



SHALLOWAY & SHALLOWAY, P.A.

ELDER AND SPECIAL NEEDS ATTORNEYS

*Dedicated to preserving personal dignity and financial security.*

## **ESTATE AND/OR LONG-TERM CARE PLANNING QUESTIONNAIRE**

(Wills, Trusts, HCS's, POA's and Third Party SNT's)

Information provided is held in complete confidence and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents.

During the initial appointment, we will use the enclosed information to determine your specific estate planning needs and goals. The potential cost of probate, tax, and/or nursing home cost which would occur with your current plan will be analyzed, and methods of reducing costs and accomplishing goals will be discussed. An exact quote on fees for estate planning will be provided before you decide whether you would like any work completed.

### **ESTATE PLANNING WORKSHEET**

The information requested on this worksheet may seem like *none of an attorney's business*, but it is very important that an estate planning attorney understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If you are married and all information on this worksheet is identical for you and your spouse, fill out one worksheet only. If information for each spouse differs, make a copy of this worksheet so each spouse has one to fill out.

For those of you who are single, we apologize for phrasing everything based on husband and wife. This is for simplicity of the form only. To fill out forms, please fill in the wife's blanks if you are female and the husband's blanks if you are male.

Estate planning is very important for singles as well as couples. Plan of distribution for singles is not obvious and most or all assets will be probated since joint tenancy with a spouse is not an available method of avoiding probate. In addition the cost of guardianship may be imposed if the single individual suffers an incapacity.

**(NOTE: Print your name as you wish it to appear on your legal documents)**

**PRIMARY INFORMATION FOR CLIENT 1**

First	Middle Initial	Last	Email Address		
Street		City	State	Zip	Country
Telephone Numbers:					
(Home)		(Cell)			
(Work)		(Other)			
Date of Birth:		Social Security:			

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**(NOTE: Print your name as you wish it to appear on your legal documents)**

**PRIMARY INFORMATION FOR CLIENT 2**

First	Middle Initial	Last	Email Address		
Street		City	State	Zip	Country
Telephone Numbers:					
(Home)		(Cell)			
(Work)		(Other)			
Date of Birth:		Social Security:			

## I. APPOINTMENTS

**FINANCIAL AND HEALTH CARE DECISION-MAKER.** In the event of your incapacity or death, who would you like to manage your finances and/or your health care decisions? (Commonly people name their spouse as their primary, with a child, relative, friend or corporation as their alternate.)

1.1 - PRIMARY REPRESENTATIVE(S): \_\_\_\_\_  
\_\_\_\_\_

1.2 - ALTERNATE REPRESENTATIVE(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.3 - Choose one of the following:

- ☐ ACTING JOINTING (all Primary Rep. have to be present to make decision)
- ☐ ACTING INDIVIDUALLY (ANY of the Primary Rep. can make the decision alone)

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## II. PLAN OF DISTRIBUTION

**2.1 SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

☐ Yes   ☐ No

**2.2** After any specific gifts are distributed how do you want your remaining assets distributed?

- ☐ All to spouse; then equally between children. If a child does not survive you, then your child's share would go to their children.
- ☐ All to spouse, then equally between only the surviving children.
- ☐ All to spouse, then: \_\_\_\_\_
- ☐ As follows: \_\_\_\_\_  
\_\_\_\_\_

**2.3 ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if neither you, your spouse nor your children or other beneficiaries named above survive a common disaster.

\_\_\_\_\_

### III. PERSONAL INFORMATION

**Marital Status:** ☐ Married ☐ Divorced ☐ Separated ☐ Single (including widowed/not remarried)

**What is your primary motivation for considering estate planning:** *(Select one or more)*

- |  |   |
|--|---|
| <input type="checkbox"/> Probate Avoidance         | <input type="checkbox"/> Federal Estate Tax Planning (for estates over 3.5 million) |
| <input type="checkbox"/> Disabled Child(ren)       | <input type="checkbox"/> Guardianship for Minor Child(ren)/Disabled Child(ren)      |
| <input type="checkbox"/> Business or Farm Planning | <input type="checkbox"/> Concerns about Potential Nursing Home Expenses             |
| <input type="checkbox"/> Other: _____              |   |

	<u>CLIENT 1</u>	<u>CLIENT 2</u>
Do you presently have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children/beneficiaries Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the need for nursing home care probable in the next three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is preserving assets from nursing home cost important enough to you that you would feel comfortable giving up control of assets to someone else, such as family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a long-term care insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any serious health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe briefly:	_____	

Do you hold everything jointly with your spouse, or is some property separate? ☐ All Joint ☐ Some Separate (except IRAs, Pensions, etc.)

