



MOSES & MOSES, P.C.  

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Attorneys At Law

*Providing Generational Planning for Families and Privately Held Businesses*

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**QUESTIONNAIRE FOR ESTATE, ELDER AND  
SPECIAL NEEDS PLANNING**

(Individual)

To help you plan for your later years and pass along your property to your heirs effectively, we need a good understanding of your wishes, your family, and your finances. All of the information you provide is kept in strictest confidence. It may take some time for you to gather all the information requested, but it will give you a good picture of your financial situation and allow us to create a plan best suited to your needs. Please bring this completed form with you to your consultation.

**PLEASE NOTE:** The information supplied will provide the basis for the planning advice to be given. Please answer each item as completely as possible and add any additional information you feel is pertinent. Failure to provide sufficient information could result in a plan that does not take maximum advantage of the opportunities available. **Please read and sign the statement at the end.**

Date: \_\_\_\_\_

Who referred you? \_\_\_\_\_

**PART I: YOU & YOUR FAMILY**

**A. You**

Full Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_

U.S. Citizen? \_\_\_Yes \_\_\_No Place of Birth: \_\_\_\_\_

Veteran? \_\_\_ Yes \_\_\_ No. If yes, list if career, fought in war; and if injured \_\_\_\_\_

\_\_\_\_\_  
(Bring discharge information)

Residence  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

County: \_\_\_\_\_

Business  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

FAX: \_\_\_\_\_

Health: (1 is bad; 10 is good) \_\_\_\_\_

Memory: (1 is bad; 10 is good) \_\_\_\_\_

	Annual Salary	Taxable Income	Income Tax Bracket
Your Occupation/Employer _____	_____	_____	_____

Do you have any previous marriages? \_\_\_Yes \_\_\_No

Previous Spouse's Name	Date & Place of Marriage	Date & Place of Divorce or Death	Divorce or Death	Children of Marriage
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Spouse's Name	Date & Place of Marriage	Date & Place of Divorce or Death	Divorce or Death	Children of Marriage
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**B. Your Parents, Grandparents and Siblings**

Names of Living Parents	Age	Street Address, City, State, Zip	Health (1-bad 10- good)	Expected Inheritance /Beneficial Int*
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names of Living Grandparents	Age	Street Address, City, State, Zip	Health (1-bad 10- good)	Expected Inheritance /Beneficial Int*
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names of Living Siblings	Age	Street Address, City, State, Zip	Health (1-bad 10- good)	Expected Inheritance /Beneficial int*
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_____	_____	_____	_____	_____
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Beneficial Interest – life insurance, annuities, bank accounts, retirement benefits from one other than spouse.

**C. Children**

Full Names & Addresses of Children ( <u>L</u> iving or <u>D</u> eceased)	Age	Tel. #	Marital Status	Their Children
_____	___	_____	S_M_D	_____
_____				_____
_____				_____
_____	___	_____	S_M_D	_____
_____				_____
_____				_____
_____	___	_____	S_M_D	_____
_____				_____
_____				_____

If adopted, please add “A” after the name.

**D. Special Needs**

Name of Disabled Person: \_\_\_\_\_

Age: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street Address	City	State	Zip
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Disability: \_\_\_\_\_

Doctor: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Is there a Disability Determination by the SSA? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the Disabled Person a competent adult? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the Disabled Person have a Guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the Disabled Person have a Conservator? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, provide copies of documents)

Does he/she need to have a G/C appointed? \_\_\_\_\_Yes \_\_\_\_\_No

If so, who? \_\_\_\_\_ Successor? \_\_\_\_\_

Are there other persons likely to leave assets to the Disabled Person? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please give name, relationship, description of asset, and approximate value.

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Is the Disabled Person receiving or applying for Public Benefits? Receiving? \_\_\_\_\_Yes\_\_\_\_\_No

Applying? \_\_\_\_\_Yes \_\_\_\_\_No

List Benefits being received or applied for:

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Who will be establishing a Special Needs Trust?

\_\_\_\_\_ You

\_\_\_\_\_ Disabled Child\*

\_\_\_\_\_ Another

\*If a disabled child, what are the sources and amounts of assets? \_\_\_\_\_

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Does the Disabled Person have Estate Planning Documents? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please provide copies and list them here:

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If not, what documents are needed?

