

# Estate Plan Questionnaire



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# Estate Plan Questionnaire

## I. General Information

In making decisions concerning preparation of your Estate Plan, you should be aware of the following:

1. If the value of your estate is in excess of the federal estate tax exclusion amount (currently \$5,600,000 for 2018), then you have an estate which is subject to federal estate taxes starting at a tax rate of 40% on the excess over \$5,600,000. If you have a taxable estate, you may be able to make certain provisions in your estate plan which will minimize and/or defer federal estate taxes.
2. If you own property jointly with another person as “joint tenants with right of survivorship”, then your interest in that property will pass to the survivor upon your death. It will not pass according to the terms of your Estate Plan. If you own property jointly with another person without right of survivorship, then your interest in that property will pass according to the provisions in your Estate Plan. Beneficiary designations on life insurance policies, retirement plans, annuities, etc., will determine who receives those moneys upon your death, not the provisions of your Estate Plan, unless your estate or a trust you have established is named as the beneficiary.
3. Your Last Will and Testament disposes of assets that you have in your own name alone upon your death. As you may not know, it is your Will that is subject to administration by the Probate Court. That is why we often call a Will a “ticket to Probate Court. In addition to joint property and property with beneficiary designations, property held in a revocable living trust upon your death will not pass under the terms of your Will and will not be subject to probate administration. A Trust will save your heirs the time and expense of probate, including attorney fees and court costs.
4. If you leave an inheritance to a minor child under your Will, a conservator will need to be appointed by the Probate Court to manage the child’s inheritance until the child attains age 18. In order to hold funds for a child beyond age 18 and to avoid Probate Court intervention, you can establish a revocable living trust and tailor the provisions to best suit the needs of your child to provide for his or her health, support and education until he or she reaches an appropriate age.

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**II. Personal Information**

1. Male's full name:

\_\_\_\_\_

First

Middle

Last

a. State all other names or "nick names" by which you have been known:

\_\_\_\_\_

b. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Female's full name:

\_\_\_\_\_

First

Middle

Last

a. State all other names or "nick names" by which you have been known:

\_\_\_\_\_

b. Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. State your current address:

a. Street Address: \_\_\_\_\_

b. City: \_\_\_\_\_ County: \_\_\_\_\_

c. State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

d. Telephone: Residence: \_\_\_\_\_ Work (Male): \_\_\_\_\_

Work (Female): \_\_\_\_\_

Cell Numbers: (Male) \_\_\_\_\_ (Female) \_\_\_\_\_

e. Email Address: (Male) \_\_\_\_\_

(Female) \_\_\_\_\_

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4. Prior Marriage:

a. Has either spouse been previously married? \_\_\_\_\_

b. Are there any obligations that need to be considered? \_\_\_\_\_

Explain:

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

5. Please list the following information for your children:

Full Name	Son/Daughter (S or D)	Of Which Spouse	Age
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please list any pets that you want to provide for in your estate plan:

Name	Type of Pet	Age	Special Considerations
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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7. If you have grandchildren, state the following:

Full Name	Grand Son/Daughter	Age	Child of Which Son/Daughter
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8. Do you and your spouse have a Pre-Nuptial agreement? If yes, attach copy.

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Are there any special circumstances concerning your children, such as adoption, disabilities, etc.? Please explain.

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10. Have you made gifts in any one-year with a value greater than \$15,000.00? If yes, describe:

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11. Have you or your spouse created any trust or made gifts to any trusts? If yes, describe:

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12. Do you or your spouse expect any inheritance? If so, state from whom and expected value.

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13. State the location and box number of any safety deposit boxes and who is permitted to enter the box:

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**III. Assets**

Asset	Value	Joint Property?	Male's Separate Property?	Female's Separate Property?
a. Home				
b. Other Real Estate:				
1.				
2.				
3.				
c. Bank Accounts:				
1.				
2.				
3.				

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Asset	Value	Joint Property?	Male's Separate Property?	Female's Separate Property?
d. Money Market Accounts & Certificates of Deposit:  1.  2.				
e. Annuities				
f. Investment Accounts:  1.  2.				
g. U.S. Savings Bonds				
h. Other Bonds				
i. Stocks & Mutual Funds:  1.  2.				
j. Notes Receivable				
k. Automobiles and Other Vehicles  1.  2.  3.				

