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Date _____

ESTATE PLANNING QUESTIONNAIRE
(MARRIED)

Please complete the following information as best you can prior to our interview, and answer all questions as they pertain to all items owned by the client or the client's spouse. Bring this information to me with you for discussion during our initial consultation.

1.) PERSONAL DATA

HUSBAND: Full Name _____

WIFE: Full Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

HUSBAND

Birth Date _____

Social Security No. _____

U.S. Citizen? Yes _____ No _____

Veteran? Yes _____ No _____

WIFE

Birth Date _____

Social Security No. _____

U.S. Citizen? Yes _____ No _____

Veteran? Yes _____ No _____

If you are not married with surviving offspring, give names of closest relatives (e.g., parents, brothers, sisters, and their close relatives), because, in many cases where remote relatives are heirs, court procedures require an "Affidavit of Kinship" – something like a "family tree".

2.) **FINANCIAL INFORMATION**

Indicate whether (H –Husband, W- Wife, J-Joint) (C - Community or S -Separate)

HUSBAND - List all income received.

Source	Amount	Frequency	Title	C/S
_____	_____	_____	H W J	_____
_____	_____	_____	H W J	_____
_____	_____	_____	H W J	_____
_____	_____	_____	H W J	_____

WIFE - List all income received.

Source	Amount	Frequency	Title	C/S
_____	_____	_____	H W J	_____
_____	_____	_____	H W J	_____
_____	_____	_____	H W J	_____
_____	_____	_____	H W J	_____

HUSBAND - List all open bank accounts, savings accounts, certificates of deposit. (If accounts are jointly held, list all names on the account.).

Bank Name	Type of Account	Name(s) on Account	Account Number	Last Statement Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WIFE - List all open bank accounts, savings accounts, certificates of deposit. (If accounts are jointly held, list all names on the account.).

Bank Name	Type of Account	Name(s) on Account	Account Number	Last Statement Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HUSBAND – Do you expect any employer provided retirement benefits? Yes___ No___

If so, what type? _____

Retirement Income: _____ Retirement Date: _____

HUSBAND - List all Retirement Accounts, IRAs, Profit Sharing Plans, 401(k)'s, 403(b)'s, Pensions, Royalties or Deferred Compensation, Keoghs, and SEPs:

Bank Name	Type of Account	Name(s) on Account	Account Number	Last Statement Balance
(1) _____	_____	_____	_____	_____
		(a) Primary Beneficiary _____		
		(b) Secondary Beneficiary _____		
(2) _____	_____	_____	_____	_____
		(a) Primary Beneficiary _____		
		(b) Secondary Beneficiary _____		
(3) _____	_____	_____	_____	_____
		(a) Primary Beneficiary _____		
		(b) Secondary Beneficiary _____		
(4) _____	_____	_____	_____	_____
		(a) Primary Beneficiary _____		
		(b) Secondary Beneficiary _____		

WIFE - Do you expect any employer provided retirement benefits? Yes___ No___

If so, what type? _____

Retirement Income: _____ Retirement Date: _____

WIFE - List all Retirement Accounts, IRAs, Profit Sharing Plans, 401(k)'s, 403(b)'s, Pensions, Royalties or Deferred Compensation, Keoghs, and SEPs:

Bank Name	Type of Account	Name(s) on Account	Account Number	Last Statement Balance
(1) _____	_____	_____	_____	_____
		(a) Primary Beneficiary _____		
		(b) Secondary Beneficiary _____		
(2) _____	_____	_____	_____	_____
		(a) Primary Beneficiary _____		
		(b) Secondary Beneficiary _____		
(3) _____	_____	_____	_____	_____
		(a) Primary Beneficiary _____		
		(b) Secondary Beneficiary _____		
(4) _____	_____	_____	_____	_____
		(a) Primary Beneficiary _____		
		(b) Secondary Beneficiary _____		

HUSBAND – List all insurance and annuity policies owned.

Company	Owner	Insured	Type of contract	Face Value	Cash Value
(1) _____	_____	_____	_____	_____	_____
		(a) Primary Beneficiary _____			
		(b) Secondary Beneficiary _____			
(2) _____	_____	_____	_____	_____	_____
		(a) Primary Beneficiary _____			
		(b) Secondary Beneficiary _____			
(3) _____	_____	_____	_____	_____	_____
		(a) Primary Beneficiary _____			
		(b) Secondary Beneficiary _____			

(4) _____
 (a) Primary Beneficiary _____
 (b) Secondary Beneficiary _____

WIFE - List all insurance policies owned.

