

LAW OFFICE OF KENNETH L. HARVEY
ESTATE PLANNING
PERSONAL AND FINANCIAL QUESTIONNAIRE

*If you and your spouse will have different estate plans, then each must complete a separate questionnaire.
 Attach additional sheets where necessary.*

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
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 Cellular Phone ()	Spouse's Cellular Phone ()	
8. Your Employer	Your Occupation	Your Email Address
9. Spouse's Employer	Spouse's Occupation	Spouse's Email Address

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. Do you have any living children (and if so, how many)? (List on page 5)		
5. Do you have any prior marriages?	Yes No	Yes No
6. How long have you been a resident of _____ (list state here)?		
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
16. Have you ever given more than \$10,000 to a person in any one year?	Yes No	Yes No
If "yes" to questions 2, 14 or 15, please provide copies of these documents		

FINANCIAL INFORMATION (attach additional sheets if necessary)

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

Description and Location	Titled in whose name Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	Mortgage	Market Value - Mortgage 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), have a stock portfolio with a money manager, or own any other business interests (e.g. partnership, LLC, sole proprietorship, etc.)?

Shares/ Interest	Name of Security, Money Manager or Business Interest	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	Named Beneficiaries (primary and contingent)	Cash Value and Type of Policy	Death Benefit
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 Owed	
Total Debt		

12. Total value of everything you (and your Spouse) own (add totals of line 1 thru line 10 above).....\$ _____

13. Total amount you (and your Spouse) owe (total of line 11 above) \$ _____

14. Subtract line 13 from line 12. **TOTAL NET ESTATE VALUE**

Location	Titled in whose name

MANAGEMENT DECISIONS: YOUR ESTATE MANAGEMENT TEAM

1. Executor/Personal Representative: Manages the probate and settlement of your estate. Can be your Spouse, adult children, family member, trusted friends, and/or a professional or corporate fiduciary.

For You

For Your Spouse

Name: _____

Name: _____

2. Successor Executor/Personal Representative: Back-up Manager – One or more successors to step in after your first Executor/Personal Representative dies/resigns. Can be your Spouse, adult children, family member, trusted friends, and/or a professional or corporate fiduciary.

For You

For Your Spouse

1st Successor: Name: _____

Name: _____

Address: _____

Address: _____

2nd Successor: Name: _____

Name: _____

Address: _____

Address: _____

3. Trustee: Manages the administration and investments in your trust (in the case of a living trust, this will often be you until your death or disability). Should be someone with financial responsibility and experience. If you are creating a trust of which your Spouse is to be both the beneficiary and trustee, you **should** also name an "independent" co-trustee to make discretionary decisions.

For You

For Your Spouse

Name: _____

Name: _____

4. Successor Trustee (or Co Trustee): Back-up Manager – One or more successors to step in after your first Trustee dies/resigns. Can be your Spouse, adult children, family members, trusted friends, and/or a professional/corporate fiduciary.

For You

For Your Spouse

1st Successor: Name: _____

Name: _____

Address: _____

Address: _____

2nd Successor: Name: _____

Name: _____

Address: _____

Address: _____

5. Guardians For Minor Children: Responsible adult who will raise your children if something happens to you.

For You

For Your Spouse

#1 Choice: Name: _____

Name: _____

Address: _____

Address: _____

#2 Choice: Name: _____

Name: _____

Address: _____

Address: _____

#3 Choice: Name: _____

Name: _____

Address: _____

Address: _____

BENEFICIARIES (attach additional sheets if necessary)

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: ring to your daughter, art collection to a son or nephew, etc.)

Name of Person	Description of Gift or Amount	Alternate Beneficiary

3. List your children

Name	Address (if different)	Age	T=This Marriage P=Previous Marriage	Married? Y or N	Number of Grandchildren

4. Inheriting Instructions

Do you want your children/grandchildren 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.

5. 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).

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

7. 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

8. Other Beneficiaries

If someone other than your children, who do you want to receive the rest of your estate? You can designate a dollar amount or percentage.

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary

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 or Advanced Directive 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	Your Spouse
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following for your Living Will:

If you have a terminal condition, 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
Do you wish to die at home rather than in a hospital or nursing home?	<input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home	<input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home

A **Health Care Proxy** gives broader protection. Do you want to appoint someone (Spouse, child, friend) to make health care decisions for you when you are unable to make them yourself? If so provide the following:

For You

For Your Spouse

1st Choice: Name: _____
 Address: _____
 Telephone Number: _____

Name: _____
 Address: _____
 Telephone Number: _____

2nd Choice: Name: _____
 Address: _____
 Telephone Number: _____

Name: _____
 Address: _____
 Telephone Number: _____

A **Durable Power of Attorney** appoints an agent that can make any financial decision and do any act that you can, and it will continue to be in force even after you become incapacitated. It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. If you wish a Durable Power of Attorney provide the following:

For You

For Your Spouse

1st Choice: Name: _____

Name: _____

Address: _____

Address: _____

2nd Choice: Name: _____

Name: _____

Address: _____

Address: _____

SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

1. Are there any special instructions you wish to make concerning your funeral/burial?

2. If you have a cemetery lot, where is it located?

Cemetery Name

City

State
