

LAW OFFICE OF ROBERT M. MANSOUR

ESTATE PLANNING QUESTIONNAIRE – INTRODUCTION

The following form is very important. At first, you may find it difficult and tedious to assemble the information. However, please understand the information you provide is essential so that I can provide you with the best representation and advice. Be as accurate and complete as you can. All information you provide remains confidential. Remember most of the documents are “revocable” which means you can revise them later if you change your mind.

*To facilitate matters, please provide me with the information a few days prior to our appointment.
Feel free to add additional pages if you need more room.*

***IMPORTANT:** *Some of the information requested may not apply to your particular situation. Please mark these sections “N/A” so that we know they were not missed.*

A. PERSONAL INFORMATION

Today’s Date: _____ How you learned of my office? _____

Full Legal Name (*this is the name that will be used in all the documents. It needs to be your legal name, not a nick name or otherwise. You don’t need to include a middle name or initial unless you want to include it. The same rule applies to all other names provided in this questionnaire*):

Birth Date: _____

Your Full Address: _____

Home Phone: _____ Work Phone: _____

E-mail Address (if you check it regularly): _____
(*Your email is never shared with anyone else. It will only be used to send occasional estate planning updates, and you can always unsubscribe.*)

Are you widowed? Yes No Spouse’s Name _____

Spouse’s date of death: _____

Are you divorced? Yes No Date of divorce: _____

Are you a United States Citizen? Yes / No Do you own more than one home? Yes No

How much do you owe on your home? _____ What is it worth? _____

Do you have any prior estate planning documents? Please check all that apply:

Living Trust Wills Health Care Directives Power of Attorney

B. CHILDREN (if applicable)

Please list any children you have from current or past relationships.

Please indicate if you are the natural or adoptive parent of these children.

Child's Legal Name	Phone/Address if different from yours	Date of Birth

Please list additional children on a separate sheet of paper.

Do you have any deceased children? Yes No

If yes, indicate name(s) _____

Are all your children in good health? Yes No

If no, indicate name(s) _____

Are any of your children disabled? Yes No

If yes, indicate name(s) _____

Do you wish to disinherit anyone? Yes No

If yes, indicate name and relationship to you _____

Are any of your children receiving SSI or other governmental entitlement? Yes No

If yes, indicate name(s) _____

Do any of your family members have problems with: (circle any that apply)

Aids Drug Addiction Alcoholism Spendthrift (i.e., trouble handling money)

In the event one of your children dies before you, do you want that child's children (your grandchildren) to receive that distribution? For example, assume you have two children – a son and a daughter. Assume your son has two children of his own. If your son passes away, then any assets that would have gone to him would be evenly distributed among his children. (Even if your children don't currently have any children, answer "yes" or "no" since they may in the future.) Yes No

Do you want your children to get **distributions right away** when you pass away? Yes No

Do you wish to give **assets to your children in stages** (i.e., specified ages)? Yes No

Should step-children be included in your estate plan? Yes No

If "Yes," please choose one of these common age-based distribution options:

- | | |
|---|--|
| <input type="checkbox"/> All at 23 | <input type="checkbox"/> ½ at 25, remainder at 30 |
| <input type="checkbox"/> All at 25 | <input type="checkbox"/> 1/3 at 23, ½ remainder at 25, balance at 30 |
| <input type="checkbox"/> All at 30 | <input type="checkbox"/> 1/3 at 25, ½ remainder at 30, balance at 35 |
| <input type="checkbox"/> ½ at 23, remainder at 25 | <input type="checkbox"/> Other? Please propose here: |

If you have young children, and you don't want them to receive their inheritance outright, do you want to include a **"college incentive clause"** whereby your children would receive a percentage (typically 10%) of their inheritance upon completing college? Yes No

If your estate should pass to one or more of your grandchildren, should the grandchildren be subject to the same restrictions as your children? Yes Not necessary

If you have **step-children from prior relationships**, do you consider them to be your own children, even if they are from prior relationships? Yes No

C. OTHER BENEFICIARIES THAT WILL RECEIVE A PERCENTAGE OF YOUR ESTATE?
Please note your living trust will allow you to give specific gifts of personal property. This section applies only if you wish to give a percentage of your estate to someone other than your children. This can be another person or entity such as a charity. For example, 20% to Goodwill or 10% to my sister Kate...

Beneficiary:	Phone/Address: (if not already provided)	% of Estate

D. YOUR INTENTIONS REGARDING YOUR ESTATE

Children: If you have children, do you want to treat them equally? Yes No

If not, please explain: _____

In the unlikely event **ALL your named beneficiaries** pass away before you do, then where would you like your estate to go? This is a “backup” clause.

- One or more specific charities: _____
- One or more charities of the Trustee’s choosing (*most popular choice*)
- Other: (For example, 25% to John Smith, 25% to Marge Johnson, and 50% to St. Luke’s Church)

E. TRUSTEES OF YOUR LIVING TRUST

A trustee is the person who manages the assets of the trust. You may act as the trustee (a very popular option which I recommend unless there is a good reason not to do so).

A “successor trustee” will manage your assets if you are unable to do so, or upon your incapacity, illness or death. This should be a person you trust to carry out your wishes and manage your trust assets responsibly. Age, proximity, health, etc. of the trustee should be considered.

It’s like choosing a “vice-president” who will be able to handle matters if you cannot. Whom do you want to serve as your initial trustee and successor trustee?

Initial Trustee: Yourself Yes No

If you are NOT going to serve as initial trustee, please indicate name, address and phone number of person who will be serving as your initial trustee:

Now please list, in order of service, those you wish to have as **successor trustees**. It is usually best not to choose “co-trustees” unless you really think it is necessary.

Remember that you are choosing people who can manage your affairs/assets in the event you are unable to do so due to death, incapacity or other reasons.

It is good to have two or three choices since one or more of your choices may be unable to serve for one reason or another. The person at the top of your list will serve first.

Successor Trustees in order:	Phone/Address: (if not already provided)	Relationship:

F. EXECUTOR OF YOUR WILL

As with most life events, there are no guarantees. There is always a slight chance something may have to go through the court system for one reason or another. In that event, an executor is the person who assists with the administration of your estate via your will in the event of your death. Who do you wish to serve as your executor? This person can be different from your trustee. Remember that age, proximity, health, etc. of the executor should be considered. It is good to have two or three choices since one or more of your choices may be unable to serve for one reason or another.

Executors in order:	Phone/Address: (if not already provided)	Relationship:

G. GUARDIAN INFORMATION

This person will be in charge of raising your minor children if you cannot. It's not an easy thing to consider, and there may be no "perfect" choice. If a court ever needs to step in and appoint a guardian, the judge will usually appoint the person you nominated. If you don't name a guardian, anyone who is interested can ask for the position. The judge then must decide, without the benefit of your opinion, who will do the best job of raising your kids. It is best to name one person, even if they are married. For example, Ann Smith is better than Ann & Joe Smith.

Guardians in order:	Phone/Address: (if not already provided)	Relationship:

H. ADVANCE HEALTH CARE DIRECTIVE

An "Advance Health Care Directive" lets your physician, family and friends know your health care preferences, including types of special treatment you want or don't want at the end of life, your desire for diagnostic testing, surgical procedures, cardiopulmonary resuscitation and organ donation. You can ensure the quality of life that is important to you and avoid having your family "guess" your wishes or having to make critical medical care decisions for you under stress. Appointing someone may reduce family squabbles over your health care. The person who serves in this capacity is known as your "agent." Again, consider proximity, age, willingness to serve, etc. when choosing someone. Please designate your choices here.

Agents in order:	Phone/Address: (if not already provided)	Relationship:

Typically, I will draft the Advance Health Care Directive to be effective immediately. *Your agent will not know this unless you tell them, but it makes things easier if health decisions need to be made right away. Some clients would rather be found "incapacitated" by a court or a doctor before the power goes into effect. The practical problem may be finding a doctor willing to declare your incapacity, and going to court will take a long time. As a practical matter, doctors check with the patient first before any major decisions are made. Please let me know if you wish to discuss this further.*

Location of Care? Some clients prefer to have language in their Advance Health Care Directive that expresses intent to remain at home, despite any worsening medical condition, for as long as possible. Typically, that can be quite costly but some clients prefer it for a variety of reasons. Do you wish to have this language in your Health Directive:

Your preference? Yes, please include such language Not necessary

Please put a checkmark next to the statement that *best* describes how you feel:

1) I want my life to be prolonged as long as possible, within generally accepted health care standards, even if I have an incurable condition.

2) I don't want any extraordinary measures taken, especially if I have an incurable or irreversible condition that will result in my death within a relatively short time, become unconscious and, to a degree of medical certainty, I will not regain consciousness, or the likely risks and burdens of treatment outweigh the expected benefits.

3) Check here if you also want nutrition/hydration, medication and/or treatment for alleviation of pain or discomfort.

4) With respect to any **post-death arrangements**, what would you like to indicate? If you leave this blank or have no preference, the decision will be left to your agent's discretion.

Cremation Traditional burial Other: _____

Anything else you wish to include in your health care directives?

Conservatorship: *In some rare cases, you might be required to go to court to have a conservator appointed. The conservator is given authority to handle your financial affairs, under court supervision, when you lack the capacity. Generally, I choose your agents for power of attorney and health care directive to manage your finances and your health. If you want someone entirely different to do so, please indicate here:*

Nominees in order:	Phone/Address: (if not already provided)	Relationship:

I. POWER OF ATTORNEY

Making a durable power of attorney ensures that someone you trust will be on hand to manage the many practical, financial tasks that will arise if you become ill or incapacitated. For example, bills must be paid, bank deposits must be made and insurance and benefits paperwork must be handled. Many other matters may need attention as well, from property repairs to managing investments or a small business. A durable power of attorney for finances is often the best way to handle tasks like these. Many companies, institutions, and other entities will not deal with your friends/relatives unless they have this power. This power ends at your death. The person who serves in this capacity is also known as your "agent." Again, consider proximity, age, willingness to serve, etc. when choosing someone.

