



Estate Planning Questionnaire

Lawton Legacy Planning, PLLC
Estate and Trust Planning and Administration

This questionnaire is a tool designed to help you take stock of your assets and define your estate planning goals. You may not be able to answer every question, and you may wish to discuss certain topics at our initial meeting. All information provided will be kept strictly confidential.

Reminder: Please do not send us any confidential information until you have requested us to represent you, we have agreed to do so, and a fee agreement has been signed.

We look forward to working with you.

**Part I
Personal Information**

Legal Name of Spouse 1 _____

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.

Date of Marriage _____

Legal Name of Spouse 2 _____

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.

Children and Other Family Members

(Use full legal name. Use "JT" if both spouses are the parents, "1" if spouse 1 is the parent, "2" if spouse 2 is the parent)

Name	Birth date	Parent or Relationship
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		

Advisors

Name

Telephone

Personal Attorney _____

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

Your Concerns

Please rate the following as to how important they are to you:

(H - high concern, S - some concern, L - low concern, N/A - no concern or not applicable)

Description	Level of Concern	
	Spouse 1	Spouse 2
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
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.		
Protect children’s inheritance in the event of a surviving spouse’s remarriage.		
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 (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>If so, please explain below.</i>		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>If so, please furnish a copy.</i>		
Have you and your spouse signed a pre- or post-marriage contract? <i>If so, please furnish a copy.</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>If so, please furnish copies of these returns.</i>		
Have you (or your spouse) completed a previous will, trust, or estate planning? <i>If so, please furnish copies of these documents.</i>		
Do you (or your spouse) 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 (or your spouse) wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) 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

Part II

Property Information

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section 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. When doing so, please use the following abbreviations:

Owner of Property	Use
Spouse 1’s name alone, with no other person	1
Spouse 2’s name alone, with no other person	2
Joint Tenancy with spouse	JTS
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, timeshare, 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 your spouse's name) for the benefit of a minor, please specify and give minor's name.

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 monies 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 monies 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, etc.).

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

Summary of Values

Assets	Amount*		Total Value
	Spouse 1	Spouse 2	
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:	_____	_____	_____

* *For Joint Property values, enter 1/2 in spouse 1's column and 1/2 in spouse 2'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 and Address	Relationship

INITIAL TRUSTEE(S): Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

Name and Address	Relationship

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

FOR SPOUSE 1

Name and Address	Relationship

FOR SPOUSE 2

Name and Address	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?

Spouse 1: Yes No

Spouse 2: 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?

Spouse 1: Yes No

Spouse 2: Yes No

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

- Disabled spouse, then needs of others.
- Disabled spouse and other spouse, and then needs of others.
- Disabled spouse's needs, and the needs of others equally.

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

FOR SPOUSE 1

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

FOR SPOUSE 2

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

EXECUTOR: After your death, who do you want to carry out your instructions in your will? (name at least 2 to serve successively)

FOR SPOUSE 1

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

FOR SPOUSE 2

Name and Address	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)

SPOUSE 1'S AGENT

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

SPOUSE 2'S AGENT

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?

Spouse 1: Yes No **Spouse 2:** 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)

SPOUSE 1'S AGENT

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

SPOUSE 2'S AGENT

Name	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?

Spouse 1: Yes No Spouse 2: 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?

Spouse 1: Yes No Spouse 2: 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?

Spouse 1: Yes No Spouse 2: Yes No

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

Spouse 1: Yes No Spouse 2: 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?

Spouse 1: Yes No Spouse 2: Yes No

Are there any medical procedures that you do not want your Agent to authorize for you?

Spouse 1: Yes No Spouse 2: Yes No

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

Spouse 1: Yes No Spouse 2: Yes No

Do you want to be an organ donor?

Spouse 1: Yes No Spouse 2: Yes No

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

Spouse 1: Yes No Spouse 2: Yes No

DISPOSITION OF REMAINS:

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

Spouse 1: Burial Cremation

Spouse 2: 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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?

Spouse 1: Yes No

Spouse 2: Yes No

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

- FOR SPOUSE 1:** Spouse, then children equally. Children
 Spouse, then to balance of trust. To the balance of the trust.
 Spouse, then other named individuals. Other named individuals. List on next line.

- FOR SPOUSE 2:** Spouse, then children equally. Children
 Spouse, then to balance of trust. To the balance of the trust.
 Spouse, then other named individuals. Other named individuals. List on next line.

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

FOR SPOUSE 1:

Individual or Charity	Amount or Property	Contingent on Spouse 2 predeceasing?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR SPOUSE 2:

Individual or Charity	Amount or Property	Contingent on Spouse 1 predeceasing?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE

TO SURVIVING SPOUSE WITHOUT TAX PLANNING: We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes on estates valued at more than \$5.49 million.

- All to surviving spouse. _____% to surviving spouse.
- Minimum allowed by law to surviving spouse.

DIVIDE INTO MARITAL AND FAMILY TRUSTS: Designed to maximize estate tax savings. To accomplish this, an amount up to the applicable exclusion amount (\$5.49 million) will be transferred to the Family Trust and the balance, if any, to the Marital Trust. This is sometimes referred to as "A/B Trust Planning". The Marital Trust is sometimes referred to as the "A Trust" or "QTIP Trust". The Family Trust is sometimes referred to as the "B Trust", "By-Pass Trust" or "Credit Shelter Trust". Also provides protection for surviving spouse from creditors and predators. You decide how much control you want the surviving spouse to have. In the event of remarriage, protects property for your heirs from a new spouse in case of death or divorce.

MARITAL DEDUCTION FORMULA (OFFICE USE ONLY):

- Disclaimer Provision Clayton Election Credit Shelter Pecuniary
- Marital Pecuniary Marital Fractional

DESIGN OF MARITAL SHARE:

- OUTRIGHT:** We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever surviving spouse wants. Also allows a new spouse to possibly make claim on property in case of death or divorce
- GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.
- ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his or her needs (health, education, and maintenance).
- ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

DESIGN OF FAMILY SHARE:

- ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for needs (health, education, and maintenance).
Are descendants permissible beneficiaries of principal? _____
- INCOME AND PRINCIPAL FOR NEEDS:** All income and principal is available for needs. Income may be accumulated and not distributed.
Are descendants permissible beneficiaries of income and/or principal? _____
- ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS: Is surviving spouse the sole trustee with a right to appoint co-trustees (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the co-trustee with the surviving spouse? _____

LIMITED POWER OF APPOINTMENT: Do you want the surviving spouse to be able to modify the way property is distributed upon the surviving spouse's death?

Spouse 1: Yes No **Spouse 2:** Yes No

If so, to whom may the surviving spouse distribute your property:

- Your descendants
- Your descendants and their spouses
- Your descendants and charities
- Your descendants, their spouses and charities
- Anyone, no limitations

DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE

- DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO OUR 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 follow in determining the beneficiary's needs. You may provide for a staggered distribution of principal. For example: 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 each spouse's heirs-at-law.
- One-half to Spouse 1's heirs-at-law and one-half to Spouse 2's heirs-at-law.
- To the following named individuals and/or charities:
