

GAPS Legal, PLLC

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

This questionnaire is designed to help us gather the information necessary to properly discuss your estate planning with you. We have found this questionnaire extremely helpful and we ask your indulgence in completing it fully. Those questions that do not apply to you or your family may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

DATE: _____

Did anyone refer you to us? Yes No If yes, whom may we thank? _____

NAME AND CONTACT INFORMATION

Client's Full Name: _____
(first) (middle) (last)

Home Address: _____

Spouse's Full Name: _____
(first) (middle) (last)

Home Address: _____

CLIENT

SPOUSE

Telephone Numbers: _____
(home) (home)

_____ (cell) (cell)

E-mail Address: _____

Date of Birth: _____

Former/Maiden Names: _____

US Citizen?: Yes No Yes No

Military Service: _____

Date of Death: _____

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CLIENT'S FORMER SPOUSE

_____	_____	_____
(name of former spouse)	(date of marriage)	(place of marriage)
_____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	<input type="checkbox"/> Yes <input type="checkbox"/> No
(year terminated)	(how terminated)	(were there children of the marriage?)

SPOUSE'S FORMER SPOUSE

_____	_____	_____
(name of former spouse)	(date of marriage)	(place of marriage)
_____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	<input type="checkbox"/> Yes <input type="checkbox"/> No
(year terminated)	(how terminated)	(were there children of the marriage?)

CHILDREN

List all children. Copy and attach additional pages, if needed. Total number of children: _____

1. _____ Parent: His Hers Both
 (name of child) (date of birth)

 (current address)

 (e-mail address) (phone number)

Adopted _____
 (date of adoption) (court granting adoption)

Deceased _____ Yes No
 (date of death) (child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

May we discuss your matter with this child? Yes No

2. _____ Parent: His Hers Both
 (name of child) (date of birth)

 (current address)

 (e-mail address) (phone number)

Adopted _____
 (date of adoption) (state granting adoption)

Deceased _____ Yes No
 (date of death) (child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

May we discuss your matter with this child? Yes No

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3. _____ Parent: [] His [] Hers [] Both
(name of child) (date of birth)

(current address)

(e-mail address)

(phone number)

Adopted

(date of adoption)

(court granting adoption)

Deceased

(date of death)

Yes No

(child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

May we discuss your matter with this child? Yes [] No []

ESTRANGED CHILDREN

If you are estranged from any of your children, please list those children here and briefly explain why.

ADVISORS

	Telephone	May we speak with him/her?
Personal Attorney: _____	_____	Yes [] No []
Accountant: _____	_____	Yes [] No []
Financial Advisor: _____	_____	Yes [] No []
Life Insurance Agent: _____	_____	Yes [] No []

CLIENT'S GOALS

What are your goals?

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YOUR CONCERNS

	Level of Concern	
	Client	Spouse
Please rate the following as to how important they are to you: (H high concern, S some concerned, L low concern, N/A no concern or not applicable)		
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a guardianship in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children's inheritance from the possibility of failed marriages.		
Protect children's inheritance in the event of a surviving spouse's remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

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IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security Retirement, disability, Supplemental Security Income, or other governmental benefits? <i>Describe type of benefits</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-nuptial contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

PLANNING AND OTHER DOCUMENTS

Please provide a copy of each document.

Will: [] Yes [] No

Revocable Living Trust: [] Yes [] No

Pour-Over Will: [] Yes [] No

General Durable Power of Attorney: [] Yes [] No

Health Care Power of Attorney (or Proxy): [] Yes [] No

Living Will: [] Yes [] No

_____: [] Yes [] No
(specify)