

**ESTATE PLANNING ASSESSMENT**

**Unmarried Couple – Joint Plan**

BACKGROUND INFORMATION

Party A:

Legal Name: \_\_\_\_\_

Other Names used: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

Party B:

Legal Name: \_\_\_\_\_

Other Names used: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

Prior Marriages?

Party A:  Yes  No.

If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

Party B:  Yes  No.

If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

CHILDREN OF THIS RELATIONSHIP:  None

AGE or DOB

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of grandchildren: \_\_\_\_\_

Range of Ages: \_\_\_\_\_

CHILDREN FROM PRIOR MARRIAGES/RELATIONSHIPS:

Party A

Party B

AGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of grandchildren: \_\_\_\_\_

Range of Ages: \_\_\_\_\_

Treat all children as if they were the children of both parties?  No  Yes

Any deceased children?

If yes, name(s): \_\_\_\_\_

Is a deceased child survived by a child or children? If yes, name(s):

\_\_\_\_\_  
\_\_\_\_\_

Is either of you required by court order to provide cash support for a child or to maintain insurance or other survivor benefits for a child or former spouse?

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## QUESTIONNAIRE

Answering these questions lets me identify issues to discuss with you and helps me to begin creating a personalized estate plan for your needs.

	<u>YES</u>	<u>NO</u>
• 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"/>
• If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue (their children)?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you want to make care provisions for pets or other animals you own?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have any firearms you intend to pass to a beneficiary?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you own a business?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you wish to make any gifts to charities either now or after your death?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have an Individual Retirement Account (IRA)?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have an existing Will?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever executed a trust (either revocable or irrevocable)?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have an existing General Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you currently hold any assets in Joint Tenancy with another person?	<input type="checkbox"/>	<input type="checkbox"/>

BENEFICIARIES AND DECISION-MAKERS

- In general, who do you want to be the beneficiaries of your estate?

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- Briefly describe your wishes for the plan of distribution for your assets. We will discuss this in more detail at our meeting.

All to my spouse/partner; then among my children, and if a child did not survive, the deceased child's share to the deceased child's children.

All to my spouse/partner, then equally among my surviving children.

All to my spouse/partner, then:

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As follows:

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- Please state any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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- Please list the name of the person(s) other than the surviving partner you want to be the decision maker concerning your estate upon death. Please also list their relationship to you. I suggest listing a main choice and at least one alternate if that person is not willing or available to serve as your executor and/or successor trustee:

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- Please list the name of the person(s) other than the surviving partner you want to make financial decisions on your behalf if you become incapacitated. Please also list their relationship to you. I suggest listing a main choice and at least one alternate if that person is not willing or available to serve in this role:

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- Under what circumstances would you want your Power of Attorney to become effective? Also, list any concerns or limitations you would want for the Power of Attorney:

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- Please list the name of the person(s) other than the surviving partner that you want to make any major medical decisions on your behalf. Please also list their relationship to you. I suggest listing a main choice and at least one alternate if that person is not willing or available to serve in this role:

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- Please list the name of any other person(s) you would like to have access to your medical records. Please also list their relationship to you.

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- Please list the name of the person(s) you want to raise a child under 18 if both parents die (if applicable). Please also list their relationship to you. I suggest listing a main choice and at least one alternate if that person is not willing or available to serve as guardian:

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- Please list the name of the person(s) you want to control and manage assets for a child under 18. Please also list their relationship to you. I suggest listing a main choice and at least one alternate if that person is not willing or available to serve in this role

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CONTACT INFORMATION

For each decision maker, guardian, or person you wish to grant access to information, please list the following:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, and ZIP Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, and ZIP Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, and ZIP Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, and ZIP Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, and ZIP Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

**Other Contact Information:**

**Accountant:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, and ZIP Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Email: \_\_\_\_\_

**Financial Advisor:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, and ZIP Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Email: \_\_\_\_\_

If you wish to have your physician determine your mental capacity, please name them below.

**Primary Care/Treating Physician:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, and ZIP Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

FINAL WISHES

PARTY A:

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

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

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

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I have already made arrangements at:

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Is there anything else your family or loved ones should know about your wishes concerning your end-of-life choices, funeral, and final resting place preferences?

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Who other than your partner do you want to be in charge of these decisions?

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FINAL WISHES

PARTY B:

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

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

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

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I have already made arrangements at:

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Is there anything else your family or loved ones should know about your wishes concerning your end-of-life choices, funeral, and final resting place preferences?

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Who other than your partner do you want to be in charge of these decisions?

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## ESTIMATED VALUE OF ESTATE

Complete this section before our initial consultation, if possible.  
This information will allow me to discuss with you options to consider for your assets.

<u>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</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, 401(k), etc.)	\$ _____
• VEHICLES: (autos, recreational vehicles, boats)	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____
• OTHER PROPERTY:	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

### Helpful hints:

- Use your best guess; this can be a “ballpark” estimate.
- Do not show benefits that will terminate at death (e.g., pension, social security, etc.).
- If needed, a more detailed financial inventory will be prepared.