

2021

CONFIDENTIAL

ESTATE PLANNING

QUESTIONNAIRE



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Questionnaire Instructions

Please complete the questions that apply to you before your upcoming office conference and bring this questionnaire with you to your appointment. There will be time to answer your questions at that appointment.

Please provide in advance or bring the following:

- This Questionnaire;
- A list of your assets and estimated current values (or copies of statements/documentation of your assets);
- A copy of last year's income tax returns;
- Your last Will and Trust or other estate planning documents;
- Any pre- or post- nuptial agreements;
- A copy of legal descriptions (or tax bills) of your real estate.

Please indicate who you were referred by: _____

PERSONAL DATA - CLIENT

Client Legal Name			Nickname	
Name used on Legal Documents (if different than above)				
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			Prior Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No	
If married, date of marriage				
Date of Birth	SSN	Citizenship	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address		City	State	Zip Code
County of Residence	Home Phone ()	Cell Phone ()	Email Address	

PERSONAL DATA – SPOUSE/PARTNER

Spouse/Partner Legal Name			Nickname	
Name used on Legal Documents (if different than above)				
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			Prior Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	SSN	Citizenship	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please leave any of the below information blank if it is the same as the Client's information:</i>				
Home Address		City	State	Zip Code
County of Residence	Home Phone ()	Cell Phone ()	Email Address	

PERSONAL QUESTIONS

Check if any of the following apply for the Client and/or the Spouse/Partner:

Marital, if applicable

I have signed a pre- or post-marriage or relationship contract

Health and Future Long-Term Care

I have long-term care insurance

I have existing health issues which are of concern

I have certain religious/moral beliefs which would affect my Health Care Power of Attorney

Miscellaneous

I am receiving social security, disability or other governmental benefits

I have filed a federal or state gift tax return in the past

I am a guardian or conservator for any individual (minor/adult child, parent or other person)

Probate avoidance is important to me

I have made gifts (money, real estate, personal property, etc.) in the last five years

I am a business owner

PARENT INFORMATION (IF LIVING)

(Client's parents)

Father

Mother

Name

Name

Do you expect to receive any gifts or inheritances from either parent? Yes No

(Spouse/Partner's parents)

Father

Mother

Name

Name

Do you expect to receive any gifts or inheritances from either parent? Yes No

CHILD(REN) INFORMATION

Please indicate:
(C) for Client's child, (S/P) for Spouse/Partner's child or (J) for Joint child

Legal Name	Mailing Address and Email	Date of Birth	Sex	Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	C, S/P, J
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

QUESTIONS REGARDING CHILDREN

Check if any of the following apply for the Client and/or the Spouse/Partner:

- One or more of my children have special educational, medical or physical needs
- One or more of my children receive governmental support or benefits
- One or more of my children are in a care facility or incarcerated
- I provide primary or other major financial support to one or more of my adult children
- I wish to discuss delaying children's inheritances until later ages
- I have legally adopted one or more of my step children
- One or more of my children has been adopted by another

GRANDCHILDREN INFORMATION

Legal Name	Date of Birth	Sex	Grandchild's Parent

ADVISOR DATA

Accountant

Advisor Name	
Firm	
Address	
Telephone	
Email	

Financial Planner/Investment Advisor

Advisor Name	
Firm	
Address	
Telephone	
Email	

NAMING FIDUCIARIES*

A major decision in establishing your estate plan is naming your fiduciaries. In selecting a fiduciary, you are empowering them to act on your behalf. You must have the utmost confidence in their abilities.

Durable Power of Attorney

Your Durable Power of Attorney authorizes your agent(s) to provide for the management of your assets and financial affairs either immediately or upon your disability, and can avoid the need for obtaining a conservatorship through the probate court. Durable Powers of Attorney may be effective immediately or only upon your disability. The Durable Power of Attorney terminates at your death.

Client	Spouse/Partner
AGENT 1 st choice _____ 2 nd choice _____ 3 rd choice _____	AGENT 1 st choice _____ 2 nd choice _____ 3 rd choice _____
These Agents should serve (check one)... <input type="checkbox"/> Consecutively (one will serve at a time) <input type="checkbox"/> Jointly - Unanimous (both/all must unanimously agree on all decisions) <input type="checkbox"/> Jointly - Majority (a majority must agree on all decisions) <input type="checkbox"/> Jointly – Any May Act (any may act without the consent of the others)	These Agents should serve (check one)... <input type="checkbox"/> Consecutively (one will serve at a time) <input type="checkbox"/> Jointly - Unanimous (both/all must unanimously agree on all decisions) <input type="checkbox"/> Jointly - Majority (a majority must agree on all decisions) <input type="checkbox"/> Jointly – Any May Act (any may act without the consent of the others)

Health Care Power of Attorney

Your Health Care Power of Attorney appoints individual(s) – your patient advocate(s) – to make decisions concerning your care, custody, and medical treatment when you are unable to participate in medical treatment decisions. Having this document in place may avoid the need for obtaining a guardianship through the probate court in the event you become incapacitated. The Health Care Power of Attorney terminates at your death.

Client	Spouse/Partner
PATIENT ADVOCATE 1 st choice _____ 2 nd choice _____ 3 rd choice _____	PATIENT ADVOCATE 1 st choice _____ 2 nd choice _____ 3 rd choice _____
These Patient Advocates should serve (check one)... <input type="checkbox"/> Consecutively (one will serve at a time) <input type="checkbox"/> Jointly - Unanimous (both/all must unanimously agree on all decisions) <input type="checkbox"/> Jointly - Majority (a majority must agree on all decisions) <input type="checkbox"/> Jointly – Any May Act (any may act without the consent of the others)	These Patient Advocates should serve (check one)... <input type="checkbox"/> Consecutively (one will serve at a time) <input type="checkbox"/> Jointly - Unanimous (both/all must unanimously agree on all decisions) <input type="checkbox"/> Jointly - Majority (a majority must agree on all decisions) <input type="checkbox"/> Jointly – Any May Act (any may act without the consent of the others)

*A “fiduciary” is a person who has the power to act for another. In this questionnaire as well as your estate planning documents prepared by our office, “fiduciary” may refer to a Personal Representative, Trustee, Agent or Patient Advocate.

NAMING FIDUCIARIES, Continued

Last Will and Testament/Revocable Living Trust

*A Last Will and Testament is the document that provides instructions to a probate court on how to distribute your individually-owned assets upon your death. In addition, the Will allows you to select the personal representative (executor) of your estate and the guardian(s) for your minor children. A Will does not pass title to jointly owned property with rights of survivorship, transfer on death assets or assets with beneficiary designations. **A Will does not avoid probate.***

A Revocable Living Trust is a legal relationship between the person establishing the Trust (the Grantor) and the person(s) and/or an institution to manage assets contributed to the Trust (the Trustee). Assets are managed for the benefit of the Trust beneficiaries. A Trust is often used to avoid probate, to save estate taxes, to provide assistance in managing assets, to provide for multiple or successor beneficiaries or a combination.

Client	Spouse/Partner
<p>PERSONAL REPRESENTATIVE</p> <p>1st choice _____</p> <p>2nd choice _____</p> <p>3rd choice _____</p> <p>The Personal Rep should serve (check one)...</p> <p><input type="checkbox"/> Consecutively (one will serve at a time)</p> <p><input type="checkbox"/> Jointly - Unanimous (both/all must unanimously agree on all decisions)</p>	<p>PERSONAL REPRESENTATIVE</p> <p>1st choice _____</p> <p>2nd choice _____</p> <p>3rd choice _____</p> <p>The Personal Rep should serve (check one)...</p> <p><input type="checkbox"/> Consecutively (one will serve at a time)</p> <p><input type="checkbox"/> Jointly - Unanimous (both/all must unanimously agree on all decisions)</p>
Client	Spouse/Partner
<p>TRUSTEE</p> <p>1st choice _____</p> <p>2nd choice _____</p> <p>3rd choice _____</p> <p>These Trustees should serve (check one)...</p> <p><input type="checkbox"/> Consecutively (one will serve at a time)</p> <p><input type="checkbox"/> Jointly - Unanimous (both/all must unanimously agree on all decisions)</p> <p><input type="checkbox"/> Jointly - Majority (a majority must agree on all decisions)</p>	<p>TRUSTEE</p> <p>1st choice _____</p> <p>2nd choice _____</p> <p>3rd choice _____</p> <p>These Trustees should serve (check one)...</p> <p><input type="checkbox"/> Consecutively (one will serve at a time)</p> <p><input type="checkbox"/> Jointly - Unanimous (both/all must unanimously agree on all decisions)</p> <p><input type="checkbox"/> Jointly - Majority (a majority must agree on all decisions)</p>
Client	Spouse/Partner
<p>GUARDIAN</p> <p>1st choice _____</p> <p>2nd choice _____</p> <p>3rd choice _____</p> <p>These Guardians should serve (check one)...</p> <p><input type="checkbox"/> Consecutively (one will serve at a time)</p> <p><input type="checkbox"/> Jointly - Unanimous (both/all must unanimously agree on all decisions)</p>	<p>GUARDIAN</p> <p>1st choice _____</p> <p>2nd choice _____</p> <p>3rd choice _____</p> <p>These Guardians should serve (check one)...</p> <p><input type="checkbox"/> Consecutively (one will serve at a time)</p> <p><input type="checkbox"/> Jointly - Unanimous (both/all must unanimously agree on all decisions)</p>