



Estate Planning Questionnaire

Lawton Legacy Planning, PLLC
Estate and Trust Planning and Administration

Using this organizer will assist us in designing an estate plan that meets your goals. All information provided will be kept strictly confidential.

YOU SHOULD NOT SEND US ANY CONFIDENTIAL INFORMATION UNTIL AFTER YOU HAVE REQUESTED US TO REPRESENT YOU, WE HAVE AGREED TO DO SO, AND A FEE AGREEMENT HAS BEEN SIGNED.

Once this has been done, please return the questionnaire prior to the first meeting. Please send it either via postal mail, fax, or email. If you choose to send it via email, please recognize that use of email is not a secure means of transmitting information.

Part I
Personal Information

Your Full Legal Name _____

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SSN# (last four) _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Best Telephone Number _____ County of Residence _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Legal Status: Divorced Widowed Single

Children and Other Family Members

Use full legal name:

Name	Birth date	Relationship
_____	_____	_____
Comments, including Address and Phone: _____	_____	_____
_____	_____	_____
Comments, including Address and Phone: _____	_____	_____
_____	_____	_____
Comments, including Address and Phone: _____	_____	_____
_____	_____	_____
Comments, including Address and Phone: _____	_____	_____
_____	_____	_____
Comments, including Address and Phone: _____	_____	_____
_____	_____	_____
Comments, including Address and Phone: _____	_____	_____
_____	_____	_____
Comments, including Address and Phone: _____	_____	_____
_____	_____	_____
Comments, including Address and Phone: _____	_____	_____

Advisors

Name and Address	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

Please rate the following as to how important they are to you:
(*H high concern, S some concerned, L low concern, N/A no concern or not applicable*)

Description

Level of Concern

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

Providing for and protecting children.

Providing for and protecting grandchildren.

Disinheriting a family member.

Providing for charities at the time of death.

Plan for the transfer and survival of a family business.

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death.

Avoiding a conservatorship (“living probate”) in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>If so, please describe:</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>If so, please furnish a copy.</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have you ever filed federal or state gift tax returns? <i>If so, please furnish copies of these returns.</i>		
Have you completed a previous will, trust, or estate planning? <i>If so, please furnish copies of these documents.</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs? <i>If so, please explain below.</i>		
Do any of your children receive governmental support or benefits? <i>If so, please explain below.</i>		
Do you provide primary or other major financial support to adult children or others? <i>If so, please explain below.</i>		

Additional Information

Property Information

Instructions for Completing the Property Information checklist:

General Headings

This *Property Information* checklist is to help you list all the property you own and what it is worth. You probably won't own property under all the headings; if not, just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, attach **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled using the following abbreviations:

Owner of Property	Use
If own property in your name only	I
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

Real Property

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

Furniture and Personal Effects

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property. *(Please indicate type below and give a lump sum value for miscellaneous, less valuable items.)*

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Bank Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" *(indicate type below)*.
Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or another's name) for the benefit of a minor, please specify and give minor's name.

Stocks and Bonds

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, please just list the account and its total value.
(Please indicate type below.)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and the name of the life insurance agent.

	<i>Total</i>	_____

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

	<i>Total</i>	_____

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

Money Owed to You

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category (guns, digital assets).

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

Assets	Amount*		Total Value
	Client	Other(s)	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RVs	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, etc.	_____	_____	_____
Other Assets	_____	_____	_____
Guns	_____	_____	_____
Digital Assets	_____	_____	_____
Total Assets:	_____	_____	_____

* Values for property owned with other(s): please note your percentage in the “Client” column and the percentage owned by other(s) in “Other(s)” column.

Part III

Design Information

PERSONS TO ACT FOR YOU

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian. Please notify me if there is anyone you specifically do not want to be guardian.

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. Allows you to control all of your assets as before.

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regards to your property and assets? (name at least 2 to serve successively)

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

Do you want to authorize your Disability Trustee to be able to make gifts on your behalf during any period of time you are incapacitated? Yes No

Gifting Power Details: _____

Do you want to authorize your Disability Trustee to modify your trust on your behalf during any period of time you are incapacitated? Yes No

In making distributions during any period of time you are incapacitated, the Disability Trustee shall give primary consideration to:

- Your needs, and then the needs of others dependent upon you.
- Your needs, and the needs of others dependent upon you equally.

DEATH TRUSTEE: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? (name at least 2 to serve successively)

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

Name, Address and Phone	Relationship
_____	_____
_____	_____
_____	_____

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? (name at least 2 to serve successively)

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want your Financial Agent to be able to modify your trust on your behalf during any time you are incapacitated?

Yes No

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regards to your medical treatment? (name at least 2 to serve successively)

Name, Address and Phone	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?

Yes No

Do you want to provide that upon certification by a mental health professional of need for psychological or substance treatment, your Agent may arrange for voluntary admission?

Yes No

Do you want to provide that upon certification by a mental health professional of need for psychological or substance treatment, your Agent may arrange for involuntary admission?

Yes No

Do you want to provide that your Agent may arrange for your participation in clinical trials that may benefit you?

Yes No

Do you want to provide that your Agent may arrange for your participation in clinical trials that would benefit others but not you?

Yes No

Are there any medical procedures that you do not want your Agent to authorize for you? Yes No

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

Yes No

Do you want to be an organ donor?

Yes No

If yes, do you want to limit any organ donation to transplantation to a living person?

Yes No

DISPOSITION OF REMAINS:

What do you want done with your body after your death (and organ donations, if any)? Burial Cremation

Who do you want to implement your decision about the disposition of your body? (name at least 2 to serve successively)

Name, Address and Phone	Relationship	Instructions or Guidelines
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? Yes No

Any property not listed on the memorandum should be distributed to:

- Children equally.
- The balance to the trust.
- Other named individuals. List on following lines (Name, Address and Phone).

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual or Charity (Name, Address and Phone)	Amount or Property
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH

- DIVIDE EQUALLY BETWEEN MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES (Name, Address and Phone):

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.

STRUCTURED TRUST: You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary’s needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a co-trustee and/or choose his or her own co-trustee? You decide how the trust is designed. List your desires:

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To my heirs-at-law.
- To the following named individuals and/or charities (Name, Address and Phone):

OTHER ITEMS TO INCLUDE OR DISCUSS

Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want included or want to discuss:
