



ESTATE PLANNING QUESTIONNAIRE

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ABOUT THIS FORM

Thank you for considering Anne K. Wilson Law Office, PLLC to assist in preparing your estate plan. This questionnaire has two purposes: first, to assist you collect your personal and financial information, and second, allow me to properly evaluate your current situation and determine what type of plan is most appropriate for your situation. The more complete the information you provide, the better I can give you proper advice and recommendations, whether you need just a simple will or a more complicated estate plan.

After completing this form, please return to me and we will then discuss the next steps. Completion and return of the form acknowledges your agreement to the terms and engagement of Anne K. Wilson Law Office, PLLC as your attorney.

PRIVACY AND CONFIDENTIALITY. Information you provide will be kept confidential unless you authorize or request its release to others. During the initial consultation, I request that I only meet with you (and your spouse, if applicable). The presence of a third party (particularly children or other heirs or potential beneficiaries) during a consultation makes any information discussed not subject to attorney-client privilege. Please let me know if you wish to discuss further.

If you are unmarried, or if you are married but wish to implement an estate plan separately from your spouse, simply fill out one side of this form.

If you are married and wish to implement a joint estate plan with your spouse, please read the section below entitled "Information For Married Couples" before completing this form.

FEES. A schedule of fees is at the end of this form.

INFORMATION FOR MARRIED COUPLES

Married couples should consider hiring separate attorneys for estate planning needs. While most married couples have the same goals for estate planning, this is not always the case, particularly in “non-traditional” circumstances (e.g. one or both spouses have children from prior marriages); or when they have differing views on ownership of property, beneficiaries, and whom to name as executors, guardians, conservators, or trustees; or if one spouse has information they wish to keep private from their spouse, which I would be obligated to disclose to the spouse if I am preparing both spouses’ estate plans. With each spouse having their own attorney, they would be each protected by the attorney-client privilege with that spouse.

If I do represent you and your spouse, please understand that, with respect to your spouse, you are waiving your right to: 1) confidentiality of anything you tell to me; 2) ask me questions in confidence; 3) receive completely confidential advice. If you are married and decide you would like this firm to represent both of you, please sign below and then complete this form jointly (please **do not** fill out two separate forms).

CLIENT

SPOUSE

This signature signifies our acknowledgment that we each have the right to retain separate attorneys, but after careful consideration, we waive that right and agree to have Anne K. Wilson Law Office, PLLC represent both of us in connection with our estate planning needs; we understand that we are waiving the rights described above with respect to each other.

PERSONAL INFORMATION

YOU	SPOUSE
Name:	Name:
Email Address: Shall we use this address to send your draft documents?	Email Address: Shall we use this address to send your draft documents?
Preferred Phone: May we leave you messages?	Preferred Phone: May we leave you messages?
Alternate Phone:	Alternate Phone:
Home Address:	Home Address:
Name of Business/Employer:	Name of Business/Employer:
Place of Birth: Date of Birth:	Place of Birth: Date of Birth:
Social Security Number:	Social Security Number:
Have you ever used any other name? Where?	Have you ever used any other name? Where?
Are you a citizen of the United States?	Are you a citizen of the United States?
Marital Status: If currently married, date of marriage: Name of current spouse: Prior spouse(s): <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased - date	Marital Status: If currently married, date of marriage: Name of current spouse: Prior spouse(s): <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased - date

