

Estate Planning Questionnaire

WILLS/POAS FOR MARRIED COUPLE



ROBERTS
& EDDY, P.C.
ATTORNEYS AT LAW

Date: _____

1. Personal and Family Information

A. Spouse 1

Name: _____

Date of Birth: _____

B. Contact Information

Address: _____

Spouse 1

E-Mail: _____

Phone: _____

Are you both U.S. Citizens? ☐ Yes ☐ No

Spouse 2

Name: _____

Date of Birth: _____

City, State, Zip: _____

Spouse 2

E-Mail: _____

Phone: _____

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 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: _____

Spouse 2: ☐ Yes ☐ No

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

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: _____

Spouse 2: ☐ Yes ☐ No

If yes, list who you want to receive anything and 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" for #2 above, at what ages should your children 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)

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: _____

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. (The Executor is typically your spouse.)

Primary Executor for Spouse 1:

Backup Executor for Spouse 1:

Name: _____

Name: _____

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

Primary Executor for Spouse 2:

Backup Executor for Spouse 2:

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) 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 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: Children: (If both spouses are deceased):

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.

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

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

Primary Name: _____

Primary Name: _____

Backup Name: _____

Backup Name: _____

Spouse 1: Would you like these individuals to serve as Co-Guardians? ☐ Yes ☐ No

Spouse 2: 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.):

POA 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

POA 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:

For Spouse 2:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

- C. 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):

Agent for Spouse 1:

Backup Agent for Spouse 1:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

Relationship: _____

Relationship: _____

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

Agent for Spouse 2:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

Backup Agent for Spouse 2:

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?

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:

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

8. Requested Attorney

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

Additional Information: