

**THE ADVANTAGE PATHWAY™
ESTATE PLANNING QUESTIONNAIRE**

Personal:

Husband:

Wife

Full Name: *(first, middle initial, last)* _____

Date of Birth *(Month/Day/Year)* _____

Social Security Number _____

Phone Numbers _____

Work: (____) _____ - _____ (____) _____ - _____

Home: (____) _____ - _____ (____) _____ - _____

Cell: (____) _____ - _____ (____) _____ - _____

E-mail Address _____

Citizenship U.S. Other U.S. Other

Home Address: _____

City / Town / Village *(circle one)* of: _____

Have either of you been married before? Yes No
(Indicate whether any child is from the prior marriage.)

Children: *(please attach additional pages if necessary)*

<u>Name:</u>	<u>Address :</u>	<u>D/O/B</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of your children have special medical, educational or other needs?
 Yes Please explain _____
 No

Current Documents:

Do you have any of the following documents in place?

- Will Trust Buy-Sell, Cross Purchase or Partnership Agreement
- Declaration to Physicians (Living Will) Financial Power of Attorney
- Health Care Power of Attorney Final Decree / Judgment of Divorce
- Prenuptial or Marital Agreement

PLEASE PROVIDE A COPY OF ANY/ALL DOCUMENTS YOU HAVE IN PLACE.

(If you provide originals, be assured we will make copies and return any necessary documents to you)

Objectives:

Below is a list of questions that will highlight your estate planning objectives and focus attention on those issues that will require further discussion. You do not need to answer every question completely. If, for any reason, you are unable to answer any question or provide the detail requested, it probably indicates that we should spend time discussing that point during our meeting.

Distribution: To whom do you want your assets distributed at death:(*first, middle, last*)

- 1) If one of you dies? _____
- 2) If both of you die? _____
- 3) How would you want your estate divided in the event of a family catastrophe and the beneficiaries named in 2) above die? _____

Personal Representative: The “Personal Representative” completes any required court proceedings and ensures that the inheritance is distributed according to your wishes. Who should act as your Personal Representative? (*first, middle, last*)

First choice: _____

Second choice: _____

Trustee: If you have young children or name a beneficiary who has special needs, you can appoint a Trustee to control spending decisions for the beneficiary to ensure that education, healthcare and other expenses are paid for.

Who should serve as a Trustee? (*first, middle, last*)

First choice: _____

Second choice: _____

When should the Trustee distribute the remaining inheritance? (Example: half at 25 and half at age 30)

age 25 age 30 age 35 Other _____

Guardian: If you have children under age 18, the Court will appoint a Guardian to care for the children and address their day-to-day needs. Who do you want to nominate as Guardian for your minor children? (*first, middle, last*)

First choice: _____

Second choice: _____

Powers of Attorney: If you are incapacitated, Powers of Attorney can designate someone to speak to your doctors, manage your finances and sign documents for you. Who would you nominate to act for you? (*first, middle, last*)

Financial Decisions

Health Care Decisions

First choice: _____

First choice: _____

Second choice: _____

Second choice: _____

Do you expect to receive a large inheritance or gift in the future? Yes No

Do you wish to make gifts to your church or other charitable organization at death? Yes No

FINANCIAL STATEMENT:

Real Estate. (Indicate street address, city, state and approximate sale value)

	Jointly	Husband	Wife
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Bank accounts and CD's (Indicate institution and approximate amount of each account)

_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Retirement Assets:

(IRA's/401K/403b, Profit Sharing Plans, Deferred Compensation, Roth IRA or other Retirement Plans)

\$ _____

Stocks, bonds, mutual funds and Investments that are not part of retirement plan.

(Indicate company, number of shares or face value)

_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Money owed to you. (Do you have any mortgages, land contracts or promissory notes?)

Yes No If yes, please explain: _____

Business interests. (Do you have any Partnerships, corporations, LLC's or sole proprietorships?)

Yes No If yes, please explain: _____

Life insurance and annuities. (Indicate company and approximate death benefit)

	Cash Value	Death Benefit	Owner
<input type="checkbox"/> Life Ins. <input type="checkbox"/> Annuity _____	\$ _____	_____	_____
<input type="checkbox"/> Life Ins. <input type="checkbox"/> Annuity _____	\$ _____	_____	_____
<input type="checkbox"/> Life Ins. <input type="checkbox"/> Annuity _____	\$ _____	_____	_____

Other assets. (Personal property, collections or vehicles of significant value)

_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Liabilities (debts over \$10,000)

Mortgages. (Indicate to whom, approximate amount and whether there is collateral)

	Amount	Collateral
_____	\$ _____	_____
_____	\$ _____	_____

Other. (Indicate to whom, approximate amount and whether there is collateral)

_____	\$ _____	_____
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