

JOY BUCK GOTHARD

ATTORNEY AT LAW

Appointment Date: _____ Time: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

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*): _____

Are you retired? Yes ___ No ___

Prior Marriages: _____

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/was Spouse a Veteran? Yes ___ No ___

Do any of your family members have special needs? 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 ___

Have you ever filed for bankruptcy? Yes ___ No ___

Children Information:

Circle One: _____ Full Legal Name: _____ Age: _____

BIO / ADOPTED / STEP _____

Name of child's spouse/partner (if any): _____

Child's children and ages: _____

BIO / ADOPTED / STEP _____

Name of child's spouse/partner (if any): _____

Child's children and ages: _____

BIO / ADOPTED / STEP _____

Name of child's spouse/partner (if any): _____

Child's children and ages: _____

BIO / ADOPTED / STEP _____

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 you 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: *(Bring a copy of your deed with you.)*

Approximate mortgage balance on home: _____

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

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

* Pay on death designation

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

* *Pay on death designation*

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

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

Automobiles, Trucks, Boats:

Farm Equipment/Livestock:

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

Digital Assets: *(Example: digital assets, such as domain names, blogs, etc.)*

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.)*

Life Insurance Policies:

<i>Company Name:</i>	<i>Type:</i>	<i>Death Benefit:</i>	<i>Cash Value:</i>	<i>Person Insured:</i>	<i>Policy Owner:</i>	<i>Beneficiary:</i>
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I certify that all of my assets are listed on this form.

_____ Date: _____