



THE LAW OFFICE OF
RANDY HOPE STEEN, LTD.

ESTATE PLANNING QUESTIONNAIRE

For Single Individuals

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

Personal Data

Full Legal Name

Birth Date

SSN #

Annual Income

\$

U.S. Citizen

Yes

No

Address

Street

City

State

Zip

Marital Information (If previously married)

Former Spouse Name

Date of Marriage

Termination Date

Death

Divorce

Annulment

Contact Information

Phone Number

Cell Phone Number

Fax Number

Business Number

Email Address

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

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

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

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. Children**

Do you wish to treat all of your children equally?

Yes

No

If not, why?

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)

E. Dispositive Intentions *(Continued)*

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?

First Choice

Second Choice

Third Choice

G. Trustee

Who will serve as your Trustee?

First 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

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

Primary Care Physician

Full Name of Physician

Street Address

City

State

Zip

Financial Power of Attorney

Name of Proposed Financial Agent

Address / City / State / Zip

Name of Alternate Financial Agent

Address / City / State / Zip

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:				
			Single	Joint	
Bank Accounts Attach copies of Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Residence; Attach copy of deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Other; Attach copies of all deeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Certificates CDs; Attach copies of statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks - Non Mutual Funds Held by Broker; Attach statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks - Non Mutual Funds Not Held by Broker; Attach statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds - Non Mutual Funds Not Held by Broker; Attach statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds - Non Mutual Funds Held by Broker; Attach statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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?

	Ownership:			Single	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					