**NET WORTH:** If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRAs, death benefits on life insurance policies, and anything else you own, what is the approximate total value of the estate of yourself and your spouse?

Net Worth of yourself and your spouse? \_\_\_\_\_

Total outstanding liabilities of yourself and your spouse? \_\_\_\_\_

#### **IV. ASSET/LIABILITY INFORMATION**

Please list your asset/liability information in the appropriate category below.  
Attach a separate page if necessary.

<b><u>TYPE OF ASSET</u></b>	<b><u>Title In Which Held</u></b> (Husband sole; Wife Sole; Joint w/ spouse; Joint w/ third party; Tenants-in- common, etc.)	<b><u>CURRENT VALUE</u></b>
<b>REAL ESTATE:</b>		
<u>Personal Residence:</u>		
<u>Vacant Land:</u>		
<u>Other:</u>		
<b>LIQUID ASSETS:</b>		
<u>Checking Accounts:</u>		
<u>Savings Accounts:</u>		
<u>Money Market Accounts:</u>		

<u>TYPE OF ASSET</u>	<u>Title In Which Held</u> (Husband sole; Wife Sole; Joint with spouse; Joint with third party; Tenants-in- common, etc.)	<u>CURRENT VALUE</u>
<u>Certificate of Deposit:</u> (include renewal date)  1.) _____ 2.) _____ 3.) _____ 4.) _____ 5.) _____		
<u>Securities:</u>     		
<u>Cash on Hand:</u> (not held in an Acct)  		
<u>Equity in Business:</u>  <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership		
<u>Life Insurance Policies:</u>  		
<u>Notes and Loan Receivable:</u>  		

<u>TYPE OF ASSET</u>	<u>Title In Which Held</u> (Husband sole; Wife Sole; Joint with spouse; Joint with third party; Tenants-in- common, etc.)	<u>CURRENT VALUE</u>
<u>Annuities:</u>		
<u>IRAs:</u>		
<u>Pension/Profit Sharing:</u>		
<u>Automobiles:</u> List next to boxes. Put a ✓ in box if copy of title is attached.  <input type="checkbox"/> _____ <input type="checkbox"/> _____		
<u>Other Assets:</u>		
<b>LIABILITIES</b>	<b>NAME OF LOAN:</b>	<b>AMOUNT OWED</b>

**V. CHILDREN AND/OR OTHER BENEFICIARIES**

IS THIS CHILD DISABLED?	NAME & ADDRESS	DATE OF BIRTH	RELATIONSHIP
<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			

**VI. PLEASE COMPLETE THIS SECTION ONLY**  
**IF YOU HAVE MINOR OR DISABLED BENEFICIARIES:**

- 6.1 GUARDIAN:** If you have minor children or a disabled child, you may want to plan to appoint a guardian to be responsible for the day-to-day care of your child, in your absence.

GUARDIAN: \_\_\_\_\_

ALTERNATE(S): \_\_\_\_\_

\_\_\_\_\_

- 6.2 AGE OF DISTRIBUTION:** You may wish to distribute your minor/disabled children's inheritance in increments or when they reach a particular age. You may consider splitting the distribution, such as 1/3 at 21, 1/3 at 25, 1/3 at 35. You may use any age or combination of ages that you choose.

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_



SHALLOWAY & SHALLOWAY, P.A.  
CLIENT AND FAMILY CONTACTS

CONSULT DATE: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

**PERSON NEEDING LEGAL ASSISTANCE:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
EMAIL: \_\_\_\_\_

PHONE: CELL# (\_\_\_\_\_) \_\_\_\_\_ HOME# (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE: \_\_\_\_\_

**ADVISORS / FAMILY MEMBERS** (please list all biological and adopted children)

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
EMAIL: \_\_\_\_\_

PHONE: CELL# (\_\_\_\_\_) \_\_\_\_\_ HOME# (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
EMAIL: \_\_\_\_\_

PHONE: CELL# (\_\_\_\_\_) \_\_\_\_\_ HOME# (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
EMAIL: \_\_\_\_\_

PHONE: CELL# (\_\_\_\_\_) \_\_\_\_\_ HOME# (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE: \_\_\_\_\_

(Additional names on page 2)

**PHYSICIAN NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
EMAIL: \_\_\_\_\_

PHONE OFFICE # (\_\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
EMAIL: \_\_\_\_\_

PHONE: CELL# (\_\_\_\_\_) \_\_\_\_\_ HOME# (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
EMAIL: \_\_\_\_\_

PHONE: CELL# (\_\_\_\_\_) \_\_\_\_\_ HOME# (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
EMAIL: \_\_\_\_\_

PHONE: CELL# (\_\_\_\_\_) \_\_\_\_\_ HOME# (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE: \_\_\_\_\_