

ESTATE PLANNING QUESTIONNAIRE

THIS QUESTIONNAIRE IS DESIGNED TO HELP YOU START THINKING ABOUT A FEW OF THE ISSUES INVOLVED IN ESTATE PLANNING.

Please check your primary motivation for estate planning, and if you have multiple reasons, please identify them numerically (1,2,3, etc.)

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|---|--|
| <p>_____ Probate Avoidance</p> <p>_____ Concerns About Incompetency Care</p> <p>_____ Business Planning</p> <p>_____ Other: _____</p> | <p>_____ Federal Estate Tax Planning (for Estates over \$5,000,000.00)</p> <p>_____ Guardianship for Minor Children</p> <p>_____ Farm Planning</p> |
|---|--|
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How soon would you like to complete the process? Is there a specific upcoming deadline, such as a trip, surgery, etc.?

Let's Decide who you want to protect/care for after you are gone:

| Name | Address | Date of Birth |
|------|---------|---------------|
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PETS

| Name of Pet | Type of Animal | Date of Birth or Age | Breed |
|-------------|----------------|----------------------|-------|
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| | | | |
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ESTATE PLANNING DOCUMENTS—MAKING SOME INITIAL CHOICES

WILL

Personal Representative: Person responsible for administering your estate and probate proceedings.

| Name | | Address |
|------------------------|--|---------|
| 1 st Choice | | |
| 2 nd Choice | | |

Guardian: Person responsible for the well-being and daily care of your minor children, until they attain age 18, if both parents are deceased or incapacitated.

| Name | | Address |
|------------------------|--|---------|
| 1 st Choice | | |
| 2 nd Choice | | |

Conservator: Person who will manage any minor child's finances and property, until that child attains age 18, if both parents are deceased or incapacitated.

| Name | | Address |
|------------------------|--|---------|
| 1 st Choice | | |
| 2 nd Choice | | |

Pet Custodian: Person(s) responsible for the well-being and daily care of your pets, if both pet parents are deceased or incapacitated.

| Name | | Address |
|------------------------|--|---------|
| 1 st Choice | | |
| 2 nd Choice | | |

TRUST

Trustee: Person or bank that will manage your assets in a trust and distribute assets after your death.

| Name | | Address |
|------------------------|--|---------|
| 1 st Choice | | |
| 2 nd Choice | | |

DURABLE POWER OF ATTORNEY

Durable Power of Attorney Agent: Person who will manage your financial affairs if you are unable to do so.

| | Name | Address |
|------------------------------|-------------|----------------|
| 1st Choice | | |
| 2nd Choice | | |

DURABLE POWER OF ATTORNEY – HEALTH CARE

Durable Power of Attorney – Health Care Agent: Person who will make your health care decisions if you are unable to do so.

| | Name | Address |
|------------------------------|-------------|----------------|
| 1st Choice | | |
| 2nd Choice | | |

SECTION E. ASSETS

REAL ESTATE

Address:

Address 2:

PERSONAL PROPERTY

AUTOMOBILES

HOUSEHOLD FURNISHINGS

JEWELRY

COLLECTIONS (ART, ETC.)

OTHER (DESCRIBE)