

# Estate Planning Questionnaire

## WILL/POA FOR SINGLE PERSON



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

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

### 1. Personal and Family Information

A. Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### B. Contact Information

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

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

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

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

Are you a U.S. Citizen?  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

Any previous marriages?  Yes  No

Employment: \_\_\_\_\_

Have you previously made any gifts that required filing of 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? \_\_\_\_\_

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 federal estate 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, specify who should receive anything and what they should receive:

Who	What

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 their inheritance? (We typically recommend ½ at age 25 and a final distribution at 35 with distributions for medical, education, etc. when needed)

\_\_\_\_\_

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

\_\_\_\_\_

## 4. Fiduciaries

### A. 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.

Primary Executor:

Successor Executor:

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

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

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

### B. 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 and directed by the trust instrument. Given these duties, the trustee should possess good judgment to implement or execute your intentions.

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

Trustee(s):

Successor Trustee(s):

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

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

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

### C. 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 a different duty. This is the person you would expect to replace you as a parent.

Guardian(s):

Successor for Guardian(s):

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

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

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

## 5. Power of Attorneys

- A. **Durable Power of Attorney.** (This person is delegated all powers to make all financial decisions on your behalf, while you are alive, but unable to handle yourself.):

**Primary Agent:**

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

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

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

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

Relationship: \_\_\_\_\_

**Successor Agent:**

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

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

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

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

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.

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

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

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

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

- C. **Medical Power of Attorney** (This person is delegated authority to make all medical decisions on your behalf if a doctor determines you to be incapable of such decisions):

**Primary Agent for Health Care:**

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

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

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

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

Relationship: \_\_\_\_\_

**Successor Agent for Health Care:**

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

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

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

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

Relationship: \_\_\_\_\_

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

## 6. Declaration for Disposition of Remains

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

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

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

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## 7. 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](mailto:info@robertseddy.com)

## 8. Requested Attorney

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

Additional Information: