
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 & 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: _____

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
\$			\$	/ /
\$			\$	/ /
\$			\$	/ /

⁹ Co-Owner(s): _____

¹⁰ Co-Owner(s): _____

¹¹ Co-Owner(s): _____

¹² Checking account: _____

¹³ Savings 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: _____

Signature