

JOY BUCK GOTHARD

ATTORNEY AT LAW

Appointment Date: _____ Time: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Husband's Full Legal Name: _____

Age: _____ Date of Birth: _____ US Citizen? _____

Residence Address: _____

Street or P.O. Box Number

City State Zip County

Mailing Address (if different from Residence): _____

Street or P.O. Box Number

City State Zip County

Telephone: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____ Is this a work email? _____

Do you consent to the transmission of confidential information to you via email? Yes ___ No ___

Occupation/Employer (*former if retired*): _____

Is Husband retired? Yes ___ No ___

Is Husband a resident of a nursing home or assisted living? Yes ___ No ___

Is Husband a Veteran? Yes ___ No ___

Wife's Full Legal Name: _____

Age: _____ Date of Birth: _____ US Citizen? _____

Telephone: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____ Is this a work email? _____

Do you consent to the transmission of confidential information to you via email? Yes ___ No ___

Occupation/Employer (*former if retired*): _____

Is Wife retired? Yes ___ No ___

Is Wife a resident of a nursing home or assisted living? Yes ___ No ___

Is Wife a Veteran? Yes ___ No ___

Date of Marriage: _____ Prior Marriages: (Husband) _____ (Wife) _____

Any legal obligations from a previous marriage (ex: life insurance)? If so, please bring a copy of your divorce decree with you. Yes ___ No ___

Is there a prenuptial agreement or postnuptial agreement for this marriage? If so, please bring a copy with you. Yes ___ No ___

Do you conduct any important transactions electronically (i.e. paying utilities, monitoring investments, etc.)? Yes ___ No ___

Do you have any social media accounts that are important to you (i.e. Facebook, Twitter, etc.)?
Yes ___ No ___

Has Husband and/or Wife filed for bankruptcy? Yes ___ No ___

Full Legal Names of Children (include any deceased Children):

Circle One: _____ Full Legal Name: _____ Age: _____
HIS / HERS / OURS _____
Name of child's spouse/partner (if any): _____
Child's children and ages: _____

HIS / HERS / OURS _____
Name of child's spouse/partner (if any): _____
Child's children and ages: _____

HIS / HERS / OURS _____
Name of child's spouse/partner (if any): _____
Child's children and ages: _____

HIS / HERS / OURS _____
Name of child's spouse/partner (if any): _____
Child's children and ages: _____

Do any of your children or other descendants have special needs? Yes ___ No ___
If yes, does he/she receive Supplemental Security Income or Social Security Disability? Yes ___ No ___

Do you have an existing will? Yes ___ No ___ (If yes, please bring a copy)

Have you ever signed a living trust? Yes ___ No ___ (If yes, please bring a copy)

Do you anticipate receiving an inheritance? Yes ___ No ___
If yes, give approximate amount: \$ _____

Do you have an Irrevocable Life Insurance Trust (ILIT)? Yes ___ No ___ (If yes, please bring a copy)

Do you have a safe deposit box? Yes ___ No ___
If yes, please state location: _____

Do you own any property in another state? Yes ___ No ___

Who will serve as your **Executor(s)**? (This is the person who handles your estate when you die, and it may be more than one person)

Primary(ies): _____
Alternate(s) (if above person(s) unable to serve): _____

Who will be **Guardian(s)** of your minor children, if applicable? (Who will your children live with if both you and your spouse die?) _____

Alternate(s) (if above person(s) unable to serve): _____

Who will be the **Trustee(s)** of the assets you leave for your children until they are old enough to manage their own money? _____

Alternate(s) (if above person(s) unable to serve): _____

(We recommend that most assets remain in a Trust for the children, if your children are under the age of 35, with a portion of the assets released to them over the course of several years; perhaps distributions at ages 25, 30, and 35, or older. The Trustee controls how the money is used until that time, paying for any necessary expenses such as purchase of an automobile, post-high school education or training, college, monthly allowance, etc.)

Advisors:

Accountant: _____

Insurance Agent: _____

Investment Advisor: _____

Were you referred by anyone? Yes ___ No ___

If yes, who? _____

If not, how did you hear about us? _____

Is it ok for us to thank the person who referred you? Yes ___ No ___

IDENTIFICATION OF ASSETS
(Attach additional pages if necessary)

Ownership/Approximate Values

Real Estate:

Residence: *(Please bring a copy of your deed with you.)* Husband Wife Joint

Approximate mortgage balance on home: _____

Other real estate: *(Please give location, acreage, and improvements. Please bring a copy of your deeds with you.)*

Husband Wife Joint

Bank Accounts, Certificates of Deposit, Money Market Funds, etc.: *(Give name of bank or institution, type of account, co-owners, and beneficiaries/PODs*.)*

Husband Wife Joint

* Pay on death designation

Retirement Accounts, IRAs, 401(k): (Give name of bank or institution, type of account, co-owners, beneficiaries/PODs*. Bring copies of most recent statements.)

Husband Wife Joint

* Pay on death designation

Stocks, Bonds, Mutual Funds:(Bring copies of most recent statements.)

Husband Wife Joint

Ownership of Business (ex: corporations, LLC, partnership): (Bring all documentation with you.)

Husband Wife Joint

Automobiles, Trucks, Boats:

Husband Wife Joint

Farm Equipment/Livestock:

Husband Wife Joint

Accounts Receivable: (Mortgages, notes, or debts owed to you. Please list debtor's name, date loan made, and approximate balance remaining.)

Husband Wife Joint

Digital Assets: (Examples: domain names, blogs, trademarks, royalties, etc.)

Husband Wife Joint

Do you own any forms of cryptocurrency? (ex: Bitcoin): Yes ___ No ___

Debts: (List any mortgages or other substantial debts owed by you that are not shown above.)

Husband Wife Joint

Life Insurance Policies:

Company Name: Type: Death Cash Person Policy Beneficiary:
Benefit: Value: Insured: Owner:

We certify that all of our assets are listed on this form.

Husband

Date: _____

Wife

Date: _____

WAIVER OF POTENTIAL CONFLICT

You have asked me to provide estate planning services for both of you, and I must explain that married spouses may have conflicting interests when estate planning is being done that concerns their various property interests. This is especially true in situations where there are children from a previous marriage or relationship. In acting as attorney for both of you, I must act in your mutual best interests, and I cannot be an advocate for either of you against the other, or in any way favor one of you to the detriment of the other. In obtaining the confidential information necessary to provide estate planning services for you both, I cannot keep any of that information confidential from either of you. I will make recommendations that affect your property interests now and after your deaths, and those recommendations may be more beneficial for one of you than for the other. Estate planning recommendations could affect the income, property, and support provisions in the event that you were ever divorced, as well as upon the death of one or both of you.

In the event the two of you were to become divorced, you consent to my representation of one or both of you regarding your estate planning after your divorce is final.

If after reading this information you wish for me to represent only one of you, please call my office and let us know. If not, please sign below and bring with you to our first meeting.

We understand the above information and we ask that you represent both of us in our estate planning.

Client

Spouse

Dated: _____

Dated: _____