

R O S E
C A M E N I S C H
S T E W A R T
M A I N S

ESTATE PLANNING QUESTIONNAIRE

Date: _____ Referred by: _____

Name as you want it to appear on documents:

First M.I. Last

Age: _____

Home Address: _____ Business Address: _____

Home Address 2: _____ Business Address 2: _____

City & State: _____ City & State: _____

Zip: _____ Zip: _____

E-mail Address: _____

Despite issues of confidentiality of information on the Internet, some clients have given us permission to communicate with them via their E-mail address. If you would like us to communicate with you via your E-mail address, please initial:

_____ Initial

Phone:

Home Mobile

Citizenship:

USA: _____ Other: _____

Business / Profession

Company Title Active Retired

Marriage

Date of current marriage: _____

Name(s) of Prior Spouse(s) (if any):

How and when any prior marriage(s) ended

CHILDREN AND GRANDCHILDREN

List full name	Age	Name of Spouse	Mailing address	List their children's names and ages.

(Designate which children, if any, are adopted, are stepchildren or are children of a prior marriage)

Who are your primary intended beneficiaries at your death?

Notes: _____

Who are your beneficiaries if your primary intended beneficiaries are deceased? _____

If you want to make *specific bequests* of personal property in your Last Will and Testament (i.e., jewelry, automobiles, etc.).

Check here and list on separate page.

If none of your immediate family were to survive you (i.e. spouse, children or grandchildren) how would you want your estate to be distributed?

Do you wish to consider a trust that would protect some or all your estate from the spouses or creditors of your children or grandchildren? Yes No Not sure

Notes: _____

Other than children or grandchildren, are there other family members, friends, or organizations (church, charity, school, etc.) that you would want to benefit from your Estate? Yes No Not sure

Notes: _____

Do you wish for your estate to pass eventually to your family free of probate? Yes No Not sure

Your **Last Will and Testament** names the Executor of your estate and directs the disposition of your probate estate. What individual or what bank do you want to serve as the **EXECUTOR**¹ of your estate? If you are going to name individuals instead of a bank, please list the names of those you would want to appoint as executors, in the order you would want them to serve. (NOTE: If you want to name your spouse, put his/her name on the first line.)

1st Choice _____
2nd Choice _____
3rd Choice _____

Please list the names of those persons you want to appoint as the **GUARDIAN** of any of your minor children (in the order you would want them to serve).

1st Choice _____
2nd Choice _____
3rd Choice _____

If you have a trust for your children (*such as an Issue's Trust under your Will*), a Living Trust, or some other type of trust, what individual or what bank do you want to serve as the **TRUSTEE**² of such trust(s)? If you are going to name individuals instead of a bank, please list the names of those you would want to appoint as Trustee (in the order you would want them to serve). (NOTE: If you want to name your spouse, put his/her name on the first line.)

1st Choice _____
2nd Choice _____
3rd Choice _____

Your **General Durable Power of Attorney** appoints an individual to act on your behalf regarding your financial affairs should you become disabled. The Power of Attorney will be effective immediately upon execution. What individual(s) do you want to serve as your attorney-in-fact? (NOTE: If you want to name your spouse, put his/her name on the first line.)

1st Choice _____
2nd Choice _____
3rd Choice _____

Your **Designation of Health Care Surrogate/ HIPAA Authorization** appoints an individual to make your health care decisions should you become disabled and authorizes the release of information by health care providers in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Generally, you will name the same individuals in this document that you named in your Designation of Health Care Surrogate. What individual(s) do you want to serve as your health care surrogate? (NOTE: If you want to name your spouse, put his/her name on the first line.)

1st Choice _____
2nd Choice _____
3rd Choice _____

Your **Living Will Declaration** instructs your physician as to your intentions relative to life-prolonging treatment in the event that you are diagnosed with an irreversible condition that will result in imminent death. Please indicate below whether or not you wish to execute a Living Will Declaration.

Yes, I want this document. No, I do not want this document. Not Sure

Your **Funeral Planning Declaration** is a declaration made by you that directs your desires regarding your burial and/or funeral. We can add additional details regarding your wishes. Please indicate below whether or not you wish to execute a Funeral Planning Declaration.

Yes, I want this document. No, I do not want this document. Not Sure

1 The Executor is the person who handles the administration of your estate, collect your assets, pays debts and expenses and distributes remaining assets to your heirs, trusts, etc.

2 The Trustee is the person or bank who handles the administration of your Trust, including making investments, keeping records, filing tax returns, and making distributions to beneficiaries.