

Peterson Law Office, PLLC

161 5th Ave S, Ste 310
PO Box 5827
Twin Falls, ID 83301-5827

Steven D. Peterson
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Telephone: (208) 733-5500
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ESTATE PLANNING QUESTIONNAIRE

Please complete this confidential questionnaire to furnish information to be used at your initial conference and in the preparation of your estate planning documents.

CLIENT INFORMATION:

Name: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Spouse's Name: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Street Address: _____

City & State: _____ Zip: _____

Phone # _____ Spouse Phone # _____

Primary Email: _____

Place of Marriage: _____ Date: _____

Your Children's Names:	Dates of Birth:	Social Security #s:	From a Prior Relationship?
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_____	_____	_____	Y / N
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_____	_____	_____	Y / N
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_____	_____	_____	Y / N
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_____	_____	_____	Y / N
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_____	_____	_____	Y / N
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_____	_____	_____	Y / N
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Have either you or your spouse been married previously? (Circle one) **Yes No**

Do either of you have any children from a previous relationship? (Circle one) **Yes No**
If so, please check the box next to said child(ren)'s name above.

Do you use an accountant or CPA to prepare your tax return? **Yes No**

If so, please complete: Name: _____
Address: _____

Do you use a Broker or Financial Advisor? **Yes No**

If so, please complete: Name: _____
Address: _____

ASSETS:

	Ownership by client	Jointly owned	Owned by spouse
Bank Accounts:			
Bonds, Treasuries:			
Individual stocks:			

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Mutual funds:			
IRAs:			
Business Interests:			
Incorporated Non-incorporated Partnerships			
Real Estate:			
Primary home (list any mortgage) Other real estate:			

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Life Insurance:			
Death benefit (list beneficiaries)			
Do you expect to receive any inheritance?			

BENEFICIARIES: You may direct that your entire estate will go to one or more persons or organizations. Additionally, you may make specific gifts of specific assets or of a percentage of your estate. If you make specific gifts, you also must designate who will receive all the rest of your assets.

Designate the recipient(s) of all of your assets (or estate) and the shares to each, if more than one: (If all to spouse, please state here)

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ALTERNATE BENEFICIARIES: Designate the beneficiaries of your assets in the event any of those designated above should die before you do. If any recipient who dies before you do is a blood relative, his or her gift shall go to his or her children in equal shares, unless you specify otherwise:

PERSONAL REPRESENTATIVE: (or Executor): The person who will be responsible for carrying out the terms of your will.

Name: _____
Address: _____

ALTERNATE PERSONAL REPRESENTATIVE(S): In the event that the Personal Representative is unable to serve: (same qualifications as Personal Representative)

Name: _____
Address: _____

GUARDIAN: In the event the guardian cannot serve, or declines to serve: (same qualifications as personal representative)

Name: _____
Address: _____

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TRUST: In the event that you desire to leave assets to someone "in trust", please complete the following section. A trust may also be created by your will for the management of your estate on behalf of a person or persons who may not be capable of managing property (i.e.: due to age {minors} or maturity).

TRUSTEE: The person who will manage and invest trust assets as well as exercising discretion as to disbursements from the trust.

Trustee's Name: _____

Address: _____

Alternate Trustee's Name: _____

Address: _____

At what age (or at what event) do you want the Trustee to distribute the assets to the beneficiary or beneficiaries free of trust? Age _____ or Event: _____

Alternate Trust Beneficiary or Beneficiaries: (in the event that your beneficiary or beneficiaries pass away before reaching said age or event)

If you own real estate, anywhere, please bring a copy of each of the deeds with you to your appointment.

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PLANNING FOR INCAPACITY:

A) **Durable Power of Attorney:** allows you to name someone to act on your behalf concerning medical and/or financial matters.

Name of person you wish to designate: _____

Relationship to you: _____

Phone: _____ Email: _____

Address: _____

Do you wish to include powers over real estate?

Yes No

If so, list the address of Real Estate:

B) **Living Will:** A declaration of your intention to have life prolonging procedures withheld or withdrawn should you be diagnosed by two physicians with a "terminal condition", an "end stage condition" or a "persistent vegetative state", with no reasonable medical probability of recovery.

Do you wish to have a living will prepared?

Yes No

Does your spouse?

Yes No

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C) Health Care Surrogate Designation: A declaration naming someone to act on your behalf concerning medical decisions only in the event that your attending physician determines that you lack the capacity to make such decisions.

Do you wish to have a health care surrogate designation prepared? **Yes No**
Does your spouse? **Yes No**

Name of person you wish to designate: _____
Relationship to you: _____
Phone: _____ Email: _____
Address: _____

Name of person you wish to designate: _____
Relationship to your Spouse: _____
Phone: _____ Email: _____
Address: _____

Alternate Surrogate: (in the event that your named surrogate is unable to perform his/her duties)

Name of person you wish to designate: _____
Relationship to you: _____
Phone: _____ Email: _____
Address: _____

Name of person you wish to designate: _____
Relationship to your Spouse: _____
Phone: _____ Email: _____
Address: _____

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Alternate Surrogate: (in the event that your spouse's named surrogate is unable to perform his/her duties)

Name of person you wish to designate: _____

Relationship to you: _____

Phone: _____ Email: _____

Address: _____

This confidential questionnaire will be used to assist us during your appointment and in the preparation of your estate planning documents. It has no legal effect as to the disposition of your assets after your death or incapacity.

If you have any questions, please do not hesitate to call us.

Date: _____

Signature

Spouse Signature