



ESTATE PLANNING QUESTIONNAIRE

This document is designed to get you a preview of the precise questions we will review during the creation of your estate plan. During our meeting we can review details and tips for each of these sections if needed. Please complete this questionnaire to the best of your ability so that our in-person meeting can be as productive as possible.

STEP 1 – MARITAL STATUS

_____ Single _____ Married _____ Domestic Partnership

STEP 2 – FAMILY INFORMATION

Trust Name: _____ (usually "Last Name" Family Trust)

Client Name 1 (as you want it to appear on documents): _____

Client Name 2 (as you want it to appear on documents): _____

Home Address: _____ County: _____

Do you own this home? _____ Yes _____ No

If yes, who holds current legal ownership to property? _____ Both _____ Client 1 _____ Client 2

Do you want Encore to prepare deed to transfer your home into the trust (minimum \$250 fee but will vary per the state of the property)?

_____ Yes _____ No

Do you own any other real estate? _____ Yes _____ No

If yes, what are the addresses?

Have you previously done a trust? _____ Yes _____ No

If Yes, what is the exact name and date of the trust? _____

If Yes, are all of your real estate holdings in the trust? _____ Yes _____ No

Information about Living Children:

Child 1 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both _____ Client 1 _____ Client 2

Is the child disinherited? _____ Yes _____ No

Child 2 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both _____ Client 1 _____ Client 2

Is the child disinherited? _____ Yes _____ No

Child 3 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both _____ Client 1 _____ Client 2

Is the child disinherited? _____ Yes _____ No

Child 4 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both _____ Client 1 _____ Client 2

Is the child disinherited? _____ Yes _____ No

***Please add additional children on a separate sheet

Information about Deceased Children:

Do you have any deceased children? _____ Yes _____ No If yes, please provide the following information:

Child's Name _____ Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Name of the Deceased Child's Children, if any: _____

Limitations on Surviving Spouse:

Would you like to limit the surviving spouse's ability to change the estate plan after the first spouse dies? _____ Yes _____ No

***Please note the answer is most commonly no.

If marked yes, your trust will split into two trusts at the first death (The Surviving Spouse's side and the Deceased Spouse's side). The Surviving Spouse would be able to live off both sides, but could NOT change the beneficiaries of the Deceased Spouse's side. There are upsides and downsides to this decision. Your advisor can provide a more detailed description of the impact of this decision using a document titled "Types of Trust" in the Training and Resources.

STEP 3 – BENEFICIARIES – Who is getting everything and how are they getting it?

Are the Beneficiaries getting equal shares? ___ Yes _____ No

Beneficiary Information

Beneficiary 1 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 2 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 3 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 4 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 5 Name: _____ Percentage or Fraction Interest: _____

For each Beneficiary, you will need to decide the following – please note the answer does not need to be the same for each:

If the beneficiary dies, would you want this share to go to: _____ Per Stirpes (generally that beneficiary's child(ren)) _____ Lapse (to the other named beneficiaries) _____ Other: _____

Restrictions: Do you want restrictions on the distributions to this beneficiary? ___ Yes ___ No

If yes, do you want the following (please note there are detailed descriptions of each in the software):

_____ Special Needs Trust (used for beneficiaries with special health needs who may have needs-based public benefits).

_____ Age Based Restrictions (beneficiaries would still have access to funds for health care, education, and support. If yes, choose the restriction: _____ 1/3 at 25, 1/3 at 30, and 1/3 at 35

_____ 1/3 at earlier of undergrad degree or 25, 1/3 at 30, and 1/3 at 35 _____ 1/2 at 25, 1/2 at 30

_____ Other: Please describe: _____

Specific Gifts (for charity, pets, or others in your life) – for each, please denote if it is after the a particular spouse’s death or after both have died, and the amount or item:

STEP 4 – TRUSTEES, EXECUTORS, POWERS OF ATTORNEY

Who do you want to make financial decisions for you if you cannot make them for yourself? If you are married, it is assumed the spouse is first (unless otherwise indicated). Please list relationship also.

#1: _____ #2: _____

#3: _____

Timing on power of attorney (most common is immediate for primary agent (spouse) and springing for all others:

_____ Immediate for Primary Agent only _____ Immediate for all agents _____ Springing

Do any of these agents act together? _____ Yes _____ No

STEP 5 – HEALTH CARE AGENTS

Who do you want to make health care decisions for you if you cannot make them for yourself? If you are married, we generally see the spouse first. Please list the relationship also.

Client #1

#1: _____ #2: _____

#3: _____

Do any of these agents act together? _____ Yes _____ No

Client #2

#1: _____ #2: _____

#3: _____

Do any of these agents act together? ___Yes ___No

STEP 6 – GUARDIAN

Do you have any children under the age of 18 or expect to in the future? ___Yes ___No

If yes, who would have physical custody of any minor children?

#1: _____ #2: _____ #3: _____

Do any of these agents act together? ___Yes ___No

Are there any other restrictions on the named guardians (must be married to each other and living together, live within a certain area, etc.)?

