

# Zacharia & Brown

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## Will Based Estate Plan Questionnaire

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed

Spouse's Name: \_\_\_\_\_

### Children

1. Name: \_\_\_\_\_ Son \_\_\_\_ Daughter

Child of: \_\_\_\_ Husband \_\_\_\_ Wife \_\_\_\_ Both

Age \_\_\_\_\_

Married? Y / N Children? Y / N Number of Children \_\_\_\_\_

Special Needs/Requirements? Describe \_\_\_\_\_

2. Name: \_\_\_\_\_ Son \_\_\_\_ Daughter

Child of: \_\_\_\_ Husband \_\_\_\_ Wife \_\_\_\_ Both

Age \_\_\_\_\_

Married? Y / N Children? Y / N Number of Children \_\_\_\_\_

Special Needs/Requirements? Describe \_\_\_\_\_

3. Name: \_\_\_\_\_ Son \_\_\_\_ Daughter

Child of: \_\_\_\_ Husband \_\_\_\_ Wife \_\_\_\_ Both

Age \_\_\_\_\_

Married? Y / N Children? Y / N Number of Children \_\_\_\_\_

Special Needs/Requirements? Describe \_\_\_\_\_

4. Name: \_\_\_\_\_ Son \_\_\_\_ Daughter

Child of: \_\_\_\_ Husband \_\_\_\_ Wife \_\_\_\_ Both

Age \_\_\_\_\_

Married? Y / N Children? Y / N Number of Children \_\_\_\_\_

Special Needs/Requirements? Describe \_\_\_\_\_

5. Name: \_\_\_\_\_ Son \_\_\_\_ Daughter

Child of: \_\_\_\_ Husband \_\_\_\_ Wife \_\_\_\_ Both

Age \_\_\_\_\_

Married? Y / N Children? Y / N Number of Children \_\_\_\_\_

Special Needs/Requirements? Describe \_\_\_\_\_

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### Special Provisions

1. I wish to leave everything to my spouse and then to my children equally.  
Y / N If no, describe: \_\_\_\_\_
2. I/We are on our second marriage with children by a prior marriage  
Y / N Describe: \_\_\_\_\_
3. I/We have children or other beneficiaries under the age of 25.  
Y / N Describe: \_\_\_\_\_
4. I/We have a child(ren) with special needs.  
Y / N Describe: \_\_\_\_\_
5. I/We have an estate, life insurance included, worth more than \$800,000  
Y / N
6. I have special requests that I want to make to other than my spouse and/or children.  
Y / N Describe: \_\_\_\_\_
7. I/We are especially concerned about nursing home costs  
Y / N Describe: \_\_\_\_\_
8. I/We own more than one piece of real estate.  
Y / N Describe: \_\_\_\_\_
9. I/We have a large IRA or 401K  
Y / N Value \$ \_\_\_\_\_
10. I am certain that the beneficiary designations on my IRA and/or life insurance are correct. Y / N Describe: \_\_\_\_\_
11. I am interested in learning more about a Living Trust  
Y / N Describe: \_\_\_\_\_
12. I am interested in learning more about a nursing home protective trust.  
Y / N Describe: \_\_\_\_\_

Other Issues/Special Requests:

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### **CHOICES OF FIDUCIARIES**

#### **LAST WILL AND TESTAMENT**

##### **Executor Choice**

First Choice for Executor (usually Spouse) \_\_\_\_\_

Second Choice for Executor \_\_\_\_\_

Third Choice for Executor \_\_\_\_\_

**Guardian Choice**

(Only for people with minor age children)

First Choice for Guardian (usually Spouse) \_\_\_\_\_

Second Choice for Guardian \_\_\_\_\_

Third Choice for Guardian \_\_\_\_\_

Age at which children are to receive their distribution \_\_\_\_\_ (usually 21 – 30)

(Money held in trust until children reach the above age).

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**DURABLE POWER OF ATTORNEY**

First Choice for Agent (usually Spouse) \_\_\_\_\_

Second Choice for Agent \_\_\_\_\_

Third Choice for Agent \_\_\_\_\_

*(Agent is the person who will manage your finances in the event you cannot)*

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**HEALTH CARE POWER OF ATTORNEY**

First Choice for Agent (usually Spouse) \_\_\_\_\_

Second Choice for Agent \_\_\_\_\_

Third Choice for Agent \_\_\_\_\_

*(Agent is the person who will make medical decisions for you in the event you cannot)*

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**TRUSTEE**

First Choice for Trustee(usually You and/or Spouse) \_\_\_\_\_

Second Choice for Trustee \_\_\_\_\_

Third Choice for Trustee \_\_\_\_\_

*(Trustee is the person who will manage the finances and assets of the trust. For a Living Trust you (and your spouse) will be the initial Trustee but you must name a successor trust when you're gone. For a nursing home protective trust, you should name someone other than yourself to be the initial and successor trustee..)*

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Date: \_\_\_\_\_

By: \_\_\_\_\_