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ESTATE PLANNING QUESTIONNAIRE

Date: _____ Referred by: _____

Name as you want it to appear on documents: _____
Husband _____ Wife _____

Home Address: _____ Business Address: _____
Zip: _____ Zip: _____

Legal Residence (City and State): _____

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 _____.

Phone: (Home) _____ (Work) _____ (Mobile) _____

Date of Birth: Husband _____ Wife _____

Place of Birth: Husband _____ Wife _____

Social Security Number: Husband _____ Wife _____

Citizenship: Husband USA OTHER Wife USA OTHER

Business or profession: Husband _____ Still active: _____ Retired: _____
Company _____ Title _____

Business or profession: Wife _____ Still active: _____ Retired: _____
Company _____ Title _____

Date and place of current marriage: _____

Name(s) of Prior Spouse(s) (if any): Husband _____ Wife _____

How and when prior marriage(s) ended: _____
(If divorced, please provide copies of any agreements and decrees)

Do you want us to correspond with you at your home address listed above? If not, please provide your preferred mailing address: _____

Have you ever lived in a community property state (Texas, Arizona, California, New Mexico, Nevada, Washington, Idaho, Louisiana, Wisconsin)? _____ If so, please list the state and the dates you resided there.

CHILDREN AND GRANDCHILDREN

PLEASE STATE FULL LEGAL NAMES OF ALL CHILDREN, GRANDCHILDREN, AND SPOUSES. IT IS IMPORTANT THAT YOU PROVIDE TO US ALL BIRTHDATES, SOCIAL SECURITY NUMBERS, ADDRESSES AND TELEPHONE NUMBERS. IF YOU NEED MORE SPACE, PLEASE USE A SEPARATE SHEET OF PAPER AND ATTACH IT TO THE QUESTIONNAIRE.

List Children's Names, Birthdates and Social Security Numbers (Please indicate if only one of you is the biological parent)	Name of Spouse	Mailing Address	List their Children's Names, Birthdates and Social Security Numbers (if any)
1.			1. 2. 3. 4.
2.			1. 2. 3. 4.
3.			1. 2. 3. 4.
4.			1. 2. 3. 4.
5.			1. 2. 3. 4.

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

Will there be a need to provide for your parents should you predecease them? Yes ___ No ___

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 ___

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

If none of your immediate family were to survive you (no spouse, children or grandchildren) how would you want your estate to be distributed?

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 executor, 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.)

	Husband	Wife (if different)
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

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.

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).

	Husband	Wife (if different)
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.)

	Husband	Wife (if different)
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

Do you wish to consider a trust that would protect some or all of your estate from the spouses or creditors of your children or grandchildren?

Yes ___ No ___ Not sure ___

Do you want to have an annual meeting to have your estate plan reviewed and updated if necessary?

Yes ___ No ___ Not sure ___

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.)

	Husband	Wife (if different)
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

Your **Designation of Healthcare Surrogate** appoints an individual to make your healthcare decisions should you become disabled. What

¹ The executor is the person who handles the administration of your estate, collects 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.

individual(s) do you want to serve as your healthcare surrogate? (NOTE: If you want to name your spouse, put his/her name on the first line.)

	Husband	Wife (if different)
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.

Husband:	Yes, I want this document. _____	No, I do not want this document. _____
	Not sure _____	
Wife:	Yes, I want this document. _____	No, I do not want this document. _____
	Not sure _____	

Your **HIPAA Authorization** authorizes the release of information by healthcare 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 Healthcare Surrogate. If there are additional people you want to be able to receive your healthcare information, please list them below.

	Husband	Wife (if different)
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

TAXABLE GIFTS MADE DURING LIFE

Have you made any gifts in excess of \$10,000 in any calendar year to an individual since 12/31/92? _____

If so, please provide copies of gift tax returns (Forms 709) if filed.

FINANCIAL INFORMATION

PLEASE ENTER THE APPROXIMATE DOLLAR AMOUNT IN THE FOLLOWING:

I. SCHEDULE OF APPROXIMATE ANNUAL INCOME

SOURCE	JOINT INCOME	HUSBAND'S INCOME	WIFE'S INCOME
Salary/Commissions			
Interest/Dividends			
Rents			
Pensions			
Social Security			
Other			
Subtotal			

NOTE: JOINT = FROM PROPERTY TITLED IN BOTH NAMES
HUSBAND = FROM PROPERTY TITLED IN HUSBAND'S NAME ONLY
WIFE = FROM PROPERTY TITLED IN WIFE'S NAME ONLY

II. SCHEDULE OF ASSETS

A. CASH (Bank Accounts, CDs, Money Markets, Savings)

NAME OF BANK AND DESCRIPTION OF ACCOUNT	VALUE (Joint)	VALUE (Husband)	VALUE (Wife)
Subtotal			

B. PERSONAL AND MISCELLANEOUS PROPERTY INTERESTS

DESCRIPTION	VALUE (Joint)	VALUE (Husband)	VALUE (Wife)
Household Goods and Personal Effects			
Collections (Stamps, Coins, Art, etc.)			
Jewelry			
Automobiles, Boats, Aircraft			
Expected Inheritance			
Other			
Subtotal			