Please designate your choices here:

Agents in order:	Phone/Address: (if not already provided)	Relationship:

Typically, I will also draft the Durable Power of Attorney to be effective immediately. Your agent will not know this unless you tell them, but it makes things easier if financial decisions need to be made right away. Some clients would rather be found "incapacitated" by a court or a doctor before the power goes into effect. The practical problem may be finding a doctor willing to declare your incapacity, and going to court will take a long time. Please let me know if you wish to discuss this further.

J. MISCELLANEOUS MATTERS

Do you have any other significant legal issues I should be aware of? Yes No

If "Yes," please explain: _____

Do you have a safe deposit box? Yes No

If "Yes," please indicate name and address of the location: _____

Have you made any gifts to any one person in excess of \$11,000 in any one year? Yes No

Have you ever filed a "Federal Gift Return?" Yes No

Since your plan is unique, take some time to think about your estate planning goals: Please circle matters that concern you most. If you're not sure, just skip this section:

- Minimize estate taxes
- Avoid probate
- Provide for children of previous marriage
- Plan for my possible disability
- Provide for charitable causes
- Disinherit a natural heir
- Make gifts to people during my life
- Provide for a disabled person
- Protect heirs from losing their inheritance
- Avoid costly estate planning costs
- Get personal items to certain heirs
- Keep my affairs private
- Save my heirs time/expense of probate
- Provide guardians for minor children
- Avoid family quarrels over the estate
- Protect heirs from spendthrift tendencies
- Provide a smooth transition of my estate
- Provide for a grandchild

Other goals? Please list them here (*feel free to use a separate sheet if necessary*):

K. FINANCIAL SUMMARY INFORMATION

Please provide the following information. This information will allow me to discuss trust funding and tax liability issues with you. The information you provide remains confidential. Approximate values and actual statements are helpful.

Real Property: Deeds/Legal Descriptions/Property Tax Bills: Please provide me with copies of any **deed** to your home(s). Be sure a full copy of the legal description for each home is attached. Make sure you include deeds to any and all real property (homes, etc.) you own. Copies of **property tax bills** are helpful. Please list below all property you own and Assessor Parcel Identification Numbers:

Approximate Total Value: \$ _____

Bank and Credit Union Accounts: Statements: Attach statements from your **bank account(s)** and any **credit union account(s)**. Please include the account number, how title is held on the account (i.e. sole owner, etc.), bank or credit union branches or address, and types (checking, savings, CD, etc.) – Please list below all accounts you own, type of account, and account numbers:

Approximate Total Value: \$ _____

Life Insurance and Annuities: Policies/Beneficiary Designations: Please attach copies of the face page of each **life insurance policy** and/or **annuity**. The copies should indicate the owner, annuitant, face amount of each policy, contract or policy number, beneficiary designations, and name/address for each company. Please list below any life insurance policies you have, with which company, amount, and policy numbers:

Approximate Total Value: \$ _____

Retirement Accounts: Statements/Beneficiary Designations: Please attach copies of statements from retirement accounts including **pension plans, IRA's, 401(k)'s, 403(b)'s**, etc. Make sure you include beneficiary designations and contact address of the plan administrator for each account. Please list these accounts here, indicate company name, along with approximate values and account numbers:

Approximate Total Value: \$ _____

Securities/ Brokerage Accounts: Statements: Attach copies of **stock certificates, bonds, dividend reinvestment statements, statements from brokerage accounts** including account number, how title is held and addresses. Please list your accounts here, along with company name, approximate value and account numbers:

Approximate Total Value: \$ _____

Business Interests: Attach information regarding business interests such as **partnerships or corporations**.

Approximate Total Value: \$ _____

Boats/Recreational Vehicles/Automobiles: Include year, make, model and how title is held.

Approximate Total Value: \$ _____

Artwork/Jewelry/Collections: On a separate sheet, please list any collection of artwork, jewelry, collectibles, etc. Please do so especially if there are items of significant value.

Promissory Notes: Provide any **promissory notes and deeds of trust** with the amount, who signed, interest rate and due date. Approximate Total Value: \$ _____

Possible Future Inheritance: Indicate if you are a possible beneficiary of pending probate or trust administration. If you anticipate a future inheritance, please indicate: Yes No

Approximate Total Value: \$ _____

Prior Agreements: Are you a party to any prior agreements such as pre/post-marital, property settlement, buy-sell, 529 plan, etc. (If so, please provide copies)?

Miscellaneous: Attach copies of any **U.S. Savings bonds, Treasury Bill** statements, and any other assets not already mentioned. Please include copies of any **prior wills or trusts, powers of attorney, or health care directives** you may already have.

Do you have a current financial advisor? If so, please provide name and contact information:

Do you have a current accountant/CPA? If so, please provide name and contact information:

Do you have a primary doctor? If so, please provide contact information:

Do you have an insurance agent? If so, please provide contact information:

Do you have Long Term Care Insurance? Yes No

Thank you for investing the time to fill out this questionnaire. Please mail this questionnaire to my office or fax it to (661) 414-7105. If you have any questions, please feel free to contact me at (661) 414-7100.