

**ADVANTAGE PATHWAY™ PROCESS
ESTATE PLANNING QUESTIONNAIRE**

Personal:

Full Name _____

Date of Birth (Month/Day/Year) _____

Social Security Number _____

Phone Number:

Work (____)____ - _____

Home (____)____ - _____

Cell: (____)____ - _____

E-mail Address _____

Citizenship U.S. Other

Home Address: _____

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

Have you ever been married? No Yes

Children: (Please attach additional pages if necessary)

Name	Address	D/O/B
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Health Care Power of Attorney

Declaration to Physicians (Living Will) Financial Power of Attorney

Prenuptial or Marital Agreement Buy-Sell, Cross Purchase or Partnership Agreement

Final Decree / Judgment of Divorce

PLEASE PROVIDE A COPY OF ANY/ALL DOCUMENT 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.

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

First option: _____
How would you want your estate divided in the event the beneficiaries named 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?
 age 25 age 30 age 35 Other _____
(for example, half at age 25 and half at age 30)

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 name, middle initial, last name)*

<u>Financial Decisions</u>	<u>Health Care Decisions</u>
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)

Value

\$ _____
\$ _____
\$ _____

Bank accounts and C.D.'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, approximate death benefit and beneficiaries named)

	Cash Value	Death Benefit
<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)

\$ _____	_____
\$ _____	_____