

ESTATE PLANNING QUESTIONNAIRE

Please return to jase@cachelegal.com, call 435-227-5468 with questions

Client #1's Legal Name: _____

Other Names used by Client #1: _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home) _____ (work) _____ (cell) _____

Date of Birth: _____ Social Security No.: _____

US citizen? Yes No. If no, what nationality: _____

Business/Employment: _____

Client #2's Legal Name: _____

Other Names used by Client #2: _____

Date of Birth: _____ Social Security No.: _____

Business/Employment: _____

US citizen? Yes No. If no, what nationality: _____

Prior Marriages?

Client #1: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

Client #2: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

CHILDREN OF THIS MARRIAGE(if married): None

AGE or DOB

Number of grandchildren: _____ Range of Ages: _____

CHILDREN FROM PRIOR MARRIAGE:	CLIENT #1	CLIENT #1	AGE
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage? No Yes

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Any deceased children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| If yes, survived by issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Marital Property Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do either of you expect to inherit substantial assets (\$100,000 +)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing Wills? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>YES</u> | <u>NO</u> |
| • Do you have any existing trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Should the surviving spouse have the power to control | | |

the distribution of the entire estate after the first death?

- Do you want any assets to pass to your children before the second spouse's death?
- If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

• TRUSTEE/EXECUTOR: The name of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death:

• GUARDIAN: The name of the person(s) that you want to raise a child that is under 18, if both spouses die (if applicable):

• HEALTH CARE AGENT: The name of the person(s) other than the surviving spouse that you want to make any major medical decisions on your behalf:

• In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

Name of Charities to Designate: _____

(for example: LDS Church, Children's Justice Center, The Family Place)

POWER OF ATTORNEY: Who do you want to be your power of attorney over financial affairs while you are living? _____

Do you want this power effective IMMEDIATELY or only upon your INCAPACITY: _____

• State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

BURIAL WISHES

CLIENT #1:

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

CLIENT #2:

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

* ESTIMATED VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>CLIENT #1'S SEP. PROP.</u>	<u>CLIENT #2'S SEP. PROP.</u>	<u>COMMUNITY PROPERTY</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
 TOTAL:	 \$ _____	 \$ _____	 \$ _____

****PLEASE BRING RECENT ACCOUNT STATEMENTS TO YOUR MEETING WITH THE ATTORNEY, AS WELL AS COPIES OF DEEDS TO ANY REAL ESTATE****

* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "H" Client #1; "W" Client #2; or "S" survivor
- "Owner" will be "C" community property; "H" Client #1 or "W" Client #2
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "H" Client #1; "W" Client #2; "C" child, "O" other

INSURED (H/W/S)	OWNER (H/W/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (H/W/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

NAMES & PHONE #'S OF PROFESSIONALS:

INSURANCE:

Life:

Health:

Auto:

Home:

FINANCIAL ADVISOR:

ACCOUNTANT: