

# Estate Planning Questionnaire

MARRIED COUPLE



**ROBERTS  
& EDDY, P.C.**  
ATTORNEYS AT LAW

Date: \_\_\_\_\_

## 1. Personal and Family Information

### A. Names

### Social Security Numbers

Spouse 1: \_\_\_\_\_

\_\_\_\_\_

Spouse 2: \_\_\_\_\_

\_\_\_\_\_

### B. Contact Information

Address: \_\_\_\_\_

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

#### Spouse 1

#### Spouse 2

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### C. Date of Birth

### Place of Birth

Spouse 1: \_\_\_\_\_

\_\_\_\_\_

Spouse 2: \_\_\_\_\_

\_\_\_\_\_

Are you both U.S. Citizens?  Yes  No

### D. Children

Names	Date of Birth	Marital Status

### E. Grandchildren

Names	Parent	Date of Birth	Marital Status

Any dependents other than children?  Yes  No \_\_\_\_\_

Does any child have a special health problem?  Yes  No \_\_\_\_\_

Any deceased children?  Yes  No

If so, are there living descendants of a deceased child?  Yes  No

Any adopted children?  Yes  No

Any biological children other than those listed above?  Yes  No

**F. Miscellaneous**

Do you have a premarital agreement?  Yes  No

While married, did you ever reside outside of Iowa, and if so, where? \_\_\_\_\_

Any previous marriages by either spouse?  Yes  No

Employment (include address and phone)

Spouse 1:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Spouse 2:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Have you (indicate S1 or S2) made gifts to anyone of more than \$3,000 in any year before 1982? \_\_\_\_\_

Or \$10,000 in any year after 1981?  Yes  No

Have you ever filed a gift tax return?  Yes  No

Are either of you custodian of any property for your children under the Iowa Uniform Transfers to Minors Act (or similar statute)?  Yes  No

Do either of you have a safe deposit box, and if so, where? \_\_\_\_\_

Are either of you a beneficiary or trustee of any trusts? Have either of you received or do either of you expect to receive any substantial inheritance?

Spouse 1:  Yes  No

Spouse 2:  Yes  No

Name of your Accountant: \_\_\_\_\_

Name of your Insurance Agent: \_\_\_\_\_

Name of your Financial Advisor(s): \_\_\_\_\_

## 2. Assets and Liabilities

The purpose of collecting this information is to assist in planning for potential estate or inheritance taxes.

A. Your combined approximate net worth (total assets less total liabilities): \$ \_\_\_\_\_

B. Life Insurance (indicate policy, death benefit, who is owner and current beneficiary):

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## 3. Disposition of Your Estate

A. If your spouse survives you

1. If you die before your spouse, do you want anyone other than your spouse (e.g., other individuals, charities) to receive anything from your estate?

Spouse 1:  Yes     No

If yes, list who you want to receive anything and what: \_\_\_\_\_

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Spouse 2:  Yes     No

If yes, list who you want to receive anything and what: \_\_\_\_\_

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2. Do you wish assets left outright to your spouse or placed in a trust? If you are not sure, leave blank.

Spouse 1:  Outright     Trust

Spouse 2:  Outright     Trust

B. Upon both spouses' deaths:

1. Do you want anyone other than your children (e.g., other individuals, charities) to receive anything from your estate?

Spouse 1:  Yes     No

If yes, list who you want to receive anything and what: \_\_\_\_\_

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Spouse 2:  Yes     No

If yes, list who you want to receive anything and what: \_\_\_\_\_

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2. Do you want assets left outright to your children or in trust with a timeline on when they receive assets?

Outright     Trust

3. If you checked "Trust" for #2 above, at what ages should your children begin to receive property? (We typically recommend ½ at age 25 and a final distribution at 35)

Spouse 1: \_\_\_\_\_

Spouse 2: \_\_\_\_\_

4. If upon the death of the survivor of the two of you there are no children or other descendants surviving, who should receive your estate? (distant relation, charities, etc.)

Spouse 1: \_\_\_\_\_

Spouse 2: \_\_\_\_\_

### C. Fiduciaries

#### 1. Executor

Executor is the term for the person or financial institution, or both, responsible for handling your estate immediately upon your death. This process is referred to as estate administration ("probate") and includes gathering assets, paying bills, funeral expenses, or other current debts, filing income and death tax returns, and distributing assets to beneficiaries. The Executor can be a spouse, friend, professional advisor, or a bank or other institution. Most important, the Executor should be familiar with you and be prepared to perform the necessary functions.

Executor for Spouse 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Successor Executor for Spouse 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Executor for Spouse 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Successor Executor for Spouse 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**2. Trustee (only complete if you checked "Trust" in Section 3(A)(2) or 3(B)(2))**

Your trustee is the individual or financial institution, or both, charged with managing assets you have placed in trust for the benefit of another. A trustee is responsible for overseeing the investment and preservation of the trust assets and must distribute the assets during the term of the trust and directed by term of the trust ad directed by the trust instrument. Given these duties, the trustee should possess the requisite good judgment to implement or execute your intentions. In other words, the trustee should be someone whom you can trust. Most important, a trustee should be someone you anticipate will make the appropriate decisions on discretionary distributions of trust assets.

Who should be trustee(s) of any trust for:

**Trust for Spouse 1: (Only complete if your spouse won't receive all assets outright)**

Trustee(s):

Successor Trustee(s):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Trust for Spouse 2: (Only complete if your spouse won't receive all assets outright)**

Trustee(s):

Successor Trustee(s):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Trust for Children: (If both spouses are deceased)**

Trustee(s):

Successor Trustee(s):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

### 3. Guardian

This is the individual responsible for the physical custody and care of your minor children. While this could be the same person who is named as the Executor or trustee, it is clearly a different duty. This is the person you would expect to replace you as a parent.

Spouse 1's choice for Guardian(s) of children:

Spouse 2's choice for Guardian(s) of children:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

## 4. Power of Attorney and Living Will

### A. Power of Attorney and Living Will Questionnaire

1. Power of Attorney (POA) (This person is typically your spouse. This person is delegated all powers to make all decisions (including financial) on your behalf except medical care):

For Spouse 1:

For Spouse 2:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Successor POA (the backup if your original POA is unable)

For Spouse 1:

For Spouse 2:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Individual to oversee/verify gifts to POA (This person is given responsibility to make sure the gifts/property the POA gives to him/herself from you, if any, are acceptable and the POA does not give all your assets to him/herself):

Note: This person should be someone other than the successor POA.

For Spouse 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

For Spouse 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

4. Power of Attorney for Health Care (This person is typically your spouse. This person is delegated authority to make all medical decisions on your behalf if a Doctor determines you to be incapable of such decisions):

POA for Health Care:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Successor POA for Health Care:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

5. Successor POA for Health Care (the backup if your original POA for Health Care is unable or unwilling):

For Spouse 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

For Spouse 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

## 5. Documents

Please furnish us the copies of existing wills, trust instruments, premarital agreement, buy-sell agreements and gift tax returns.

Return to:

Roberts & Eddy, P.C.  
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Independence, IA 50644

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