PERSONAL INFORMATION CONTINUED

YOU	SPOUSE
Name(s) of your Accountant: Address: Phone Number: Email Address:	Name(s) of your Accountant: Address: Phone Number: Email Address:
Name(s) of your Bank, Credit Union: Address: Phone Number: Email Address:	Name(s) of your Bank, Credit Union: Address: Phone Number: Email Address:
Name(s) of your Financial Advisor: Address: Phone Number: Email Address:	Name(s) of your Financial Advisor: Address: Phone Number: Email Address:
Name(s) of your Insurance Agent: Address: Phone Number: Email Address:	Name(s) of your Insurance Agent: Address: Phone Number: Email Address:
Do you have an existing will? If so, when executed:	Do you have an existing will? If so, when executed:
Do you have a financial power of attorney appointed? If so, when executed:	Do you have a financial power of attorney appointed? If so, when executed:
Do you have a medical power of attorney? If so, when executed:	Do you have a medical power of attorney? If so, when executed:
Is your total net worth in excess of \$5 million; or have you made substantial gifts during life? (Additional information may be necessary to consider tax planning options.)	Is your total net worth in excess of \$5 million; or have you made substantial gifts during life? (Additional information may be necessary to consider tax planning options.)

CHILDREN AND OTHER HEIRS OR BENEFICIARIES

Please use the below to identify all your children, and anyone else that you intend to name as a beneficiary of your will or trust. If you intend to not include a child in your estate plan, please provide their information as well, but mark with a “DI” as in “Disinherit”. Note: if your children, etc., live with you, leave their address blank. Please indicate their relationship to you with the following codes:

CHILDREN:

CB=Child of Both | **HC**=Husband’s Child | **WC**=Wife’s Child | **ACB**=Adopted Child of Both
HAC=Husband’s Adopted Child | **WAC**=Wife’s Adopted Child | **DCC**=Deceased Child w/ Children
DCN=Deceased Child w/ No Children

SIBLINGS:

HB=Husband’s Brother | **HS**=Husband’s Sister | **WB**=Wife’s Brother | **WS**=Wife’s Sister

OTHER:

HN=Husband’s Niece/Nephew | **WN**=Wife’s Niece/Nephew | **F**=Friend | **G**=Godchild | **DI**=Disinherited Child

Name: Relationship: Age: Address: City/State/Zip: Home Phone:	Name: Relationship: Age: Address: City/State/Zip: Home Phone:
Name: Relationship: Age: Address: City/State/Zip: Home Phone:	Name: Relationship: Age: Address: City/State/Zip: Home Phone:
Name: Relationship: Age: Address: City/State/Zip: Home Phone:	Name: Relationship: Age: Address: City/State/Zip: Home Phone:
Name: Relationship: Age: Address: City/State/Zip: Home Phone:	Name: Relationship: Age: Address: City/State/Zip: Home Phone:

EXECUTOR FOR YOUR WILL

Below please indicate you would like to serve as the executor of the administration of your will. Most people will first choose their spouse, and then a parent, adult child, or trusted friend. You may also name a financial institution, but if you do so make sure they will accept the appointment; you should also avoid naming any licensed financial individual as they may have to decline for license compliance reasons.

You can name one or two (or more) executors. One executor is preferred, but two (or more) co-executors may create a more balanced division of responsibility, but may require each executor to sign most if not all documents, and this could delay the administration of the estate. If you nominate co-executors, then you must also indicate whether either co-executor may act alone in the event the other nominated co-executor is unable or unwilling to act as a co-executor.

Your executor will be entitled to take a fee for their work performed. Most family members decline the fee as it is considered taxable income, but institutional executors will take their fee.

SPOUSE PRIMARY EXECUTOR?	SPOUSE PRIMARY EXECUTOR?
<p>Primary Executor(s) (after spouse, if applicable). Name(s):</p> <p>If naming co-executors, may either act as sole executor if the other one is unable or unwilling?</p>	<p>Primary Executor(s) (after spouse, if applicable). Name(s):</p> <p>If naming co-executors, may either act as sole executor if the other one is unable or unwilling?</p>
<p>Alternate Executor(s) (after Primary). Name(s):</p> <p>If naming co-executors, may either act as sole executor if the other one is unable or unwilling?</p>	<p>Alternate Executor(s) (after Primary). Name(s):</p> <p>If naming co-executors, may either act as sole executor if the other one is unable or unwilling?</p>

TRUSTEES FOR YOUR TRUST

Your trustee has the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of any trusts that are created. Trustees may be family members or financial institutions/trust companies (if qualified to act) or other individuals. Though not generally recommended, you may choose to have co-trustees. Naming co-trustees creates a built-in balancing of powers, but at the same time may cause more difficult administration of the trust. If you wish to select co-trustees, you may want to choose them for how well their strengths complement one another.

<p>Primary Trustee(s) (after spouse, if applicable). Name(s):</p> <p>If naming co-trustees, may either act as sole executor if the other one is unable or unwilling?</p>	<p>Primary Trustee(s) (after spouse, if applicable). Name(s):</p> <p>If naming co-trustees, may either act as sole executor if the other one is unable or unwilling?</p>
<p>Alternate Trustee(s) (after Primary). Name(s):</p> <p>If naming co-trustees, may either act as sole executor if the other one is unable or unwilling?</p>	<p>Alternate Trustee(s) (after Primary). Name(s):</p> <p>If naming co-trustees, may either act as sole executor if the other one is unable or unwilling?</p>

RESIDUARY ESTATE

After any specific bequests are paid, as well as expenses, fees, court costs, etc. are paid, whatever is left over (“residue”) is then distributed per your directions. Usually, your executor has sold and liquidated all of your assets, or the distribution may strike a balance between cash and other items. Unless you request otherwise, if one of your children pre-deceases you, their share then is split equally between their children, if any, but does not affect the value of another beneficiary’s share (this is known as “per stirpes”).

<input type="checkbox"/> All to my spouse or if my spouse predeceases me, then to my children in equal shares.	<input type="checkbox"/> All to my spouse or if my spouse predeceases me, then to my children in equal shares.
<input type="checkbox"/> All to my children, in equal shares.	<input type="checkbox"/> All to my children, in equal shares.
<input type="checkbox"/> All to the charities designated below, in equal shares.	<input type="checkbox"/> All to the charities designated below, in equal shares.
<input type="checkbox"/> As described below or on the attached sheet.	<input type="checkbox"/> As described below or on the attached sheet.

TRUSTS FOR MINOR CHILDREN

If you have minor children, or if you wish to delay final distribution of your estate until your children (or other beneficiaries) have reached what you feel will be an adequate level of maturity, choose from three types of delayed distribution options explained below.

How Assets Are To Be Held: Please read the explanations after each of the following three options and then select one of the three options that best meets your wishes with regard to how trust assets should be held:

Option 1 - Separate Trust Funds for Each Beneficiary:

This option calls for each beneficiary's inheritance to be held by the trustee in a **separate fund for each beneficiary.**

Whatever is left in each beneficiary's trust fund, if anything, will be distributed to that beneficiary when he or she attains the age(s) indicated later in this form.

This option ensures that all of your beneficiaries are treated equally, regardless of needs.

Option 2 - Single Trust Fund for Multiple Beneficiaries:

This option calls for the entire inheritance to be held by the trustee in a **single trust fund for the benefit of multiple beneficiaries.** The trustee may make unequal distributions during the term of the trust if a beneficiary needs additional assistance. Whatever is left in the trust, if anything, will be distributed equally when your youngest

beneficiary attains the age(s) indicated later in this form. This option will allow the trustee to accommodate a particular beneficiary's needs by distributing more of the inheritance to that beneficiary during the term of the trust.

(Recommended with younger beneficiaries.)

Option 3 - No Trust:

Beneficiary's inheritance may be made directly to the beneficiary or a court-appointed conservator, if beneficiary is a minor / incapacitated. Funds will be distributed directly to the beneficiary at the age of 18.

TRUST TERMINATION AND AGE-BASED DISTRIBUTIONS

Select the age or milestone at which the trust is to terminate (along with any interim age-based distributions), at which time your beneficiaries receive their inheritances outright and can use the funds in any way they choose.

