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ESTATE PLANNING QUESTIONNAIRE

Date: _____ Referred by: _____

Name as you want it to appear on documents: _____

Client Name: _____

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: _____ Place of Birth: _____

Social Security Number: _____ Citizenship: USA OTHER

Business or profession: _____ Still active: ___ Retired: ___

Company: _____ Title: _____

Date and place of current marriage: _____

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

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	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.

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).

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).

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?

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

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.

Your **Designation of Healthcare Surrogate** appoints an individual to make your healthcare decisions should you become disabled. What individual(s) do you want to serve as your healthcare surrogate?

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 **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.

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	INCOME
Salary/Commissions	
Interest/Dividends	
Rents	
Pensions	
Social Security	
Other	
Subtotal	

II. SCHEDULE OF ASSETS

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

NAME OF BANK AND DESCRIPTION OF ACCOUNT	VALUE
Subtotal	

B. PERSONAL AND MISCELLANEOUS PROPERTY INTERESTS

DESCRIPTION	VALUE
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
Property #1 _____		
Mortgage		< >
Property #2 _____		
Mortgage		< >
Property #3 _____		
Mortgage		< >
Property #4 _____		
Mortgage		< >
Property #5 _____		
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 ownership If possible, list if other owners/members are unrelated third parties, business associates or family members.	TAX BASIS (if known)	VALUE
Subtotal		

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

TYPE/FACE VALUE	VALUE
Subtotal	

F. LISTED SECURITIES (Stocks and Corporate Bonds)

DESCRIPTION	VALUE
Subtotal	

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

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

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

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

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

DEBT	OWNER
	< >
	< >
Subtotal	

J. FUTURE INHERITANCES (Do you or your 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
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		

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 currently have any of the following estate planning documents in effect:

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

IF AVAILABLE, PLEASE PROVIDE COPIES OF THE ABOVE DOCUMENTS