



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**

Full Legal Name of Partner 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.

Full Legal Name of Partner 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.

Your Children, Your Parents and Other Family Members

Please use full legal names. For your children, please use "JT" if both partners are the parents, "1" if partner 1 is the parent, and "2" if partner 2 is the parent.

Name	Date of Birth/Date of Death	Relationship
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1. _____	_____	_____
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Address, Best Phone & Disability Status: _____

2. _____	_____	_____
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Address, Best Phone & Disability Status: _____

3. _____	_____	_____
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Address, Best Phone & Disability Status: _____

4. _____	_____	_____
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Address, Best Phone & Disability Status: _____

5. _____	_____	_____
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Address, Best Phone & Disability Status: _____

6. _____	_____	_____
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Address, Best Phone & Disability Status: _____

7. _____	_____	_____
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Address, Best Phone & Disability Status: _____

Name	Date of Birth/Date of Death	Relationship
8. _____	_____	_____

Address, Best Phone & Disability Status: _____

9. _____

Address, Best Phone & Disability Status: _____

10. _____

Address, Best Phone & Disability Status: _____

Advisors

Name and Address

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	
	Partner 1	Partner 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 partner.		
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 partner’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 answer yes or no.	Yes/No
Are you (or your partner) receiving Social Security, disability, or other governmental benefits? <i>If so, please explain below.</i>	
Have you and your partner signed a cohabitation agreement? <i>If so, please furnish a copy.</i>	
Are you (or your partner) making payments pursuant to a divorce or property settlement order? <i>If so, please furnish a copy.</i>	
Have you (or your partner) 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 partner) ever filed federal or state gift tax returns? <i>If so, please furnish copies of these returns.</i>	
Have you (or your partner) completed a previous will, trust, or estate planning? <i>If so, please furnish copies of these documents.</i>	
Do you (or your partner) 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 partner) wish to make provisions for at the time of your death? <i>If so, please explain below.</i>	
Are you (or your partner) 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 questionnaire:

General Headings

This **Property Information** questionnaire 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
Partner 1’s name alone, with no other person	1
Partner 2’s name alone, with no other person	2
Tenants in Common, with partner	TC
Joint Tenancy with Rights of Survivorship with partner	JT
Joint Tenancy with someone other than a partner, 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 partner'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 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
	Partner 1	Partner 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 partner 1's column and 1/2 in partner 2's column.*