

Estate Planning Questionnaire

SINGLE PERSON



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

Date: _____

1. Personal and Family Information

A. Name: _____ Social Security Number: _____

B. Contact Information

Address: _____ City, State, Zip: _____

E-Mail: _____ Phone: _____

C. Date of Birth: _____ Place of Birth: _____

Are you a U.S. Citizen? 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

Any previous marriages? Yes No

Employment (include address and phone)

_____ Phone: _____
_____ Fax: _____
_____ E-mail: _____

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

Do you have a safe deposit box, and if so, where? _____

Are you a beneficiary or trustee of any trusts? Have you received or do you expect to receive any substantial inheritance? 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 approximate net worth (total assets less total liabilities): \$ _____

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

3. Disposition of Your Estate

A. Upon your death

1. Do you want anyone other than your children (if applicable) (e.g., other individuals, charities) to receive anything from your estate? Yes No

If yes, your direction: _____

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" in #2 above, at what ages do you think your children (if applicable) should begin to receive property? (We typically recommend ½ at age 25 and a final distribution at 35) _____

If upon your death there are no children or other descendants surviving, who should receive your estate?

B. 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:

Successor Executor:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

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

Trustee(s):

Successor Trustee(s):

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

Trust for Children: (If both father and mother are deceased)

Trustee(s):

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Successor Trustee(s):

Name: _____

Address: _____

City, State, Zip: _____

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.

Guardian(s):

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Successor for Guardian(s):

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

4. Power of Attorney and Living Will

A. Power of Attorney and Living Will Questionnaire

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

POA:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Successor POA:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

2. **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.

Person to oversee/verify gifts to POA:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

3. Power of Attorney for Health Care (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. 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.
Attn: Brian C. Eddy
2349 Jamestown Avenue, Suite #4
Independence, IA 50644**

**Phone: (319) 334-3704
Fax: (319) 334-3421
Email: beddy@robertseddy.com**