Will \_\_\_\_\_Yes \_\_\_\_\_No

Trust \_\_\_\_\_Yes \_\_\_\_\_No

ADHC \_\_\_\_\_Yes \_\_\_\_\_No

POA \_\_\_\_\_Yes \_\_\_\_\_No

DNR \_\_\_\_\_Yes \_\_\_\_\_No

Do you provide support for any relatives? If so, for whom and how much on a monthly basis?

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**E. Extended Family or Friends**

If you are unmarried/divorced with no surviving offspring, give full names of closest relatives and their close relatives (because, in many cases where remote relatives are heirs, court procedures require an "affidavit of kinship" - something like a "family tree").

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**F. Veterans**

Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you serve during wartime? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Branch? \_\_\_\_\_

(Provide form DD-214 if applying for VA Benefits)

Are any benefits being received? List Type and Amount.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Health Insurance**

**Medicare/Private Insurance / Medicare HMO**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Medicare Supplement**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Monthly premium: \_\_\_\_\_

Method of payment: \_\_\_\_\_

**Long Term Care Insurance**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Benefit amount per day: \_\_\_\_\_  
Coverage period in years: \_\_\_\_\_  
Elimination period: \_\_\_\_\_  
Is this an indemnity policy? \_\_\_\_\_  
Inflation rider? \_\_\_\_\_

**Other; Cancer, Accidental**

Type: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Type: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**H. End of Life Matters.**

Do you want to be cremated? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have specific instructions regarding your funeral services, burial or disposal of ashes? If so, please indicate: \_\_\_\_\_  
\_\_\_\_\_

Do you have prepaid funeral? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, with whom \_\_\_\_\_

Do you have cemetery plots? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, location \_\_\_\_\_

Do you have a burial fund? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, with whom \_\_\_\_\_

**PART II: ASSETS**

**A. Advisors**

Do you have a financial planner? (name): \_\_\_\_\_

Do you have a banker? (name): \_\_\_\_\_

Do you have an accountant? (name): \_\_\_\_\_

Do you have an insurance agent? (name): \_\_\_\_\_

Bank Accounts:

Bank Name	Branch Location	Checking/Savings	Balance	Title
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____

S = Single

J = Joint

Real Estate: (Include residence and other parcels of land in which you have an interest in this state and other states.) (Provide copies of deeds.)

Description & When Purchased	Present Fair Market Value	Purchase Price	Mortgage	Title
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____

S – Single

J – Joint add either tenants in common (TIC) or Joint with right of survivorship (ROS)

Partnership Interest:

Name	Limited or General	Percentage Held	Value of Partnership	Title
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____



Interest In Closely Held Corporations:

Name	Number of Shares	Percentage of Stock	Value Per Share	Market-able?	Title
_____	_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	_____	S J w/ _____

Please indicate if you are any rights or agreements for a buy-out from a business or business property interest. Provide a copy of any relevant agreement:

\_\_\_\_\_

\_\_\_\_\_

Stocks & Bonds: (List approximate value of listed stocks as a total. List special stock holdings separately; for example, closely held corporation or sub-chapter S corporate stock. Include Mutual Funds.)

Stocks & Bonds	When Acquired	Present Fair Market Value	Purchase Price	Title
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____

<u>Identify Cash or Liquid Asset Holdings</u>	Total Amount	Title
_____	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____

Are you the custodian of gifts made to your children under the Uniform Transfers to Minors Act (UTMA) of UGMA?      \_\_\_ Yes                      \_\_\_ No

<u>Miscellaneous Assets</u>	Total Value	Title
Expected Inheritance:	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____

Life Insurance or Annuity Contracts: (This includes all company group policies and individually owned policies – provide copies.)

Insurance Company	Insured	Face Value	Owner	Beneficiary	Who Pays Premium?	Type*
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\* Type - W = Whole Life, T = Term, U = Universal, V = Variable, STD = 2<sup>nd</sup> To Die,  
 SP = Split Dollar

Long-Term Care Insurance: Do you have this insurance? \_\_\_Y \_\_\_N

Retirement Benefits: (provide Summary Plan Statement and most recent report)

			Value to Date	Beneficiaries
Keogh or 401(k) Plan	Yes	No	_____	_____
Custodian or Administrator	_____			
(Name & Address)	_____			
Pension/Profit Sharing	Yes	No	_____	_____
Custodian or Administrator	_____			
(Name & Address)	_____			
I.R.A.	Yes	No	_____	_____
Custodian or Administrator	_____			
(Name & Address)	_____			
Special Death Benefits	Yes	No	_____	_____
Royalties	Yes	No	_____	_____
Pensions	Yes	No	_____	_____
Deferred Compensation	Yes	No	_____	_____

