

# TOMASETTI LAW, LLC

## ESTATE PLANNING PERSONAL QUESTIONNAIRE

### PERSONAL INFORMATION

\_\_\_\_\_  
Your Name (First, Middle, Last, Suffix)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mailing Address (if Different than above)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Your Cell Phone

\_\_\_\_\_  
Spouse's Work Phone Number

\_\_\_\_\_  
Spouse's Cell Phone

\_\_\_\_\_  
Your Email Address

\_\_\_\_\_  
Spouse's email address

### PRIVATE INFORMATION

1. Marital Status (Check)  Single  Married  Widowed  Divorced  Separated
2. U.S. Citizen:  Yes  No
3. Do you currently have a will or trust:  Yes  No
4. Did you sign a pre-nuptial or post-nuptial agreement for your current marriage:  
 Yes  No
5. Did you sign a post-nuptial agreement in a previous marriage:  Yes  No
6. Are there any divorce decrees affecting any of your property rights:  Yes  No
7. Do you own your own business, llc, corporation, partnership:  Yes  No
8. Are you currently involved in any pending lawsuits:  
 Yes  No; If Yes:  Plaintiff  Defendant
9. In any year, have you made gifts to anyone of more than \$ 3,000 prior to 1982 or \$10,000 after 1981?  
 Yes  No

*If you answered yes to any question 3 through 7, please bring a copy of these (operating agreement for any business entity) documents to your consultation.*

**FAMILY INFORMATION:**

*Please provide information as to your dependent's and potential beneficiaries*

Name	Age	Relationship	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please briefly describe if any of the children have any special health, educational or medical needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARIES**

**How do you want your Children to Receive their Share**

- Disbursed in lump sum immediately after your death
- Disbursed when they reach 21
- Disbursed when they reach 25
- Disbursed when they reach 30

**Disinheritance** - Please list any children that you would specifically and affirmatively like to exclude from your will:  
\_\_\_\_\_

**Children who Predecease you** - If a child dies, do you want that child's share to go that child's children or to be equally divided amongst your children?  
\_\_\_\_\_

**List Dependents that Require Special Care:**

Do you want to provide for "basic" care or luxuries and other extras to supplement government benefits?  Yes  No

**Beneficiaries other than family Members**

- 1.
- 2.
- 3.

## ASSET INFORMATION

### 1. REAL ESTATE

Location	Purchase Price	Mortgage Balance	Jointly Held?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Total Value \$** \_\_\_\_\_

### 2. SECURITIES: Stocks, Bonds and Mutual Funds not in an IRA or Qualified Plan

Institution & Account Number	Approximate Value	Owned By	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Value \$** \_\_\_\_\_

### 3. CASH AND EQUIVALENTS: BANK ACCOUNTS & CERTIFICATE OF DEPOSIT

Institution & Account Number	Approximate Value	Owned By	Jointly Held?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

- If Jointly Held Accounts are held with someone other than spouse, please list the name and the type of ownership

**Total Value \$** \_\_\_\_\_

### 4. LIFE INSURANCE:

Policy Information	Cash Surrender Value	Face Amount	Owned By	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**5. QUALIFIED RETIREMENT PLANS: 401(K), 403(B), IRA**

Institution & Account Number	Approximate Value	Owned By	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Value \$** \_\_\_\_\_

**6. BUSINESS INTERESTS:**

Name	Entity Type	Percentage of Ownership	Approx. Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**7. MISCELLANEOUS: (Artwork, Collectibles, Cars, Boats, etc.)**

Item Description	Approximate Value	Owned By
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MANAGEMENT DECISIONS**

**Personal Representative/Executor** - This Individual will serve as the person to manage all operations of Estate probate and ensure your wishes are followed through (Spouse, Trusted Friends, Children usually make good Executors)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Trustee/Successor Trustee** - This Individual will serve as the person to manage all operations of any Trust that is established either by will or a separate instrument. This person will manage your assets and oversee proper growth and distribution.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Guardian For Children Under 18** - This individual will take in any minor children and be responsible for their upbringing until they reach the age of majority.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Advance Health Care Directive** – Creating this document, will enable an individual to make health care decisions for you when you are unable to, but not necessarily terminal:

I would like to create a Durable Power of Attorney for Health Care:  Yes  No

Please list individuals below that would be able to follow your detailed plan regarding major medical decisions:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Please answer the following for your Advance Health Care Directive:

Artificially prolong my life by a machine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prolong my life by feeding and hydrating me through a tube.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prolong my life by organ transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon Death, Donate my organs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donate organs for Research	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donate organs for transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to die at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**List Any Additional Information you feel may be Relevant to Our Meeting:**

---

---

---

---

---

**Any legal advice provided by Tomasetti Law, LLC as well as the planning considerations, options, suggestions that we present are for your review and are provided as a result of the information you've provided in this questionnaire.**

**Please be advised that any major life change will and may require additional consultation and review of your overall plan and the documents you will execute.**

**THE UNDERSIGNED HEREBY REPRESENTS AND ACKNOWLEDGES THAT THE INFORMATION CONTAINED HEREIN IS AN ACCURATE REPRESENTATION AS OF THE DATE BELOW.**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
(PRINT YOUR NAME)

\_\_\_\_\_  
**SIGNATURE**