provide **full legal names and addresses** for individuals listed.

First Choice: _____ Relation: _____
Address:_____Phone:_____
Second Choice:_____ Relation:_____
Address:_____Phone:_____
Third Choice: _____ Relation: _____
Address:_____Phone:_____

If your **spouse** was incapacitated for any period of time, who would your spouse choose to make **financial decisions** for them? **NOTE:** Please provide **full legal names and addresses** for individuals listed.

First Choice: _____ Relation: _____
Address:_____Phone:_____
Second Choice:_____ Relation:_____
Address:_____Phone:_____
Third Choice: _____ Relation: _____
Address:_____Phone:_____

If your spouse was incapacitated for any period of time, who would your spouse choose to make **health care decisions** for them? Please provide **full legal names and addresses** for individuals listed.

First Choice: _____ Relation: _____
Address:_____Phone:_____
Second Choice:_____ Relation:_____
Address:_____Phone:_____
Third Choice: _____ Relation: _____
Address:_____Phone:_____

FINAL DISPOSITION: In the event that **all** of your intended beneficiaries listed in your Will and/or Trust predecease you, to whom would you like to distribute your estate to? (i.e. next of kin (specify), charity, etc):
_____

ADVISORS

Accountant: _____ Phone: _____
Financial Advisor: _____ Phone: _____
Life Insurance Agent: _____ Phone: _____

ASSET INFORMATION

The values listed are for discussion purposes only. A more accurate list will be obtained at a later date.

Cash and Cash Equivalents. List all checking accounts, savings accounts, certificates of deposit, and money market accounts. **Do not include IRAs or 401(k)s here.**

Financial Institution and Type of Account	Owner	Market Value
		$
		$
		$
		$
		$

Publicly Traded Securities, Brokerage Accounts, and Security Accounts. List all stocks and bonds you own. If held in a brokerage account, identify the account rather than the assets within the account. **Do not include IRAs or 401(k)s.**

Name and Type of Account	Owner	Market Value
		$
		$
		$
		$
		$

Retirement Accounts. List all pension, profit sharing, IRA, Roth IRA, SEP, 401(k) or 403(b) accounts.

Name and Type of Account	Owner	Beneficiary	Market Value
			$
			$
			$
			$

Real Estate. Please provide copies of your property tax statements for each county.

Property Address/County	Owner	Market Value	Debt
		$	$
		$	$
		$	$
		$	$

Personal Property.

Description	Owner	Market Value	Debt
Autos		$	$
Household contents		$	$
		$	$
		$	$

If more space is needed, please add a separate page with the additional information for each category.

Insurance Policies.

Insurance Company/Policy #	Type	Owner	Insured	Beneficiary	Cash Value	Death Benefit
					$	$
					$	$
					$	$
					$	$

Annuities. List all annuities. Cost basis refers to the total investment in this account by the owner.

Company	Owner	Annuitant	Beneficiary	Cost Basis	Current Value
				$	$
				$	$
				$	$
				$	$

Closely Held Business Interest. List all closely held business interests that you have.

Name of Entity (provide copy of OA/By-Laws)	Tax Structure (LLC, S corp, etc.)	Percentage of Ownership	Market Value
			$
			$
			$
			$

Income.

Description	Amount
W-2 Wages (Salaries)	$
Commissions/Bonuses	$
Interest/Dividends	$
Rental Income	$
Retirement Income	$
Social Security	$
Annuities	

Additional Documentation

General Document Request. Please provide copies of any existing planning documents (Wills, Trusts, powers of attorneys, etc.), deeds, pre- or post-nuptial agreements, business agreements, and any divorce or property settlement agreements (if they contain any continual obligations). **Please do not send originals as we cannot guarantee their safety through the U.S. Postal Service.**