Date

File Number

THE LAW OFFICE OF
RANDY HOPE STEEN, LTD.

ESTATE PLANNING QUESTIONNAIRE

For Married Couples

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Please bring this completed form to your appointment.

A. Personal Information

Spouse 1

Full Legal Name

Birth Date

SSN #

Annual Income $

U.S. Citizen ◯ Yes ◯ No

Spouse 2

Full Legal Name

Birth Date

SSN #

Annual Income $

U.S. Citizen ◯ Yes ◯ No

Address

Street

City

State

Zip

B. Contact / Referral Information

Spouse 1

Phone Number

Cell Phone #

Fax Number

Business #

Email Address

Spouse 2

Phone Number

Cell Phone #

Fax Number

Business #

Email Address

The spouse identified as Spouse 1 or Spouse 2 should be consistent for this entire document.

Referral Information *Who referred you to this office?*

Name

Street

City

State

Zip

Referral is: ◯ Attorney ◯ Financial Planner

◯ Previous Client of

◯ Other

Have you visited our Website at www.rsteenlaw.com? ◯ Yes ◯ No

Do you have suggestions to improve our website?

C. Children Information

Does Spouse 1 have any children by a previous marriage?	◯ Yes	◯ No
Does Spouse 2 have any children by a previous marriage?	◯ Yes	◯ No
Are your children in good health?	◯ Yes	◯ No
Are any of your children blind?	◯ Yes	◯ No
Are any of your children disabled?	◯ Yes	◯ No
Have all of your children completed their education?	◯ Yes	◯ No
Are any of your children receiving SSI or other government entitlement?	◯ Yes	◯ No
Do you trust your children's spouses?	◯ Yes	◯ No
Are you concerned about potential litigation against you?	◯ Yes	◯ No

Do any of your family members have any problems with:

☐ Aids ☐ Drug Addiction ☐ Alcoholism

☐ Marital Difficulty ☐ Spendthrift

Complete the children table below. More slots available at the end of this form

Child's Legal Name	Address (include zip code)	Home #	Work #	Birth Date

D. Grandchildren Information

If applicable. More slots available at the end of this form

Grandchild's Legal Name	Address (include zip code)	Birth Date

E. Dispositive Intentions

1. Spouse and Children

Do you wish to provide primarily for your spouse and secondarily for your children? ◯ Yes ◯ No

Do you wish to treat all of your children equally? ◯ Yes ◯ No

If not, why?

After your spouse's death, at what age do you want distribution to your children? (Typically, 1/3 at age 25, 1/3 age 30, 1/3 age 35, or immediate)

2. Grandchildren

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? ◯ Yes ◯ No

Do you wish to treat all of your grandchildren equally? ◯ Yes ◯ No

If not, why?

At what age do you want distribution to your grandchildren? (Typically, 1/3 at age 25, 1/3 age 30, 1/3 age 35, or immediate)

3. Charities

Do you want to leave a specific amount of money or other assets to any charity? If yes, please list them below. ◯ Yes ◯ No

4. Other Beneficiaries

Do you want your Will to benefit anyone other than children, grandchildren, or a charity? If yes, please list them below. ◯ Yes ◯ No

Charities

Name of Charity	Address (include zip code)	Dollar Amount

Other Beneficiaries

Name of Beneficiary	Address (include zip code)	Relationship	Dollar Amount

F. Executor *Who will serve as your Executor? If spouse, write 'Spouse'.*

Spouse 1		Spouse 2	
First Choice		First Choice	
Second Choice		Second Choice	
Third Choice		Third Choice	

G. Trustee *Who will serve as your Trustee?*

Spouse 1		Spouse 2	
First Choice		First Choice	
Second Choice		Second Choice	

H. Guardian

If you have a minor or disabled child/children, whom do you want to act as Guardian?

First Choice	
Second Choice	

Spouse 1 Health Care Agent

Do you want your Living Will to provide for withdrawal of artificial food and fluid? ◯ Yes ◯ No

Do you want to donate your eyes or organs? ◯ Yes ◯ No

Do you want your Health Care Agent to consult with any other person prior to acting? ◯ Yes ◯ No

If yes, with whom?

Name of Proposed Health Care Agent

Address / City / State / Zip

Name of Alternate Health Care Agent

Address / City / State / Zip

Spouse 1 Primary Care Physician

Full Name of Physician	Street Address	City	State	Zip

Spouse 1 Financial Power of Attorney

Name of Proposed Financial Agent

Address / City / State / Zip

Name of Alternate Financial Agent

Address / City / State / Zip

Spouse 2 Health Care Agent

Do you want your Living Will to provide for withdrawal of artificial food and fluid? ◯ Yes ◯ No

Do you want to donate your eyes or organs? ◯ Yes ◯ No

Do you want your Health Care Agent to consult with any other person prior to acting? ◯ Yes ◯ No

If yes, with whom?