Company	Owner	Insured	Type of contract	Face Value	Cash Value
(1) _____					
(2) _____					
(3) _____					
(4) _____					

HUSBAND - List all other financial accounts, arrangements or documents that may have value (including, but not limited to, savings bonds, stocks, promissory notes, mortgages, leases, and trusts).

Item	Owner	Value
1. _____		
2. _____		
3. _____		

WIFE - List all other financial accounts, arrangements or documents that may have value (including, but not limited to, savings bonds, stocks, promissory notes, mortgages, leases, and trusts).

Item	Owner	Value
1. _____		
2. _____		
3. _____		

ASSETS

Indicate whether (H –Husband, W- Wife, J-Joint) (C - Community or S -Separate)

HUSBAND - List all real estate currently owned.

Owner(s)	Address	Tax Assessor's Fair Market Value	Purchase Price/Date	Market Value	Title	C/S
_____	_____	_____	_____	_____	H W J	___
_____	_____	_____	_____	_____	H W J	___
_____	_____	_____	_____	_____	H W J	___
_____	_____	_____	_____	_____	H W J	___

WIFE - List all real estate currently owned.

Owner(s)	Address	Tax Assessor's Fair Market Value	Purchase Price/Date	Market Value	Title	C/S
_____	_____	_____	_____	_____	H W J	___
_____	_____	_____	_____	_____	H W J	___
_____	_____	_____	_____	_____	H W J	___
_____	_____	_____	_____	_____	H W J	___

Partnership Interest:

Name	Ltd. Or Gen.	% held	Value of Partnership	Title	C/S
_____	_____	_____	_____	H W J	___
_____	_____	_____	_____	H W J	___

Interest in Closely Held Corporations:

Name	# of Shares	% of Stock	Value Per Share	Title	C/S
_____	_____	_____	_____	H W J	___
_____	_____	_____	_____	H W J	___

HUSBAND - List all automobiles, trucks, boats and recreational vehicles currently owned.

Owner(s)	Year/Make/Model	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WIFE - List all automobiles, trucks, boats and recreational vehicles currently owned.

Owner(s)	Year/Make/Model	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Give an Estimate of the value of all Household Goods, Personal Property, Art, Jewelry, Furs, Antiques, Collectibles (Stamps, Coins, etc.).

(You may designate specific gifts of these items under paragraph 6, page 10.)

List Contents of Safe Deposit Box.

DISTRIBUTION OF YOUR ASSETS

(1) If your spouse survives you, what portion of your estate do you leave to your spouse?

___100% or ____% with remaining portion being left to:_____.

(2) If your spouse does not survive you and you leave descendants, do you want your estate to be distributed to your descendants? Yes _____ No_____

3.) **LIST ALL OF YOUR CHILDREN'S INFORMATION.**

Children's Names	Address	Telephone Number	Date of Birth	Is child from a Previous Marriage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4.) **INTENTIONS - HUSBAND**

a) For whom do you want to provide in your will?

b) If you have children, do you wish to provide for your children? Yes ___ No ___

If so, do you wish to treat all of your children equally? Yes ___ No ___

If no, please explain _____

c) After your death, if you have young children, at what age do you want distributions to be made to them?

(A typical plan holds a child's share in trust with the ability to make distributions for the child's support and education and provides for direct distributions to the child as follows: 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or 1/2 at age 25 and 1/2 at age 30 or 100% at a given age).

Your choice of age and distribution: _____

d) If one of your children predeceases you, do you want the deceased child's share to be left to that child's descendants, who are also your grandchildren? Yes ___ No ___

If yes, how much and to whom? _____

Your choice of age: _____

e) Do you want to leave a specific amount of money or other assets to any charity?

Yes _____ No _____

If yes, how much? _____

Name and Address of Charity: _____

f) In the event you have no surviving beneficiaries, do you want to leave a specific amount of money or other assets to any charity? Yes___ No___

If so, how much? _____

Name and Address of Charity: _____

g) Is there any family member that you want to specifically exclude from receiving anything under your Will? Yes_____ No_____

If so, Whom? _____

Why? _____

5.) **INTENTIONS - WIFE**

a) For whom do you want to provide in your will? _____

b) If you have children, do you wish to provide for your children? Yes___ No___

If so, do you wish to treat all of your children equally? Yes ___ No ___

If no, please explain _____

c) After your death, if you have young children, at what age do you want distributions to be made to them?

(A typical plan holds a child's share in trust with the ability to make distributions for the child's support and education and provides for direct distributions to the child as follows: 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or 1/2 at age 25 and 1/2 at age 30 or 100% at a given age).

