

Estate Planning Questionnaire

REVOCABLE TRUSTS/POAS FOR MARRIED COUPLE



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

Date: _____

1. Personal and Family Information

A. Spouse 1

Name: _____

Date of Birth: _____

Spouse 2

Name: _____

Date of Birth: _____

B. Contact Information

Address: _____

City, State, Zip: _____

Spouse 1

E-Mail: _____

Phone: _____

Spouse 2

E-Mail: _____

Phone: _____

Are you both U.S. Citizens? Yes No

C. Children

Names	Date of Birth	Marital Status

D. 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

E. Miscellaneous

Do you have a premarital agreement? Yes No

Any previous marriages by either spouse? Yes No

Employment

Spouse 1: _____ Spouse 2: _____

Have you previously made any gifts that required filing of 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? _____

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 federal estate 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):

3. Disposition of Your Trust Assets

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 trust?

Spouse 1: Yes No

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

Spouse 2: Yes No

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

2. Do you want your trust assets distributed outright to your spouse's trust or held in your trust with life income to spouse? If you are not sure, leave blank.

Spouse 1: Outright Life Income

Spouse 2: Outright Life Income

B. Upon both spouses' deaths:

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

Spouse 1: Yes No

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

Spouse 2: Yes No

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

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

Outright Held in Trust

- C. If you checked "Held in Trust" for #2 above, at what ages should your children begin to receive trust assets? (We typically recommend ½ of principal at age 25 and a final distribution of principal at 35 with trustee being able to distribute some funds for education, medical, etc. earlier)

Spouse 1: _____

Spouse 2: _____

- D. 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: _____

4. Trustee(s) of Your Revocable Trusts

Your trustee is the individual or financial institution, or both, charged with managing assets you have placed in trust. 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 and directed by the trust instrument. Given these duties, the trustee should possess good judgment to implement or execute your

intentions. For revocable trusts, you will often be the trustee of your trust while you are alive and able to act. Your spouse will often be the first successor trustee of your trust. You may list more than one Trustee to Serve as Co-Trustee.

Trustee for Spouse 1:

Successor Trustee(s):

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

Backup to Successor Trustee(s):

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

Would you like these individuals to serve as Co-Trustees? Yes No

Trustee for Spouse 2:

Successor Trustee(s):

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

Backup to Successor Trustee(s):

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

Would you like these individuals to serve as Co-Trustees? Yes No

Trustees for Children or Grandchildren: (If both spouses are deceased)

Trustee(s):

Name: _____

Successor Trustee(s):

Name: _____

Would you like these individuals to serve as Co-Trustees? Yes No

5. Guardian(s)

This is the individual responsible for the physical custody and care of your minor children. This is the person you would expect to replace you as a parent of your minor or disabled child.

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

Name: _____

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

Name: _____

Would you like these individuals to serve as Co-Guardians? Yes No

6. Executors for Pour Over Wills

Executor is the term for the person or financial institution, or both, responsible for handling your estate immediately upon your death. With a revocable trust, your will should not have to be used. However, we create

Pour Over Wills in case any assets are missed in your trusts. The Executor can be a spouse, friend, professional advisor, or a bank or other institution. (The Executor is typically your spouse.)

Executor for Spouse 1:

Successor Executor for Spouse 1:

Name: _____

Name: _____

Would you like these individuals to serve as Co-Executors? Yes No

Executor for Spouse 2:

Successor Executor for Spouse 2:

Name: _____

Name: _____

Would you like these individuals to serve as Co-Executors? Yes No

7. Durable Power of Attorney

A. This person is typically your spouse. (This person is delegated all powers to make all financial decisions on your behalf, while you are alive, but unable to handle yourself.):

For Spouse 1:

Backup POA for Spouse 1:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

Relationship: _____

Relationship: _____

Effective: Upon certification by your physician of your incapacity Immediately

Would you like these individuals to serve as Co-Agents? Yes No

For Spouse 2:

Backup POA for Spouse 2:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

Relationship: _____

Relationship: _____

Effective: Upon certification by your physician of your incapacity Immediately

Would you like these individuals to serve as Co-Agents? Yes No

B. 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.

Do you want your POA to make gifts consistent with prior gifting patterns? Yes No

If yes, then list below who you want to oversee the gifts.

For Spouse 1:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

For Spouse 2:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

8. Medical Power of Attorney

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.

A. POA for Health Care:

For Spouse 1:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

Successor POA for Spouse 1:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

Would you like these individuals to serve as Co-Agents? Yes No

For Spouse 2:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

Successor POA For Spouse 2:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

Would you like these individuals to serve as Co-Agents? Yes No

9. Declaration for Disposition of Remains

Have you preplanned your funeral and/or burial? Yes No If so, with which establishment?

Have you purchased a burial plot? Yes No If so, where is it located?

Please provide additional instructions with regard to final disposition of your remains:

10. 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.
2349 Jamestown Ave., Suite #4
Independence, IA 50644
Phone: (319) 334-3704
Fax: (319) 334-3421
Email: info@robertseddy.com

11. Requested Attorney

- Brian C. Eddy
- Stephanie A. Sailer
- Jeremy B. Hahn
- Brad Bleichner
- Nicholas A. Sailer
- Andrew E. Steffensmeier
- No preference

Additional Information: