
ESTATE PLANNING QUESTIONNAIRE-UNMARRIED PERSON

CONFIDENTIAL

Please LEGIBLY print your entries in the blank spaces. Check "Yes" or "No," or check the appropriate box. Please use "n/a" to indicate "not applicable." Do not be concerned if you cannot fill in all the spaces or answer all the questions, I will fill in the open spaces when we meet. Note, not all questions may not apply to your situation. Please sign and date the form.

I. FAMILY FACTS AND PERSONAL INFORMATION

A. NAME, ADDRESS AND TELEPHONE INFORMATION:

Full name: _____

Name as it appears on Driver's License and expiration date: _____

Any former names, or nicknames? Yes No

If yes, include the full name(s): _____

Date and place of birth: _____

Are you a U. S. Citizen? Yes No Social Security No: _____

Address: _____

Home Telephone Number: _____

Business Telephone Number: _____ Business email address: _____

Cell Number: _____ Home email address: _____

Father's name and birth state: _____

Mother's name, maiden name and birth state: _____

B. INFORMATION REGARDING PREVIOUS MARRIAGE(S):

1. Name of former spouse: _____

This marriage terminated because of:

a. Divorce Year of final decree: _____

Any obligations from prior marriage: Yes No (If yes, bring copies with you at the time of your appointment.)

Child support ; Spousal support ; Life Insurance ; Retirement Plan

b. Death Date of former spouse's death: _____

c. Annulment Year of final decree: _____

2. Name of former spouse: _____

This marriage terminated because of:

a. Divorce Year of final decree: _____

Any obligations from prior marriage: Yes No (If yes, bring copies with you at the time of your appointment.)

Child support ; Spousal support ; Life Insurance ; Retirement Plan

b. Death Date of former spouse's death: _____

c. Annulment Year of final decree: _____

C. LIVING CHILDREN:

1. Full name: _____

Address: _____

Telephone number: _____

Gender: M F Age: _____ Date of birth: _____ Social Security #: _____

2. Full name: _____

Address: _____

Telephone number: _____

Gender: M F Age: _____ Date of birth: _____ Social Security #: _____

3. Full name: _____

Address: _____

Telephone number: _____

Gender: M F Age: _____ Date of birth: _____ Social Security #: _____

4. Full name: _____
Address: _____
Telephone number: _____
Gender: M F Age: _____ Date of birth: _____ Social Security #: _____

If additional space is needed, use page 4.

D. DECEASED CHILDREN:

Do you have any deceased children? Yes No If yes, provide the following information about the deceased child:

1. Full name: _____
Date of death: _____ Any living issue of this child? Yes No
If yes, name(s) and date(s) of birth of each: _____

2. Full name: _____
Date of death: _____ Any living issue of this child? Yes No
If yes, name(s) and date(s) of birth of each: _____

II. DOCUMENT DECISIONS AND INFORMATION

A. EXECUTORS/TRUSTEES (IN ORDER OF PREFERENCE):

1. Name and relationship: _____
Address: _____
Telephone Number: _____
2. Name and relationship: _____
Address: _____
Telephone Number: _____
3. Name and relationship: _____
Address: _____
Telephone Number: _____
4. Name and relationship: _____
Address: _____
Telephone Number: _____

Note: If the same order of persons indicated above are also desired as guardians, agents for financial management and healthcare, and conservators of estate and person, check here , and skip to Paragraph E of this Section. If different, complete Paragraphs B-D of this Section.

B. GUARDIAN OF MINOR CHILD(REN) (IN ORDER OF PREFERENCE):

1. Name and relationship: _____
Address: _____
Telephone Number: _____
2. Name and relationship: _____
Address: _____
Telephone Number: _____
3. Name and relationship: _____
Address: _____
Telephone Number: _____
4. Name and relationship: _____
Address: _____
Telephone Number: _____

C. AGENT FOR POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT AND CONSERVATOR OF ESTATE (IN ORDER OF PREFERENCE):

1. Name and relationship: _____
Address: _____
Telephone Number: _____
2. Name and relationship: _____
Address: _____
Telephone Number: _____
3. Name and relationship: _____
Address: _____
Telephone Number: _____
4. Name and relationship: _____
Address: _____
Telephone Number: _____

D. AGENT FOR HEALTH CARE AND CONSERVATOR OF PERSON (IN ORDER OF PREFERENCE):

1. Name and relationship: _____
Address: _____
Telephone Number: _____
2. Name and relationship: _____
Address: _____
Telephone Number: _____
3. Name and relationship: _____
Address: _____
Telephone Number: _____
4. Name and relationship: _____
Address: _____
Telephone Number: _____

