**Estate Plan Questionnaire**

This document is provided as a courtesy to help you organize relevant information concerning your estate plan. It is only a starting point, and we will thoroughly discuss all topics in person before preparing any estate plan. The information provided in this form will be kept strictly confidential. However, no attorney-client relationship can be created by filling out this form. Brian Hedberg, Hedberg Law Firm, LLC, nor any attorney associated with our firm, will be your attorney unless a written Engagement Letter is executed by both parties. Finally, nothing in this questionnaire constitutes legal or other “advice”. Under no circumstances should anyone attempt to create their own estate plan based on the information contained in this document or anywhere on our website.

Please note the following points before beginning:

**Payment of Estate Expenses.** Whether you base your plan around a trust or a Will, the expenses of your final illness, funeral and all other creditors will first be paid out of the estate. Any distributions you make will be made after those expenses are paid. If you are concerned about creditors, please let us know.

## **Part One**

# *BACKGROUND INFORMATION*

1. Full Legal Name of Client:
2. Date, city, and state of birth:
3. Any prior last names:
4. Any nicknames, or names you’ve owned property in:
5. Best Phone Number:
6. Best Email:
7. Address of Personal Residence:
8. County of your personal residence:
9. Full Legal Name of any prior legal spouse:

**CHILDREN**

[ ] I have no children now living.

[ ] I have the following living Children (list full names and dates of birth below):



## **Part Two**

# *NOMINATION OF FIDUCIARIES*

***As you complete the remainder of this document please keep in mind that you only need to provide the contact information for an individual one time. If you nominate that person for more than one role, you do not need to re-write their contact information.***

P**ersonal Representative and/or Trustee**. The Personal Representative is the individual who guides your estate through the probate and estate administration process (you may be more familiar with the term “Executor”). The Trustee is the long term financial agent who oversees any Trust created. It is important to choose a responsible, trustworthy figure.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal Representative and/or Trustee | | | | |
|  | Full Legal Name | Address | Best Phone | Email |
| 1st Choice |  |  |  |  |
| 2nd Choice |  |  |  |  |
| 3rd Choice |  |  |  |  |

2.B. **Guardians/Conservators**. The Guardian or Conservator is the person who will care for your children if you and the children’s other biological parent both pass away. This is not necessarily the same as the person/entity that manages any money left behind for your children. Unless there is a court order to the contrary, you do need to list the children’s other biological parent as the first choice. We can discuss this in greater detail in person if needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guardianship | | | | |
|  | Full Legal Name | Address | Best Phone | Email |
| 1st Choice |  |  |  |  |
| 2nd Choice |  |  |  |  |
| 3rd Choice |  |  |  |  |

**3. H. Real Estate.**

Many people will want to leave all of their major assets to a group of people in the same proportions. For example, a couple may say, “Give everything equally to my three kids” or “Give everything to this charity”. If you are in such a position where the beneficiaries are the same for each piece of real estate, do not fill obligated to fill in the beneficiaries each time.

**Real Estate**

Description of Real Estate: Beneficiaries (or please just write “sell” if you prefer the real estate be sold and the profits added to the cash of the estate):

Address:

Name(s) on Title:

Address:

Name(s) on Title:

Address:

Name(s) on Title:

Address:

Name(s) on Title:

**Financial Accounts.** Please describe the *approximate* balance of your financial accounts below. We do not need specifics such as account numbers or financial institutions.

|  |  |
| --- | --- |
|  | Approximate Balance/Value |
| Retirement Accounts (401k’s, IRA’s, Roth IRA’s and similar) |  |
| Bank, credit union, or other “cash” accounts |  |
| Stocks, Bonds, Investment Accounts |  |
| Life Insurance Policies |  |
| Other financial accounts or assets (including gold, silver, etc.) |  |

Please describe any other assets not yet listed (possibly mineral, farm, or small business interests). Please also describe any tangible personal property items that are meaningful to you.

Generally speaking, how do you want the bulk of your assets to be distributed?

Please list any other notes or issues not covered elsewhere

***Please note, for ethical reasons, we will not draft any documents leaving funds to Planned Parenthood or other abortion groups. If this is something you wish to do, our firm will not be able to accommodate you.***

## **Part Four**

# *MEDICAL AND DISABILITY DOCUMENTS*

Like the preceding section, Part Four requires with very personal and intimate decision making. Do not feel obligated to answer all of the questions below. We can discuss these matters in depth. As much as anything, it is important to simply spend some time considering them.

1. If you are unable to communicate your wishes regarding your personal medical care (because of illness, injury, dementia, or other) do you wish to nominate someone to speak on your behalf? If so, who?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical Power of Attorney | | | | |
|  | Full Legal Name | Address | Best Phone | Email |
| 1st Choice |  |  |  |  |
| 2nd Choice |  |  |  |  |
| 3rd Choice |  |  |  |  |

**financial incapacity/decision makers**

1. If you are still living, but unable to manage your personal finances (because of illness, injury, dementia, or other) do you wish to nominate someone to act on your behalf? If so, who?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Financial Power of Attorney | | | | |
|  | Full Legal Name | Address | Best Phone | Email |
| 1st Choice |  |  |  |  |
| 2nd Choice |  |  |  |  |
| 3rd Choice |  |  |  |  |