LAW AT LAST, INC.

I assist individuals in making their transition from this life smoother for the loved ones they leave behind; as well as assisting those left behind to settle their deceased loved ones affairs with dignity.

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ESTATE PLANNING QUESTIONNAIRE

Date: _____ Marital Status: ___Single ___Married ___Divorced ___Widowed

Name: _____ Date of Birth: _____

Age: _____ Social Security Number: _____

Spouse's Name: _____Spouse's DOB/DOD: _____

Date of Marriage to Current Spouse: _____

Address: _____Property's P.I.N._____

City & State: _____

County: _____ Zip Code: _____

Telephone Numbers: (H) _____

(C) _____

(Work) _____

(Alternate) _____

Email Address: _____

Do you have children? ___Yes ___No

W/Spouse Named Above? ___Yes ___No

Any children from previous relationship(s) and or marriage(s)? ___Yes ___No
LIST ALL CHILDREN (biological or legally adopted only) BELOW. IF NECESSARY, USE BLANK PAPER T0 LIST ADDITIONAL INFORMATION:

VITALLY IMPORTANT:
PLEASE COMPLETE THIS QUESTIONNAIRE AND BRING IT TO OUR NEXT MEETING

Name(s) (w/Mid. Int.) of Child(ren)	Minor Y/N	DOB/ DOD	Full Mailing Address w/ Zip Code & Telephone Number

If any of your above named children are independently wealthy, please indicate: > 1M

LIST ALL GRANDCHILDREN BELOW.

Name(s) (w/Mid. Int.) of Grandchild & his/her Parent	Minor Y/N	DOB/ DOD	Full Mailing Address w/ Zip Code & Telephone Number

If any of your above named grands are independently wealthy, please indicate: > 1M
In the event you have minor children at the time of your death, who will you name as the **GUARDIAN(s)** & SUCCESSOR GUARDIAN(s) over their PERSON and/or ESTATE?

Name: _____ DOB: _____ Relationship: _____

Spouse's Name & DOB: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

Guardian of Person Only? _____ Guardian of Estate Only? _____ Both? _____

If above listed individual is not to be named Guardian of both the person & estate, please list secondary person below:

Name: _____ DOB: _____ Relationship: _____

Spouse's Name & DOB: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

Type of Guardianship? _____

List SUCCESSOR GUARDIAN(s) Below:
NOTE THROUGHOUT: successors are necessary only if your primary choice is unable/unwilling to serve

Name: _____ DOB: _____ Relationship: _____

Spouse's Name & DOB: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

Type of Successor Guardianship: _____

Name: _____ DOB: _____ Relationship: _____

Spouse's Name & DOB: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

Type of Successor Guardianship: _____

**** Guardian, Executor, Trustee and Agents can be the Same Person***

If you select a Will as one of your Estate Planning tools, WHO will serve as your **EXECUTOR & SUCCESSOR EXECUTORS** – the person you trust to carry out the instructions left in your Will?

Name: _____ DOB: _____ Relationship: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

SUCCESSOR EXECUTORS:

Name: _____ DOB: _____ Relationship: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

Name: _____ DOB: _____ Relationship: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

If you select a Trust as one of your Estate Planning tools, WHO will serve as your **TRUSTEE & SUCCESSOR TRUSTEES** – the person you trust to carry out the instructions left in your Trust?

Name: _____ DOB: _____ Relationship: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

SUCCESSOR TRUSTEES:

Name: _____ DOB: _____ Relationship: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

Name: _____ DOB: _____ Relationship: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

P0A for PROPERTY If you select a Powers of Attorney (**POA**) for Property (to handle your financial matters) as an Estate Planning tool, WHO will serve as your **AGENT** – the Person who will make financial decisions for you if you become disabled and cannot make these decisions yourself? :

Name: _____ DOB: _____ Relationship: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

Successor PROPERTY POA:

Name: _____ DOB: _____ Relationship: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

Unless you indicate otherwise, your Property POA Agent will have your delegated authority to engage in the 15 matters listed below. Please review closely and ~~strikethrough~~ any power(s) you do not wish your Agent to have:

(a) Real estate transactions.
(b) Financial institution transactions.
(c) Stock and bond transactions.
(d) Tangible personal property transactions.
(e) Safe deposit box transactions.
(f) Insurance and annuity transactions.
(g) Retirement plan transactions.
(h) Social Security, employment and military service benefits.
(i) Tax matters.
(j) Claims and litigation.
(k) Commodity and option transactions.
(l) Business operations.
(m) Borrowing transactions.
(n) Estate transactions.
(o) All other property transactions.

If married, do YOU own property listed in your name ONLY? _____Yes _____No
If YES, please describe w/specificity such solely owned property, list the P.I.N. & how such property was acquired (i.e. was it inherited or pre-marital purchase, etc.?):

_____

_____

_____

Is your primary residence, the only real estate you own? _____Yes _____No
If no, please list full address & P.I.N. of other real estate owned (includes time shares and open land):

_____

_____

_____

Do you have items of tangible property/real estate you would like to leave for specific individuals or charities? Please list such items and persons/charities on page 15.

Do you have children born by/to you that you are aware of but never claimed as your own? This does not include children you gave up for adoption; HOWEVER, it DOES include the children you have kept secret from your spouse – even if a family member raised the child as their own. It also includes children which DNA has proven are yours and children you have paid child support for. Additionally, it includes those children who are yours but you have never seen or you saw so infrequently that you might not recognize them on the street and for a myriad of reasons you did not pay child support. _____Yes _____No

If yes, please list child's name if known, date of birth if known, last known address if available and any other helpful identifying information regarding the child(ren).