<input type="checkbox"/> All at age 23 <input type="checkbox"/> All at age 25 (default age if nothing checked) <input type="checkbox"/> All at age 30 <input type="checkbox"/> 1/2 at age 23, remainder at 25 <input type="checkbox"/> 1/2 at age 25, remainder at 30 <input type="checkbox"/> ___ at age 23, 1/2 of remainder at 25, balance at 30 <input type="checkbox"/> ___ at age 25, 1/2 of remainder at 30, balance at 35 <input type="checkbox"/> ___ at age ____, 1/2 of remainder at ____, balance at ____ <input type="checkbox"/> Immediately (all my beneficiaries are currently over 18) <input type="checkbox"/> Other (please specify on attached sheets)	<input type="checkbox"/> All at age 23 <input type="checkbox"/> All at age 25 (default age if nothing checked) <input type="checkbox"/> All at age 30 <input type="checkbox"/> 1/2 at age 23, remainder at 25 <input type="checkbox"/> 1/2 at age 25, remainder at 30 <input type="checkbox"/> ___ at age 23, 1/2 of remainder at 25, balance at 30 <input type="checkbox"/> ___ at age 25, 1/2 of remainder at 30, balance at 35 <input type="checkbox"/> ___ at age ____, 1/2 of remainder at ____, balance at ____ <input type="checkbox"/> Immediately (all my beneficiaries are currently over 18) <input type="checkbox"/> Other (please specify on attached sheets)
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GUARDIANS FOR MINOR CHILDREN

If you have minor children (under age 18), you must designate in your will a guardian or co-guardians to raise the children in the event of the death of both parents. If you name a married couple as co-guardians, you also need to indicate whether you would want one of the co-guardians to act as sole guardian in the event that the other co-guardian is unable or unwilling to act as a co-guardian; you must also indicate whether you would want one of the co-guardians to serve as sole guardian if the couple were to separate or divorce.

Guardian(s):

1. Name:

2. Name:

If 1 unable or unwilling, may 2 act as sole guardian?

Yes No

If 2 unable or unwilling dies, may 1 act as sole guardian?

Yes No

If 1 & 2 separate or divorce, who should become guardian?

1 2

neither

(optional) Additional alternate guardian(s):

CONTINGENT BENEFICIARIES

If there are no named beneficiaries surviving, where would you like the remainder of your estate to go?

- Other heirs / family?
- Charities
- One-half to each spouse's heirs
- Other:

DISABILITY PLANNING

Planning for your disability is an integral part of the estate planning process. The General Financial Power of Attorney and Health Care Power of Attorney should always be completed as part of your overall estate plan.

FINANCIAL POWER OF ATTORNEY

A General Financial Power of Attorney authorizes your agent, often called “Attorney-in-Fact,” to act on your behalf and sign your name to financial and/or legal documents. This is often the same person(s) named as your executor and trustee. The Financial Power of Attorney is a very valuable tool in the event that, due to age, illness, or injury, you are unable to carry on your legal and financial affairs. Having a General Power of Attorney will generally avoid the need to go through the time-consuming, expensive, and potentially even publicly embarrassing process of establishing a legal guardian and/or conservator. Please indicate below who you want to serve as your “Attorney-in-Fact” under your Financial Power of Attorney. If you want the same person(s) named as your executor, simply check the box below.

Same as Executor <input type="checkbox"/>	Same as Executor <input type="checkbox"/>
Primary Attorney-in-Fact Name: Address:	Primary Attorney-in-Fact Name: Address:
First Alternate Attorney-in-Fact Name: Address:	First Alternate Attorney-in-Fact Name: Address:

Effective date of Powers of Attorney: There are three ways a Power of Attorney can become effective: 1) as of a certain (future) date; 2) upon the certification of a Medical Doctor that you are unable to carry on your financial and legal affairs (aka “Springing” Power); and 3) immediately. I nearly always make the Power of Attorney effective immediately, and you should only name as your attorney-in-fact someone you trust not to operate under the Power of Attorney until necessary or authorized (e.g. you are going on a lengthy vacation). You still retain full ability to manage your affairs until it becomes necessary or you make such an authorization.

