
ESTATE PLANNING QUESTIONNAIRE - PARTNERS

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 apply to your situation. Please SIGN & DATE the form.

I. FAMILY FACTS AND PERSONAL INFORMATION

A. PARTNER 1:

Partner 1's full name: _____

Partner 1's 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: _____

Partner 1's parents information:

Father's name and birth state: _____

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

B. PARTNER 2:

Partner 2's full name: _____

Partner 2's 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: _____

Partner 2's parents information:

Father's name and birth state: _____

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

C. PARTNER 1 & PARTNER 2 ADDRESS AND TELEPHONE INFORMATION:

Home address: _____

Home telephone number: _____

Partner 1's business telephone number: _____ Partner 1's business email: _____

Partner 1's cell number: _____ Partner 1's home email address: _____

Partner 2's business telephone number: _____ Partner 2's business email: _____

Partner 2's cell number: _____ Partner 2's home email address: _____

D. MARRIAGE:

Date of marriage: _____

Place of marriage (city and state): _____

E. LIVING CHILDREN OF THIS MARRIAGE:

Do you have any living children of this marriage? Yes No If no, skip to Paragraph F of this Section. If yes, provide the following information about the living child(ren):

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 #: _____

F. DECEASED CHILDREN OF THIS MARRIAGE:

Do you have any deceased children of this marriage? 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: _____

G. PARTNER 1's INFORMATION REGARDING PREVIOUS MARRIAGE(S):

If none check here and skip to Paragraph H of this Section. If yes, provide the following information:

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: _____

H. PARTNER 2's INFORMATION REGARDING PREVIOUS MARRIAGE(S):

If none check here and skip to Paragraph I of this Section. If yes, provide the following information:

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: _____

I. PARTNER 1's CHILDREN NOT OF THIS MARRIAGE:

Do you have living children not of the current marriage? Yes No If no, skip to Paragraph J of this Section. If yes, list all of your living children not of the current marriage. Provide the following information about the living child, if additional space is needed, use page 6:

1. Full name: _____
 Address: _____
 Telephone number: _____
 Gender: M F Age: _____ Date of birth: _____ Social Security #: _____
 Full name of child's mother: _____

2. Full name: _____
 Address: _____
 Telephone number: _____
 Gender: M F Age: _____ Date of birth: _____ Social Security #: _____
 Full name of child's mother: _____

J. PARTNER 1's DECEASED CHILDREN NOT OF THIS MARRIAGE:

Do you have any deceased children not of the current marriage? Yes No If no, skip to Paragraph K of this Section. 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: _____

K. PARTNER 2's CHILDREN NOT OF THIS MARRIAGE:

Do you have living children not of the current marriage? Yes No If no, skip to Paragraph L of this Section. If yes, list all of your living children not of the current marriage. Provide the following information about the living child, if additional space is needed, use page 6:

1. Full name: _____
 Address: _____
 Telephone number: _____
 Gender: M F Age: _____ Date of birth: _____ Social Security #: _____
 Full name of child's father: _____

2. Full name: _____
 Address: _____
 Telephone number: _____
 Gender: M F Age: _____ Date of birth: _____ Social Security #: _____
 Full name of child's father: _____

L. PARTNER 2's DECEASED CHILDREN NOT OF THIS MARRIAGE:

Do you have any deceased children not of the current marriage? Yes No If no, skip to Section II. 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. Surviving Partner
- 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 (items B-F of this section), check here , and skip to Paragraph G of this Section. *If different, complete Paragraphs B-F 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: _____

C. PARTNER 1's AGENT FOR POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT AND CONSERVATOR OF ESTATE (IN ORDER OF PREFERENCE):

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

D. PARTNER 2's AGENT FOR POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT AND CONSERVATOR OF ESTATE (IN ORDER OF PREFERENCE):

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

E. PARTNER 1's AGENT FOR HEALTH CARE AND CONSERVATOR OF PERSON (IN ORDER OF PREFERENCE):

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

F. PARTNER 2's AGENT FOR HEALTH CARE AND CONSERVATOR OF PERSON (IN ORDER OF PREFERENCE):

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

G. PARTNER 1's AND PARTNER 2's CHOICES FOR ADVANCE HEALTH CARE DIRECTIVE:

(Note, the choices, in section 1 below, assume the person is in a "persistent vegetative state," or in a long-term irreversible coma)