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<b>Asset</b>	<b>Value</b>	<b>Joint Property?</b>	<b>Male's Separate Property?</b>	<b>Female's Separate Property?</b>
l. Interest in any Business				
m. Artwork, Antiques, Jewelry				
n. Household Contents				
o. Collections (stamps, paintings, guns, coins, etc.)				
p. Deferred Compensation Plans				
q. Life Insurance Policies 1. 2. 3. 4.				
r. Qualified Retirement Plans (401k, 403b, etc.) 1. 2.				
s. IRA'S 1. 2.				
<b>TOTAL</b>				



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### IV. Debts

Debt	Value	Joint Property?	Male's Separate Property?	Female's Separate Property?
a. Mortgages 1. 2.				
b. Loans (car, etc.) 1. 2.				
c. Other Debts 1. 2.				
<b>TOTALS</b>				

### Investments and Financial Concerns:

1. Have you done a risk analysis on your portfolio? (i.e. are your investments appropriate for your objectives)  
 Yes       No
  
2. Do you feel your financial planning is sufficient to last for your retirement years?  
 Yes       No
  
3. Would you like a referral to a trusted financial advisor?  
 Yes       No

V. Estate Plan Options

Please indicate by checking the appropriate option, how you want your assets to pass when you die:

**Option A. I want my assets to pass to my spouse and children as follows:**

- ✂ To spouse, if surviving.
- ✂ If my spouse predeceases me, my assets will be divided in equal shares among my children.
- ✂ If any of my children predecease me, that child’s share shall be distributed to his or her children in equal shares.
- ✂ In the event that my spouse and all my children and descendants fail to survive me, I want my assets to be distributed as follows:

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At what age would you like your children, rather than the trustee, to manage any inherited funds (must be at least 18 years of age)? \_\_\_\_\_

**Option B. I am unmarried with children and want my assets to pass:**

- ✂ In equal shares to my children.
- ✂ If one or more of my children predeceases me, that child’s share in my estate shall be distributed to his or her children in equal shares.
- ✂ In the event that all my children and descendants fail to survive me, I want my assets to be distributed as follows:

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At what age would you like your children, rather than the trustee, to manage any inherited funds (must be at least 18 years of age)? \_\_\_\_\_

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- Option C. I am unmarried and have no children. I want my assets to be distributed as follows:**

Full Name	Relationship	Address	Percent
_____			
_____			
_____			
_____			

- Option D. None of the above. I want my assets to be distributed as follows:**

Full Name	Relationship	Address	Percent
_____			
_____			
_____			
_____			

## VI. Fiduciary Considerations

1. If your children are under the age of 18; state the full name, address and relationship of the person you wish to act as their guardian (the person you want to be in charge of the physical care and custody of your children) in the event of your death. You should obtain the consent of that person(s) before executing your Estate Plan.

a. Name(s): \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Relationship: \_\_\_\_\_

d. Please make special provisions for any disabled children:

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

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2. If at the time of your death, the person named above is unwilling or unable to serve as guardian, please list an alternate:

a. Name(s) \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Relationship: \_\_\_\_\_

3. Do you want the appointed guardian to also be the trustee (the person appointed to manage the financial affairs of your children) of any assets inherited by the minor children?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. If no, please list the person or entity you wish to act as their trustee. You should obtain the consent of that person or entity before executing your Estate Plan.

a. Name(s) \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Relationship: \_\_\_\_\_

5. If the person or entity listed above is unwilling or unable to service as trustee, please list an alternate:

a. Name(s) \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Relationship: \_\_\_\_\_

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6. The person charged with administering your estate, paying taxes and other debts, marshalling, preserving and managing estate assets and property is called a Personal Representative (executor). State the name and address of the person you wish to service in this role.
- a. Name(s) \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Relationship: \_\_\_\_\_
7. If the person listed above is unwilling or unable to serve as Personal Representative, please list an alternate:
- a. Full Name \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Relationship: \_\_\_\_\_
8. If you become incapacitated and cannot handle your own finances (paying your bills, etc.), who would you like to act as your agent under a Durable Power of Attorney to do so?
- a. Full Name \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Relationship: \_\_\_\_\_
9. If the person listed above is unwilling or unable to serve as agent, please list an alternate:
- a. Full Name \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Relationship: \_\_\_\_\_

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10. Would you like to provide reasonable compensation to your agent?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. If you become incapacitated and cannot make you own medical decisions, who would you like to appoint as your Patient Advocate to do so?

a. Full Name \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Relationship: \_\_\_\_\_

12. If the person listed above is unwilling or unable to serve as your Patient Advocate, please list an alternate:

a. Full Name \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Relationship: \_\_\_\_\_

13. Would you like to give your Patient Advocate the authority to terminate life support?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Would you want artificial nutrition and hydration (i.e. feeding tubes) if you are in a terminal and irreversible condition?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Would you like to give your Patient Advocate the authority to make gifts of your organs?

Yes \_\_\_\_\_ No \_\_\_\_\_