Name of Proposed Health Care Agent

Address / City / State / Zip

Name of Alternate Health Care Agent

Address / City / State / Zip

Spouse 2 Primary Care Physician

Full Name of Physician	Street Address	City	State	Zip

Spouse 2 Financial Power of Attorney

Name of Proposed Financial Agent

Address / City / State / Zip

Name of Alternate Financial Agent

Address / City / State / Zip

J. Miscellaneous

Miscellaneous

Do you have any legal issues I should be aware of? ◯ Yes ◯ No

If yes, please explain.

Where are your important papers?

Do you have a Safe Deposit Box? ◯ Yes ◯ No

If yes, please indicate the location.

Have either of you ever made gifts to any one person in excess of $14,000 in a single calendar year? ◯ Yes ◯ No

Have you ever filed a Federal Gift Tax Return? ◯ Yes ◯ No

K. Financial Summary

Assets and Liabilities

More slots available at the end of this form

				Ownership: Spouse 1	Spouse 2	Joint
Bank Accounts Attach copies of Statements				◯	◯	◯
Real Estate Residence; Attach copy of deed				◯	◯	◯
Real Estate Other; Attach copies of all deeds				◯	◯	◯
Savings Certificates CDs; Attach copies of statements				◯	◯	◯
Stocks - Non Mutual Funds Held by Broker; Attach statements				◯	◯	◯
Stocks - Non Mutual Funds Not Held by Broker; Attach statements				◯	◯	◯
Bonds - Non Mutual Funds Not Held by Broker; Attach statements				◯	◯	◯
Bonds - Non Mutual Funds Held by Broker; Attach statements				◯	◯	◯

				Ownership: Spouse 1	Spouse 2	Joint
Mutual Funds Attach Statements				○	○	○
Note and Mortgage Receivables Attach Copies of Notes and Mortgages				○	○	○
Business Interests Attach Copies of stock certificates, partnership agreements, and/or other documentation				○	○	○
Inheritance, etc.				○	○	○
Automobiles				○	○	○
Jewelry and Collections listed on Insurance				○	○	○
Non-IRA Tax Qualified Retirement Plans Attach Statements				○	○	○
IRAs Attach Copies of Statements				○	○	○
Life Insurance Attach Copies of All Policies				○	○	○
Annuities Attach Copies of All Policies				○	○	○
Other Assets Attach Copies of Documents pertaining to such assets				○	○	○
TOTALS				Include additional assets if applicable		

Are you a contributor to a 529 Plan? If yes, attach 529 account statements. ○ Yes ○ No

Personal Residence
(Can be obtained from your tax bill) Tax Block # Lot #

Address / City / State / Zip of real property other than personal residence.

Tax Block # Lot #

Tax Block # Lot #

Any Other Liabilities?

Additional Children

Child's Legal Name	Address (include zip code)	Home #	Work #	Birth Date

Additional Grandchildren

Grandchild's Legal Name	Address (include zip code)	Birth Date

				Ownership: Spouse 1	Spouse 2	Joint
Mutual Funds Attach Statements				○	○	○
Note and Mortgage Receivables Attach Copies of Notes and Mortgages				○	○	○
Business Interests Attach Copies of stock certificates, partnership agreements, and/or other documentation				○	○	○
Inheritance, etc.				○	○	○
Automobiles				○	○	○
Jewelry and Collections listed on Insurance				○	○	○
Non-IRA Tax Qualified Retirement Plans Attach Statements				○	○	○
IRAs Attach Copies of Statements				○	○	○
Life Insurance Attach Copies of All Policies				○	○	○
Annuities Attach Copies of All Policies				○	○	○
Other Assets Attach Copies of Documents pertaining to such assets				○	○	○
Bank Accounts Attach copies of Statements				○	○	○
Real Estate Residence; Attach copy of deed				○	○	○
Real Estate Other; Attach copies of all deeds				○	○	○
Savings Certificates CDs; Attach copies of statements				○	○	○
Stocks - Non Mutual Funds Held by Broker; Attach statements				○	○	○
Stocks - Non Mutual Funds Not Held by Broker; Attach statements				○	○	○
Bonds - Non Mutual Funds Not Held by Broker; Attach statements				○	○	○
Bonds - Non Mutual Funds Held by Broker; Attach statements				○	○	○