STEP 7 – HEALTH CARE DIRECTIVES

End-of-Life Decisions are one of the most challenging discussions you may have during the creation of your Living Trust. This section can evoke some strong feelings. Some thoughts that may assist you:

1. If there is any reasonable hope of full recovery, you will be kept alive. A medical facility can let you die, but they cannot kill you.
2. You should have conversations with your loved ones about your feelings here. If you try to address all scenarios, rest assured that you won't!

Continue to next page.

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Client 1: _____

End of Life Decision

If you select any of the “Not to Prolong Life” options, this is what is often called “pulling the plug”. There are two broad circumstances where this action is considered –

1. When a person is in a state of permanent unconsciousness; and
2. When a person has a terminal condition.

OPTIONS

- To Prolong Life – Take all measures to keep your life going under all circumstances.
- Not to Prolong Life – Any Circumstances: If you do NOT want your life prolonged if you are permanently unconscious OR have a terminal condition, select this.
- Not to Prolong Life – Permanently Unconscious: If you do NOT want your life prolonged if you are permanently unconscious, but you would if you have a terminal condition, select this.
- Not to Prolong Life – Terminal Condition: If you do NOT want your life prolonged if you have a terminal condition, but you would if you are permanently unconscious, select this.
- Not to Prolong Life – Other: You may have a different selection here. Please either leave a note or be prepared to address before you sign the documents.

Artificial Nutrition and Hydration

Receiving artificial nutrition and hydration can prolong your life. Depending on your wishes, this could be a good thing or a bad thing.

OPTIONS

- To receive artificial nutrition and hydration indefinitely
- To receive artificial nutrition and hydration indefinitely, unless it clearly prolongs my suffering and is no longer in my best interest.
- To receive artificial nutrition and hydration indefinitely on a limited trial basis to see if I can improve.
- I DO NOT wish to receive artificial nutrition and hydration.
- Other (please be read to give further directives as desired upon creation of your application)

Relief from Pain

Most people want pain relief, even if it were to hasten your death. With that said, a number of states ask this question.

- To have adequate treatment to be provided at all the times for the sole purpose of alleviation of pain and discomfort.
- Other (please be read to give further directives as desired upon creation of your application)

Anatomical Gift at Death

To Give the Following Gifts (select all that apply): You can state what parts of your body, if any, you would like to give. We see most people fall into the following camps:

1. "Take whatever you want – I don't need it anymore" or "I doubt they want any of my stuff, but they can have it" – if this sounds like you, you would select Organs, Tissues, and All other body parts.
2. "I don't want to be a cadaver on some med student's table" – if this sounds like you, you may select just Organs OR you refuse to make an anatomical gift.
3. "I only want to give _____" – if this sounds like you, select other and leave a note if you know what you want.
4. "I don't want to be cut up after I'm gone" – if this sounds like you, select that you refuse to make an anatomical gift.

To give those gifts for the following purposes (Select All that apply):

- Organs
- Tissues
- All other body parts
- Other
- I refuse to make an anatomical gift

On mental health treatments

Some examples of mental health treatments include admission to and retention at a mental health facility, psychotropic medications, and electroconvulsive treatment.

- Okay with whatever needs to be done
- Don't want any Mental Health Treatments
- My Health Care Agent or attending physician can make this decision on my behalf.
- Other (please be read to give further directives as desired upon creation of your application)

To give these instructions for autopsy

If you would like to state whether or not you want an autopsy (or if you would like your agent to decide), you may indicate here.

- Upon my death I DO NOT consent to a voluntary autopsy
- Upon my death I DO consent to a voluntary autopsy
- My Agent my give or refuse consent to an autopsy
- Other (please be read to give further directives as desired upon creation of your application)

To give these instructions for funeral and burial disposition

- First two Options (Burial/Cremation): If you have a preference on cremation and/or burial, but have NOT made prepaid arrangements.
- Third Option (Agent Selection): If you do not have a preference on cremation/ burial and are comfortable with your agent deciding.
- Fourth Option (Prepaid Arrangements made): If you have made prepaid arrangements, let that be known and include those documents with your estate plan.

To make aware my arrangements with the Do Not Resuscitate Directive

If you have a formal Do Not Resuscitate Directive (DNR), please state.

On physical health treatments

Some examples of physical health treatments include CPR, mechanical breathing, major surgery, kidney dialysis, chemotherapy, diagnostic tests, antibiotics, blood products, etc.

- Okay with whatever needs to be done
- Don't want any physical health treatments
- Other (Please be prepared to answer this at the signing meeting)
- My health care agent(s) or the attending physician can make this decision on my behalf

Client 2: _____

End of Life Decision

If you select any of the “Not to Prolong Life” options, this is what is often called “pulling the plug”. There are two broad circumstances where this action is considered –

3. When a person is in a state of permanent unconsciousness; and
4. When a person has a terminal condition.

OPTIONS

- To Prolong Life – Take all measures to keep your life going under all circumstances.
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