E. CHOICES FOR ADVANCE HEALTH CARE DIRECTIVE:

1. Statement of desires concerning life-sustaining treatment and special provisions:
 - a. prolong life; **OR** do not prolong life
 - b. continue nutrition and hydration; **OR** do not continue nutrition and hydration; **OR** no artificial nutrition and hydration except for treatment of temporary condition; **OR** no artificial nutrition and hydration except for comfort or to alleviate pain
 - c. Alzheimer's Disease - noninvasive life-prolonging treatments as long as I have the ability to meaningfully interact with family and am physically independent; but no highly intrusive treatments such as CPR, mechanical ventilation, or kidney dialysis:
yes no
2. Authority for agent to (**check all that apply**):
 - a. authorize donation of organs at death for transplant therapy research education; **OR** authorize donation of specific organs at death (specify): _____
for transplant therapy research education; **OR** no organ donation
 - b. Disposition of remains: burial cremation
 - c. Authorize autopsy: yes no

III. KEY ADVISORS

- Other Attorney: _____
Address and Telephone Number: _____
Securities Broker: _____
Address and Telephone Number: _____
Investment Counselor: _____
Address and Telephone Number: _____
Insurance Agent: _____
Life: _____

Address and Telephone Number: _____

Casualty: _____

Address and Telephone Number: _____

Personal Physician: _____

Address and Telephone Number: _____

IV. ADDITIONAL INFORMATION/COMMENTS:

Do you currently have a will? Yes No (If yes, please bring copies with you at the time of your appointment.)

Do you expect to inherit something from parents or other, or has either previously inherited anything? Yes No

Do you expect to receive gifts from parents or others? Yes No

Are you the beneficiary of a trust established by you? established by someone other than you? (Please bring copies with you at the time of your appointment.)

To your knowledge, do you hold the power to appoint assets presently subject to a trust? Yes No

Are you the trustee of a trust for someone else? Yes No

Special family considerations: Yes No (If yes, attach separate sheet and enter details.)

Child ; Grandchild ; Parent ; Prior marriage

"Child and issue" to include adopted persons? Yes No Step-child(ren)? Yes No

Do you have a child with a learning disability? Yes No

Do any of your children receive governmental support or benefits? Yes No

Do any of your children have special education, medical, or physical needs? Yes No

Are either of you receiving social security, disability, or other governmental benefits? Yes No

Do you provide primary or other major financial support to adult children? Yes No

Any hostility now or later? Children ? Beneficiaries v. executor or trustee ?

Location of safe deposit box: _____

Who has access to safe deposit box: _____

V. NOTES

VI. ASSET INFORMATION:

A. REAL PROPERTY:

Address and Assessor's Parcel Number	Title (✓)		Present Gross Value	Cost	Description of Property
	SP ¹	JT ²			
		3	\$	\$	
		4	\$	\$	
		5	\$	\$	

B. STOCKS

Number of Shares	Company	Title (✓)		Present Value
		SP	JT	
			6	\$
			7	\$
			8	\$

¹ Separate Property

² Joint Tenancy

³ Co-Owner(s): _____

⁴ Co-Owner(s): _____

⁵ Co-Owner(s): _____

⁶ Co-Owner(s): _____

⁷ Co-Owner(s): _____

⁸ Co-Owner(s): _____

C. BONDS:

Value	Description	Title (✓)		Yield	Maturity Date
		SP	JT		
\$			9	%	/ /
\$			10	%	/ /
\$			11	%	/ /

D. BANK ACCOUNTS:

Account Number	Type (✓)		Bank Name and Address	Balance	Name(s) on Account
	C/A ¹²	S/A ¹³			
				\$	
				\$	
				\$	

E. PROMISSORY NOTES:

Balance Due	Debtor	Date Due	Face Amount	Date Signed
\$			\$	/ /
\$			\$	/ /
\$			\$	/ /

⁹Co-Owner(s): _____

¹⁰Co-Owner(s): _____

¹¹Co-Owner(s): _____

¹²Checking account

¹³Savings account

F. LIFE INSURANCE:

Policy Number	Insurance Company	Insured	Beneficiary	Face Value
				\$
				\$
				\$

G. TANGIBLE PERSONAL PROPERTY (INCLUDING VEHICLES):

Description	Present Value
Furniture and furnishings	\$
Personal effects	\$
	\$

H. EMPLOYEE BENEFITS (DEFERRED COMPENSATION):

Type of Plan: _____

Beneficiary: _____

Value: \$_____ Payment: Lump sum Annuity

Comments:

I. IRAs:

Bank/Brokerage Firm	Account No.	Description	Value
			\$
			\$
			\$
			\$

J. OTHER ASSETS:

Partnerships, corporations, notes receivable, mineral/oil/gas rights, timeshares, etc. Please provide (1) description, (2) owners, and (3) approximate value:

CERTIFICATION OF INFORMATION

I, the undersigned, do hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that all of the estate planning issues I discuss with the staff of the **Law Office of Theresa L. McConville**, will be based upon the information I have provided in this Estate Planning Questionnaire.

Dated: _____