C. REAL ESTATE (including condominium(s))
(List value on 1st line and mortgage on 2nd line)

DESCRIPTION	TAX BASIS (if known)	VALUE (Joint)	VALUE (Husband)	VALUE (Wife)
Property #1 _____				
Mortgage		< >	< >	< >
Property #2 _____				
Mortgage		< >	< >	< >
Property #3 _____				
Mortgage		< >	< >	< >
Property #4 _____				
Mortgage		< >	< >	< >
Subtotal				

D. BUSINESS INTERESTS (Closely held Corporate Stock, LLCs, LLPs, or Unincorporated Business Interests)

NAME AND TYPE OF ENTITY (Corporation, Limited Liability Company, Family Limited Partnership, etc.): * List % of each person's ownership (as to Husband and Wife) If possible, list if other owners/members are unrelated third parties, business associates or family members.	TAX BASIS (if known)	VALUE (Joint)	VALUE (Husband)	VALUE (Wife)
Subtotal				

E. U. S. GOVERNMENT BONDS (e.g., Series "E" or "EE" Bonds)

TYPE/FACE VALUE	VALUE (Joint)	VALUE (Husband)	VALUE (Wife)
Subtotal			

F. LISTED SECURITIES (Stocks and Corporate Bonds)

DESCRIPTION	VALUE (Joint)	VALUE (Husband)	VALUE (Wife)
Subtotal			

G. MONEY OTHERS OWE YOU (Not money you owe)

DESCRIPTION (mortgages, promissory notes, etc.)	TAX BASIS (if known)	VALUE (Joint)	VALUE (Husband)	VALUE (Wife)
Subtotal				

H. RETIREMENT AND ANNUITIES (include 401(k) plans and IRAs)

TYPE OF PLAN	BENEFICIARY	TAX BASIS (if known)	VALUE (Husband)	VALUE (Wife)
Subtotal				

I. DEBTS AND LIENS (Other than mortgages on property owned and listed on Schedule C)

DEBT	JOINT	HUSBAND	WIFE
	< >	< >	< >
	< >	< >	< >
Subtotal			

J. FUTURE INHERITANCES (Do you, your spouse or children expect to inherit property?)

Have you received any inheritance recently or do you expect to receive any in the future?
If so, approximately how much and from whom?

DESCRIPTION OF INHERITANCE	FROM WHOM?	VALUE (Husband)	VALUE (Wife)
Subtotal			

K. DISABILITY INSURANCE

COMPANY	POLICY NO.	ISSUE DATE	TYPE			MONTHLY BENEFIT	PREMIUM
			Standard Long Term (personally owned)	Standard Long Term (Company owned)	Overhead Coverage		

L. LIFE INSURANCE (Face Value and Death Benefit)

COMPANY/ AGENT NAME/ ADDRESS/ PHONE NO.	TYPE ³	POLICY NO.	ISSUE DATE	OWNER	INSURED	BENEFICIARY	FACE VALUE	CASH VALUE	PREMIUM ⁴	PREMIUM DUE DATE ⁵

Are there any loans payable on any of the above policies? Yes ___ No ___ If yes, please provide pertinent information.

3 Term or permanent.
4 Please let us know if premiums are being paid out of the cash reserves of the policy.
5 If paid on other than an annual basis, please provide all due dates for a calendar year.

III. SUMMARY

SUBTOTALS	TAX BASIS (if known)	VALUE (Joint)	VALUE (Husband)	VALUE (Wife)
A - CASH				
B - PERSONAL AND MISC. PROPERTY				
C - REAL ESTATE				
D - BUSINESS INTERESTS				
E - U. S. GOVERNMENT BONDS				
F - LISTED SECURITIES				
G - MONEY OTHERS OWE YOU				
H - RETIREMENT AND ANNUITIES				
I - DEBTS AND LIENS		< >	< >	< >
L - LIFE INSURANCE				
TOTALS				

PROFESSIONAL ADVISORS

Principal bank(s): 1. _____
(Please list city)

Personal Officer: _____

2. _____
(Please list city)

Personal Officer: _____

Location of safe deposit box(es): _____

When we correspond with you, do you want your accountant, insurance agent, financial planner, trust officer, or other advisor copied on such correspondence?

Yes ____ No ____ Not sure ____

Accountant:

Name _____

Firm _____

Address _____

Phone _____

Investment advisor:

Name _____

Firm _____

Address _____

Phone _____

Insurance advisor:

Name _____

Firm _____

Address _____

Phone _____

CURRENT ESTATE PLAN STATUS

Do you or your spouse currently have any of the following estate planning documents in effect:

Last Will(s) and Testament(s)	Husband _____	Wife _____
Revocable Living Trust(s)	Husband _____	Wife _____
Irrevocable Trust(s)	Husband _____	Wife _____
Power(s) of Attorney	Husband _____	Wife _____
Healthcare Surrogate(s)	Husband _____	Wife _____
Living Will(s)	Husband _____	Wife _____
HIPAA Authorization(s)	Husband _____	Wife _____
Prenuptial Agreement(s)	Husband _____	Wife _____
Postnuptial Agreement(s)	Husband _____	Wife _____
Divorce or Separation Agreement(s)	Husband _____	Wife _____

IF AVAILABLE, PLEASE PROVIDE COPIES OF THE ABOVE DOCUMENTS