<u>Miscellaneous Personal Property:</u>	Fair Market Value	Title
Household Goods	_____	S J w/_____
Automobile	_____	S J w/_____
Automobile	_____	S J w/_____

Recreational Vehicles \_\_\_\_\_ S J w/ \_\_\_\_\_

Boats \_\_\_\_\_ S J w/ \_\_\_\_\_

Jewelry \_\_\_\_\_ S J w/ \_\_\_\_\_

Furs \_\_\_\_\_ S J w/ \_\_\_\_\_

Collections (Art, Stamp, Etc.) \_\_\_\_\_ S J w/ \_\_\_\_\_

Firearms \_\_\_\_\_ S J w/ \_\_\_\_\_

If own firearms, are any restricted or subject to the National Firearms Act (NFA)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Trusts:

Are you now or do you expect to be the beneficiary of any trust? Yes\_\_\_\_ No\_\_\_\_

If so, please provide a copy of the trust and an estimated value of the trust assets and expected income. Copy attached? Yes\_\_\_\_ No\_\_\_\_

Trust Assets \$\_\_\_\_\_ Income \$\_\_\_\_\_ per year

Are you a trustee of any trust? \_\_\_\_\_

If so, name Trustee, name of Trust, Grantor's name and your estimate of its value. Please provide a copy of the trust.

Safe Deposit Box:

Do you have a safe deposit box? Yes No

a. in your name alone? Yes No

b. jointly with \_\_\_\_\_? Yes No

c. who has access? \_\_\_\_\_  
\_\_\_\_\_

d. how much cash or tangible property there? \$ \_\_\_\_\_

e. how much in non-registered bonds? \$ \_\_\_\_\_

Income:

List sources, type and yearly gross amount – include Salary, Social Security, Pension, Dividends, Interest, Royalties, payouts from asbestos, blank lung, etc.

<u>Source</u>	<u>Yearly Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Documents.

Based on the information above, please bring the following documents with you (copies will do):

- \_\_\_\_\_ Current Driver's License
- \_\_\_\_\_ Current Will
- \_\_\_\_\_ Current Power of Attorney
- \_\_\_\_\_ Current Living Will and/or Advance Directive
- \_\_\_\_\_ Any Trusts
- \_\_\_\_\_ Veteran's Discharge Papers
- \_\_\_\_\_ Prenuptial (aka Antenuptial) Agreement
- \_\_\_\_\_ Divorce Decree and Settlement
- \_\_\_\_\_ Last Year's Federal Income Tax Return
- \_\_\_\_\_ Adoption Papers
- \_\_\_\_\_ Evidence of Benefits Special Needs Child is Receiving
- \_\_\_\_\_ Deeds and tax assessments
- \_\_\_\_\_ Shareholder/partnership/operating agreements
- \_\_\_\_\_ Life insurance/annuity policies
- \_\_\_\_\_ Summary Plan Statement and most recent report for retirement benefits

**PART III: DEBTS**

Unpaid mortgage on residence                   \$ \_\_\_\_\_

Second home                                       \$ \_\_\_\_\_

Other   \$ \_\_\_\_\_

How much owed on auto loan                 \$ \_\_\_\_\_

Home improvement                             \$ \_\_\_\_\_

Personal bank loan                             \$ \_\_\_\_\_

Person to person loans                       \$ \_\_\_\_\_

Household bills                                 \$ \_\_\_\_\_

Others    \$ \_\_\_\_\_

Contingent liability on loans to others     \$ \_\_\_\_\_

**PART IV: EXPENSES**  
**(Do Not Complete)**

Note: Deductions are allowed in computing death taxes, not only for debts owed, but also for amounts paid from the estate for (a) funeral expenses, (b) legal expenses, (c) expenses in administering the estate (e.g., court costs and executor's commissions), and (d) casualty losses to the estate during administration. While (a), (b), and (c) can be fairly well projected when all the data (including employee benefits) and the disposition of particular assets are known, it is almost impossible, preliminarily, to give a reliable rule-of-thumb for estimation. However, the likelihood is that expenses will fall between 5% and 10% of the gross estate.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**PART V: CURRENT ESTATE PLAN**