Your choice of age and distribution: _____

d) If one of your children predeceases you, do you want the deceased child's share to be left to that child's descendants, who are also your grandchildren? Yes___ No___

If yes, how much and to whom? _____

Your choice of age: _____

e) Do you want to leave a specific amount of money or other assets to a charity? Yes___ No___

If yes, how much? _____

Name and Address of Charity: _____

f) In the event you have no surviving beneficiaries, do you want to leave a specific amount of money or other assets to any charity? Yes____ No____

If so, how much? _____

Name and Address of Charity: _____

g) Is there any family member that you want to specifically exclude from receiving anything under your Will? Yes____ No____

If so, Whom? _____

Why? _____

6.) **SPECIFIC GIFTS**

a) **HUSBAND** - Specific gifts you would like to give at death, including monetary gifts:

Beneficiary	Item or Amount and Location
_____	_____
_____	_____
_____	_____
_____	_____

b) **WIFE** - Specific gifts you would like to give at death, including monetary gifts:

Beneficiary	Item or Amount and Location
_____	_____
_____	_____
_____	_____
_____	_____

- 7.) **PERSONAL REPRESENTATIVE:** A person or an entity (such as a bank or trust company) named in a person's will to administer his or her estate according to the terms of his or her will.

HUSBAND - Who do you wish to serve as your Personal Representative?

First Choice: _____

Second Choice: _____

WIFE - Who do you wish to serve as your Personal Representative?

First Choice: _____

Second Choice: _____

- 8.) **TRUSTEE:** The person or entity (bank or trust company) who manages trust property according to a trust agreement.

HUSBAND - Who do you want to serve as your Trustee?

First Choice: _____

Second Choice: _____

WIFE - Who do you want to serve as your Trustee?

First Choice: _____

Second Choice: _____

- 9.) **GUARDIAN:** A person who cares for the personal welfare of a minor or incapacitated person.

HUSBAND - If you have minor children, who do you want to act as Guardian?

First Choice: _____

Second Choice: _____

WIFE - If you have minor children, who do you want to act as Guardian?

First Choice: _____

Second Choice: _____

- 10.) **SPECIAL CONCERNS - HUSBAND**

a) Do you expect to inherit any portion of someone's estate? Yes___ No___

If so, whose: _____

Expected inheritance: _____

b) Do any of your children have special needs? (Education, Disabilities, Special Needs, Spend Thrifts, Creditor Issues, etc.) Yes___ No___

If so, please explain: _____

c) Do you expect to provide care for a parent or other family member, other than your children? Yes___ No___

If so, for whom will you provide care? _____

Please explain: _____

d) Are you concerned about spending habits of any potential beneficiary? Yes___ No___

If so, please name: _____

Please explain your concerns: _____

11.) SPECIAL CONCERNS - WIFE

a) Do you expect to inherit any portion of someone's estate? Yes___ No___

If so, whose: _____

Expected inheritance: _____

b) Do any of your children have special needs? (Education, Disabilities, Special Needs, Spend Thrifts, Creditor Issues, etc.) Yes___ No___

If so, please explain: _____

c) Do you expect to provide care for a parent or other family member, other than your children? Yes___ No___

If so, for whom will you provide care? _____

Please explain: _____

d) Are you concerned about spending habits of any potential beneficiary? Yes___ No___

If so, please name: _____

Please explain your concerns: _____

12.) **LIVING WILL & ADVANCE DIRECTIVE**

Appointment of Health Care Proxy / Power of Attorney: The person named in a health care power of attorney to make health care decisions for you in case you cannot; health care proxy is sometimes used to mean the same thing as health care power of attorney.

HUSBAND

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Appointment of Alternate Health Care Proxy / Power of Attorney:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Living Will: If you have a terminal condition or you are in a coma, have you considered any limitations, if any, of extra-ordinary means of life support? **Yes** ____ **No** ____

Please indicate your wishes _____

WIFE

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Appointment of Alternate Health Care Proxy / Power of Attorney:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Living Will: If you have a terminal condition or you are in a coma, have you considered any limitations, if any, of extra-ordinary means of life support? **Yes** ____ **No** ____

Please indicate your wishes _____

13.) **POWER OF ATTORNEY FOR BUSINESS DECISIONS**: The person named to make business decisions for you in case you cannot.

HUSBAND

Appointment of Financial Agent: Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Appointment of Alternate Financial Agent: Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Special Powers to be considered: _____

Do you want your financial agent to be able to make gifts to certain persons?

Yes _____ No _____

Please explain: _____

WIFE

Appointment of Financial Agent: Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Appointment of Alternate Financial Agent: Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Special Powers to be considered: _____

Do you want your financial agent to be able to make gifts to certain persons?

Yes _____ No _____

Please explain: _____

14.) Are there any other legal issues that I should be aware of? If yes, please explain:

How did you find out about our services? (Please include name and address, if available)

Signature

Date: _____

Signature

Date: _____