



MOSES & MOSES, P.C.  
Attorneys At Law

*Providing Generational Planning for Families and Privately Held Businesses*

300 Cahaba Park Circle, Ste. 100  
Birmingham, AL 35242  
(205) 967-0901  
[www.mosespc.com](http://www.mosespc.com)

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

(Married)

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 and Your Spouse**

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) \_\_\_\_\_

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

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

Spouse's Residence  
Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Spouse's Business

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

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

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

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

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

Do you have a prenuptial agreement (also called an antenuptial agreement)? \_\_\_ Yes \_\_\_ No

If so, please provide a copy.

Place of Marriage: \_\_\_\_\_ Date: \_\_\_\_\_

Have you and your spouse ever lived in a community property state? \_\_\_ Yes \_\_\_ No

(LA, AR, CA, TX, WA, ID, NH, NV)

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

	Annual Salary	Taxable Income	Income Tax Bracket
Spouse's Occupation/Employer _____	_____	_____	_____

Did either of 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Please bring copy of divorce decree and settlement agreement.

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

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

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

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

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

Names of Husband's Living Siblings	Age	Street Address City, State, Zip	Health (1-bad 10- good)	Expected Inheritance / Ben. Int.*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names of Wife's Living Siblings	Age	Street Address City, State, Zip	Health (1-bad 10- good)	Expected Inheritance / Ben. Int.*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

**C. Children**

Full Names & Addresses of H's 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 and bring adoption papers.  
 If Special Needs, please add “SN” after the name. Please bring evidence of any benefits child is receiving.



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

Is the Disabled Person receiving or applying for Public Benefits? Receiving? \_\_\_\_ Yes \_\_\_\_ No  
Applying? \_\_\_\_ Yes \_\_\_\_ No

List Benefits being received or applied for:

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

Who will be establishing a Special Needs Trust?

\_\_\_\_ You  
\_\_\_\_ Disabled Child\*  
\_\_\_\_ Another

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

Does the Disabled Person have Estate Planning Documents? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide copies and list them here:

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

If not, what documents are needed?

Will \_\_\_\_ Yes \_\_\_\_ No  
Trust \_\_\_\_ Yes \_\_\_\_ No  
ADHC \_\_\_\_ Yes \_\_\_\_ No  
POA \_\_\_\_ Yes \_\_\_\_ No  
DNR \_\_\_\_ Yes \_\_\_\_ No

#### **E. Extended Family**

If you are married 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").

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

---

**F. Veterans**

Are either of you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, who? \_\_\_\_\_

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**

**HUSBAND**

**WIFE**

**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. Advisors**

Do you have a financial planner? (name & tel no.):  
\_\_\_\_\_

Do you have a banker? (name & tel no.):  
\_\_\_\_\_

Do you have an accountant? (name & tel no.):  
\_\_\_\_\_

Do you have an insurance agent? (name & tel no.):  
\_\_\_\_\_

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

**I. 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**

Bank Accounts:

Bank Name	Branch Location	Checking/Savings	Balance	Title
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J

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 & latest tax assessment.)

Description & When Purchased	Present Fair Market Value	Purchase Price	Mortgage	Title
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J

S – Single

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

Partnership Interest:

Name	Limited Percentage or General	Held	Value of Partnership	Title
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J

Interest In Closely Held Corporations:

Name	Number of Shares	Percentage of Stock	Value Per Share	Title
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J

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
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J

Please bring any stockholder agreements.

<u>Identify Cash or Liquid Asset Holdings</u>	Total Amount	Title
_____	_____	H W J
_____	_____	H W J

_____	_____	H W J
_____	_____	H W J
_____	_____	H W J
_____	_____	H W J

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:	_____	H W J
_____	_____	H W J
_____	_____	H W J
_____	_____	H W J
_____	_____	H W J

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? \_\_\_Yes \_\_\_No  
(Please bring copy of policy)

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

<b>(Husband)</b>		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	_____	_____

<b>(Wife)</b>		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	_____	_____

Miscellaneous Personal Property:

	Fair Market Value	Title
Household Goods	_____	H W J
Automobile	_____	H W J
Automobile	_____	H W J
Recreational Vehicles	_____	H W J
Boats	_____	H W J
Jewelry	_____	H W J
Furs	_____	H W J
Collections (Art, Stamp, Etc.)	_____	H W J
Firearms	_____	H W J

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

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 spouse?	Yes	No
c. in your spouse's name, alone?	Yes	No
d. who has access?	_____	
	_____	
e. how much cash or tangible property there?		\$ _____
f. 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.

Wife:

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

Husband:

<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
- \_\_\_\_\_ Last Year's Federal Income Tax Return
- \_\_\_\_\_ Any Trusts
- \_\_\_\_\_ Veteran's Discharge Papers
- \_\_\_\_\_ Prenuptial (aka Antenuptial) Agreement
- \_\_\_\_\_ Divorce Decree and Settlement
- \_\_\_\_\_ 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):

---

---

---

---

Does your spouse have a Will or Trust?      Yes              No

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

Personal Representative: \_\_\_\_\_

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

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

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

---

---

## **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

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 (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).

For Husband:

1. First Choice (Guardian):

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

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

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

2. Alternate Choice (Guardian):

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

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

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

1. First Choice (Conservator):

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

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

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

2. Alternate Choice (Conservator):

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

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

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

For Wife:

1. First Choice (Guardian):

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

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

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

2. Alternate Choice (Guardian):

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

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

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

3. First Choice (Conservator):

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

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

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

4. Alternate Choice (Conservator):

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

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

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

J. Power of Attorney

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

For Husband:

1. First Choice (POA):

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

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

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

2. Alternate Choice (POA):

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

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

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

For Wife:

1. First Choice (POA):

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

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

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

2. Alternate Choice (POA):

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

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

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

K. Advance Directive for Health Care (Whom would you like to make health care decisions for you?) *Please attach any current advance directive or living will.*

For Husband:

1. First Choice (ADHC):

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

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

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

2. Alternate Choice (ADHC):

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

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

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

For Wife:

1. First Choice (ADHC):

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

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

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

2. Alternate Choice (ADHC):

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

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 children 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 of the children 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 your children or grandchildren or other 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: \_\_\_\_\_

Phone: \_\_\_\_\_

#### **ADDITIONAL INFORMATION OR CONCERNS TO BE ADDRESSED**

---

---

---

---

---

---

---

---

---

---

**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:** \_\_\_\_\_

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

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