Do you have a Will or Trust? \_\_\_Yes \_\_\_No  
(Please attach a copy)

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Executor (“Personal Representative”): \_\_\_\_\_

Trustee: \_\_\_\_\_

Guardian of Minor Children: \_\_\_\_\_

Brief outline of provisions giving property (if will or trust not attached):

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**PART VI. CREATING YOUR NEW ESTATE PLAN**

A. Specific Gifts you would like to give at death, including monetary gifts (do NOT include charitable gifts here):

<u>Name</u>	<u>Item/Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. Charities to which you currently give:

<u>Name</u>	<u>Item/Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

C. Charitable Pledges you have made (amount, charity and duration of pledge):

<u>Name</u>	<u>Item/Amount</u>
_____	_____
_____	_____
_____	_____

D. Charitable gifts that you would like to give at your death (include charities as contingent beneficiaries of life insurance, IRA's, etc.)

<u>Name</u>	<u>Item/Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

If you have an estate which will be subject to estate tax, would you prefer that the funds go to charity?  
 Yes  No

Charity Name: \_\_\_\_\_

Charity Name: \_\_\_\_\_



E. Choices for Guardian of Minor Children:

1. First Choice:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Alternate Choice:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

F. Choices for Personal Representative of Will:

1. First Choice:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Alternate Choice:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

G. Choices for Trustee:

1. First Choice:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Alternate Choice:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

H. Do you have a Power of Appointment under anyone else's Will (power in a trust to dispose of property)?

\_\_\_ Yes \_\_\_ No (If so, please provide a copy)

I. Guardian.

Full name, relationship, address and telephone number of person you want to be your guardian (person who takes care of your welfare, if you cannot) and your conservator (person who takes care of your assets).

1. First Choice:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Alternate Choice:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

J. Power of Attorney

Whom would you like to make financial and business decisions for you?

1. First Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Alternate Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

K. Advance Directive for Health Care

Whom would you like to make health care decisions for you?

1. First Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Alternate Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**VII. SPECIAL CONCERNS**

Please consider the following questions and note any significant information.

1. Do any of your beneficiaries have any physical or mental handicaps?
2. Is any beneficiary being compensated by the state or other government entity for physical handicaps?
3. Is medical assistance planning an important concern of yours or any of your potential beneficiaries?

4. What are the anticipated needs for education and establishment of the careers of each beneficiary?
5. What is the financial status of each beneficiary?
6. What are the respective earning capabilities of the beneficiaries now and what are those capabilities reasonably projected to be in the foreseeable future?
7. At what age is it in the best interest of the beneficiaries to receive income and, ultimately, distribution of principal? Should the distribution of the principal be in one lump sum, or extended over a period of stepped distributions?
8. Is there a possibility that various individuals may attempt to take advantage of beneficiaries because of their basic decency and/or naiveté?
9. Is it necessary to protect certain beneficiaries against their own spendthrift tendencies?
10. Do personal habits of any beneficiary (such as use of alcohol, gambling, etc.) make distribution to that person inappropriate?
11. Should particular assets within the estate be distributed to a particular beneficiary? (Example: in the event that one member of the family is involved in a family business, it may be appropriate to leave the business interest or certain business assets to such child, with offsetting interests in other assets to be left to other beneficiaries.)
12. Is there a possibility that the spouse of any particular beneficiary may be the recipient of large benefits from such spouse's family or other source?
13. Is the design of distribution of benefits to beneficiaries such that it would create sibling rivalries or other dissension among family members?
14. Do any beneficiaries have unusually large families that may dictate that larger amounts may be needed to raise the children of such beneficiaries, as such amounts are compared to that to be given to other potential beneficiaries?
15. Are there any particular charities or other institutions that you would want to receive any part of your estate, or take precedence over distributions to individual beneficiaries?
16. What, if any, particular aspects of your current distribution scheme are you most concerned about?
17. Do you wish for your CPA, financial planner, etc. to have a copy of your final documents? \_\_\_\_ Yes \_\_\_\_ No

If so, please provide their contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**ADDITIONAL INFORMATION OR CONCERNS TO BE ADDRESSED**

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I understand that the information provided on this form will provide the basis for estate planning advice to be given. All of the information I have provided is true and complete to the best of my knowledge. I understand that if I do not provide sufficient information, the estate planning advice I receive may not take maximum advantage of the opportunities available.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_