Powers of attorney can always be revoked by you at any time so long as you remain competent.

FOR YOU	FOR SPOUSE
<input type="checkbox"/> Springing Power of Attorney, Effective Only Upon Medical Certification	<input type="checkbox"/> Springing Power of Attorney, Effective Only Upon Medical Certification
<input type="checkbox"/> Immediate Power of Attorney, Effective Upon Signing (recommended)	<input type="checkbox"/> Immediate Power of Attorney, Effective Upon Signing (recommended)

HEALTH CARE POWER OF ATTORNEY

A Health Care Power of Attorney (also called a Medical Power of Attorney or an Advance Medical Directive) authorizes another person to make decisions with respect to your medical care in the event you are physically or mentally unable to do so, as certified by your physician.

Same as Executor <input type="checkbox"/>	Same as Executor <input type="checkbox"/>
Primary Medical Agent Name:	Primary Medical Agent Name:
First Alternate Medical Agent Name:	First Alternate Medical Agent Name:

LIVING WILL

The Health Care Power of Attorney document may include the type of provision that is commonly called a "Living Will," allowing you to indicate your wishes concerning the use of artificial or extraordinary measures to prolong your life artificially in the event of a terminal illness or injury.

INCLUDE LIVING WILL FOR YOU	INCLUDE LIVING WILL FOR SPOUSE
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINAL DISPOSITION

You have the option of identifying who is responsible for handling the disposition of your remains. This would involve decisions such as burial or cremation and location of burial/interment.

Under current law, this decision by default is made by your spouse, then your children. This can result in conflict if there are children from a prior relationship or if your children may disagree.

Please indicate your preference, if any.

FOR YOU	FOR SPOUSE
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what individual(s):</p> <p>1. Name:</p> <p>2. Name:</p> <p>Do you have Preplanned Funeral Arrangements? If so, Where?</p> <p>Do you have a Burial Plot? If so, Where?</p> <p>Are you (or do you wish to be) an Organ Donor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any other specific instructions?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what individual(s):</p> <p>1. Name:</p> <p>2. Name:</p> <p>Do you have Preplanned Funeral Arrangements? If so, Where?</p> <p>Do you have a Burial Plot? If so, Where?</p> <p>Are you (or do you wish to be) an Organ Donor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any other specific instructions?</p>

BASIC FEE SCHEDULE

As indicated below, flat fee packages include an office or phone consultation, initial document preparation and delivery correspondence, and supervised signing. Additional time is charged at \$200.00 per hour for attorney time. Any additional fees for additional circumstances will be discussed at consultation. Fees are subject to change at any time. **Entire balance due 30 days from receipt of draft documents whether or not signed, or upon signing, whichever is sooner.**

WILLS		
Complete Will Plan Includes Simple Will (without Trust), General Power of Attorney, Health Care Power of Attorney/ Living Will. Includes initial consultation and signing.	Single: \$160	Couple: \$320
Complete Will with Testamentary Trust Plan Includes Will with Testamentary Trust Provisions; General Power of Attorney, Health Care Power of Attorney/ Living Will. Includes initial consultation and signing.	Single: \$210	Couple: \$420
REVOCABLE LIVING TRUSTS		
Simple Revocable Living Trust Package Includes Simple Revocable Living Trust, Pour-Over Will, General Power of Attorney, and Health Care Power of Attorney/ Living Will. Includes initial consultation and signing.	Single: \$800	Couple: \$1,000
Complex Revocable Living Trust Package Includes Complex Revocable Living Trust with Wealth Protection Provisions Pour-Over Will, General Power of Attorney, Health Care Power of Attorney/ Living Will. Includes initial consultation and signing.	Single: \$1,250	Couple: \$1,500
Deed to Transfer Real Estate into Trust Fees do not include County recording charges nor local attorney's fees for counsel in States other than Iowa.	Iowa: \$30	
Advanced Planning Other advanced planning options subject to fee quote following consultation.		