

J LAW OFFICE OF JILL A. SNYDER, LLC

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Estate Planning Questionnaire

I. Personal and Family Data

A. NAME

Full Name: _____ Date of Birth: _____
Social Security #: _____ U.S. Citizen: _____

B. CONTACT INFORMATION

Residence Address: _____
Residence Phone Number: _____
Business Address: _____
Business Phone Number: _____
Cell Phone Number: _____ E-mail Address: _____

C. MARITAL STATUS

Are you currently single, separated, divorced, or widowed?

Prior marriages (indicate to whom and when): _____

D. PARENTS: (please indicate whether deceased)

(Mother) _____ (Father) _____

E. SIBLINGS: (please indicate whether deceased)

F. CHILDREN

Name	Date of Birth	Indicate if Adopted and Name of Other Parent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a child with special needs? If yes, please explain. _____

Do you have a child that is deceased? If yes, please provide the name(s). _____

Did your deceased child leave any children? If yes, please provide the name(s) and date(s) of birth. _____

G. GRANDCHILDREN

Name	Date of Birth	Parents
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Professionals

A. ACCOUNTANT:

Name	Address	Phone Number
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B. ATTORNEY:

Name Address Phone Number

C. INVESTMENT ADVISOR OR FINANCIAL PLANNER:

Name Address Phone Number

D. LIFE INSURANCE AGENT:

Name Address Phone Number

E. PRIMARY CARE PHYSICIAN:

Name Address Phone Number

III. Specific Will Provisions

A. DO YOU HAVE AN EXISTING WILL? (Please provide a copy.)_____

B. FINAL ARRANGEMENTS

Do you wish to be buried or cremated?_____

Where do you wish to be buried? Please indicate if you already own cemetery plots.

Do you have any specific requests regarding your funeral arrangements or period of mourning?_____

Do you wish to donate your organs for transplantation or scientific purposes?

If yes, have you signed an organ donor card or indicated on your driver's license that you intend to be an organ donor?_____

Do you wish to specify anything else?_____

C. GENERAL DISPOSITION INTENTIONS: (If you are making bequests to multiple beneficiaries, please indicate whether you wish for your property to be distributed in equal shares and what to do if one of the beneficiaries predeceases you.)

D. SPECIFIC BEQUESTS OF MONEY OR PROPERTY: (to individuals or charitable organizations)

E. DESIGNATION OF A PERSONAL REPRESENTATIVE: (This position lasts approximately nine months, and the personal representative is entitled to earn a commission on your probate estate.)

(Primary)_____ (Alternate)_____

F. APPOINTMENT OF GUARDIAN FOR MINOR CHILDREN: (Generally, the surviving parent, even if (s)he is not currently the custodial parent, will be the guardian unless (s)he is proven to be unfit or has abandoned the child. It is still necessary to name a guardian in case both parents die. It is preferable to name only one individual, rather than a couple, to serve as guardian.)

(Guardian)_____ (Alternate)_____

G. APPOINTMENT OF GUARDIAN OF PROPERTY FOR MINOR CHILDREN: (This is usually the same as the guardian, but can be someone else if you are concerned about the guardian's ability to manage your children's assets. The property guardian will be either a trustee or custodian, depending on your preferences.)

(Guardian)_____ (Alternate)_____

H. APPOINTMENT OF TRUSTEE: (If there are tax planning or other reasons to place assets in a trust, you will need a trustee or trustees who will have discretion to make decisions regarding distributions of such assets. Generally it is preferable if the beneficiaries are not also trustees.)

(Self)_____ (Spouse)_____
(Alternate)_____ (Alternate)_____

I. ALTERNATE BENEFICIARIES: (Provide a contingency if your beneficiaries are not living at the time of death or die simultaneously with you.)

IV. Other Documents

A. POWER OF ATTORNEY FOR HEALTH CARE: (Name a person who will act as your agent if you are unable to make decisions regarding your health care.)

(Primary)_____ (Alternate)_____

B. POWER OF ATTORNEY FOR PROPERTY: (Name a person who will act as your agent if you are unable to make your own financial decisions.)

(Primary)_____ (Alternate)_____

V. Contact Information

Please provide the names, addresses, and telephone numbers of the individuals who you have named as your beneficiaries, personal representatives, trustees, guardians, and agents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____