_____

_____

_____

_____

Do you wish to prevent this child/children from inheriting from you? ___Yes ___No

If you select a Powers of Attorney (**POA**) for Healthcare as an Estate Planning tool, WHO will serve as your **AGENT** – the person you trust to handle your medical affairs if you become disabled and cannot handle them yourself?:

P0A for HEALTHCARE –Person to make medical decisions for you if you cannot:

Name: _____ DOB: _____ Relationship: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

Successor HEALTHCARE POA:

Name: _____ DOB: _____ Relationship: _____

Address: _____

Telephone Numbers: (H)_____(C)_____

Email address: _____

Following below are two end of life options from which **you are required to select one** & such will be indicated on your Healthcare POA. If selecting Option Number One (1), there are four (4) additional items to consider listed below it:

Place an "X" next to your choice	**End of Life Options**
	SELECT THE STATEMENT BELOW THAT BEST EXPRESSES YOUR WISHES _____Staying alive is most important to me, no matter how sick I am, how much I am suffering, the cost of the procedures, or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards. _____The quality of my life is more important than the length of my life. If I am unconscious and my attending physician believes, in accordance with reasonable medical standards, that I will not wake up or recover my ability to think, communicate with my family and friends, and experience my surroundings, I do not want treatments to prolong my life or delay my death, but I want treatment or care to make me comfortable and to relieve me of pain continued until the end of life. My agent is authorized to approve any procedures which are deemed necessary for the delivery of medication for comfort care.
	SELECTING ONE OR MORE OF THE FOLLOWING STATEMENTS PROVIDES CLARITY TO YOUR HEALTH CARE AGENT CONCERNING YOUR END OF LIFE WISHES ***– In the event none of the options are selected, then it shall be concluded that you wish to grant your agent broad authority to make these decisions on your behalf.*** _____ *I define "life sustaining treatment" to include use of a ventilator, commonly known as "vent care." I do not want vent care.* _____ *I define "life sustaining treatment" to include artificial nutrition, commonly known as "tube feeding." I do not want tube feeding.*

	_____ *I define "life sustaining treatment" to include artificial hydration, commonly known as "IV fluids." I do not want IV fluids.*
	***Severe Cognitive Impairment Option*:** _____ *I want my agent and my physician(s) to know that I do not wish medical intervention to be undertaken to prolong my life if I have severe cognitive impairment brought on by either a disease - such as Alzheimer's, Parkinson's Disease or other dementia- **or** an injury. Then, even though I may not be diagnosed as being terminally ill, I further direct that I do not want my life to be prolonged by any medical procedure, including any drug treatments such as antibiotics or other infection fighting drugs. I wish to be allowed to die without medical intervention. Comfort care (palliative care) should be continued to the end of my life. My agent is authorized to approve any procedures which are deemed necessary for the delivery of medication for my comfort care.*

You can also make a selection regarding your **organ donation** preference on your Healthcare POA. Please review the choices below and indicate your preference.

***In the event none of the options are selected, then it shall be concluded that you wish to grant your agent broad authority to make these decisions on your behalf.*

My Agent may Donate:

___ Any organs, tissues, or eyes suitable for transplantation or used for research or education
___ These Specific organs: _____
___ I do not grant my agent authority to make any anatomical gifts.

INFORMATION FOR FINAL ARRANGEMENTS

I have a prearranged service at the following funeral home/cremation society/anatomical gift: Yes/No

_____

_____

_____

_____

I have a prepaid funeral plan/trust/life insurance policy with the following company:

_____

_____

(I have attached the service agreement, policy, etc.)

I wish to have the following Headstone Inscription, if applicable:

_____

_____

Individuals I wish to be notified about my death: (attach addit'l sheet if necessary):

_____

_____

_____

_____

My wishes regarding any funeral service, graveside service, memorial service, visitation, military service, or other:

_____

_____

_____

_____

_____

_____

_____

_____

Specific information I wish to be included in my obituary:

_____

_____

_____

I want some details included to personalize any final tribute (scriptures, poems, songs, people to be included in the service, information on my career, family, last thoughts or messages):

(Attach additional sheets, if necessary)

Memorials:

I wish the following individuals to serve as the officiating clergy at my service:

I wish to have the following listed music played/song at my service:

I wish to have the following individuals serve as musicians at my service:

I wish to have the some of the following flowers present amongst any others selected:

My thoughts on the type of Repast/Reception/Luncheon I would like to have:

Miscellaneous Notes:

Who do you want to receive any possible remainder (legally called the Residue) of your estate after all general and specific bequest are made?

BEQUESTS TO SPECIFICALLY NAMED INDIVIDUALS OR CHARITIES

Please list an alternate recipient in the event your 1st choice predeceases you.

Item to be Given	Individual's/Charity's Name Address, Date of Birth & Telephone Number (& Alternate)	Your Relationship to Individual

LISTING OF ASSETS

Listing of Joint assets if Married

Indicate if asset is non-marital property

(i.e., stocks, bonds, securities, mutual funds, insurance, etc.)

ASSET TYPE	ACCOUNT NUMBER	WHERE HELD	CONTACT NUMBER & VALUE OF ASSET