PARTNER 1	PARTNER 2
<p>1. Statement of desires concerning life-sustaining treatment and special provisions:</p> <p>a. <input type="checkbox"/> prolong life; OR <input type="checkbox"/> do not prolong life</p> <p>b. <input type="checkbox"/> continue nutrition and hydration; OR <input type="checkbox"/> do not continue nutrition and hydration; OR <input type="checkbox"/> no artificial nutrition and hydration except for treatment of temporary condition; OR <input type="checkbox"/> no artificial nutrition and hydration except for comfort or to alleviate pain</p> <p>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 <input type="checkbox"/> no <input type="checkbox"/></p>	<p>1. Statement of desires concerning life-sustaining treatment and special provisions:</p> <p>a. <input type="checkbox"/> prolong life; OR <input type="checkbox"/> do not prolong life</p> <p>b. <input type="checkbox"/> continue nutrition and hydration; OR <input type="checkbox"/> do not continue nutrition and hydration; OR <input type="checkbox"/> no artificial nutrition and hydration except for treatment of temporary condition; OR <input type="checkbox"/> no artificial nutrition and hydration except for comfort or to alleviate pain</p> <p>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 <input type="checkbox"/> no <input type="checkbox"/></p>
<p>2. Authority for agent to (check all that apply):</p> <p>a. <input type="checkbox"/> authorize donation of organs at death for <input type="checkbox"/> transplant <input type="checkbox"/> therapy <input type="checkbox"/> research <input type="checkbox"/> education; OR <input type="checkbox"/> authorize donation of specific organs at death (specify): _____ for <input type="checkbox"/> transplant <input type="checkbox"/> therapy <input type="checkbox"/> research <input type="checkbox"/> education; OR <input type="checkbox"/> no organ donation</p> <p>b. Disposition of remains: burial <input type="checkbox"/> cremation <input type="checkbox"/></p> <p>c. Authorize autopsy: yes <input type="checkbox"/> no <input type="checkbox"/></p>	<p>2. Authority for agent to (check all that apply):</p> <p>a. <input type="checkbox"/> authorize donation of organs at death for <input type="checkbox"/> transplant <input type="checkbox"/> therapy <input type="checkbox"/> research <input type="checkbox"/> education; OR <input type="checkbox"/> authorize donation of specific organs at death (specify): _____ for <input type="checkbox"/> transplant <input type="checkbox"/> therapy <input type="checkbox"/> research <input type="checkbox"/> education; OR <input type="checkbox"/> no organ donation</p> <p>b. Disposition of remains: burial <input type="checkbox"/> cremation <input type="checkbox"/></p> <p>c. Authorize autopsy: yes <input type="checkbox"/> no <input type="checkbox"/></p>

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?
Partner 1: Yes No Partner 2: Yes No
Do you expect to receive gifts from parents or others?
Partner 1: Yes No Partner 2: 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.)
Partner ; 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? Partner and children-this marriage ? Partner and prior marriage children ? Beneficiaries v. executor or trustee ?
Location of safe deposit box: _____
Who has access to safe deposit box: _____

DO YOU OWN ANY GUNS? Yes No

Any marriage agreements? Before marriage? Yes No After marriage? Yes No (If yes, please bring copies with you at the time of your appointment.)

V. ADDITIONAL INFORMATION: i.e., to whom do you wish to leave your assets, any other pertinent information, including provisions for animals.

VI. ASSET INFORMATION:
A. REAL PROPERTY:

Address and Assessor's Parcel Number	Title (✓)			Present Gross Value	Cost	Description of Property
	SP ¹	CP ²	JT ³			
			⁴	\$	\$	
			⁵	\$	\$	
			⁶	\$	\$	

- ¹ Separate Property: _____
- ² Community Property: _____
- ³ Joint Tenancy: _____
- ⁴ Co-Owner(s): _____
- ⁵ Co-Owner(s): _____
- ⁶ Co-Owner(s): _____

B. STOCKS

Number of Shares	Company	Title (✓)			Present Value
		SP	CP	JT	
				7	\$
				8	\$
				9	\$

C. BONDS:

Value	Description	Title (✓)			Yield	Maturity Date
		SP	CP	JT		
\$				10	%	/ /
\$				11	%	/ /
\$				12	%	/ /

⁷ Co-Owner(s): _____

⁸ Co-Owner(s): _____

⁹ Co-Owner(s): _____

¹⁰ Co-Owner(s): _____

¹¹ Co-Owner(s): _____

¹² Co-Owner(s): _____

D. BANK ACCOUNTS:

Account Number	Type (✓)		Bank Name and Address	Balance	Name(s) on Account
	C/A ¹³	S/A ¹⁴			
				\$	
				\$	
				\$	

E. PROMISSORY NOTES:

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

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:

¹³Checking account: _____

¹⁴Savings account: _____

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

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

Dated: _____

Signature

Signature