



Affordable Legal Documents LLC
801-654-3057 • mulcock@sisna.com

Greetings,

Congratulations. You are taking “the” big first step by completing this questionnaire to start the estate and asset protection process. You will feel a huge burden lifted when you finally sign your documents knowing that you have done the right thing to protect you, your family and your assets.

The attached Estate Planning Questionnaire is 17 pages. I know it seems overwhelming. Relax. Some pages are instructions and commentary. A lot of the information, particularly contact information, may be redundant so you only need to enter it once. For example, if any of your children are still living at home, you don’t have to enter their address, etc. because you have already entered it on page 1 with your information.

Some things to remember as you fill in the blanks:

1. Always use **FULL LEGAL NAMES** – These are legal documents and it is important to achieve absolute clarity so that when the time comes and you need them to work for you there will be no confusion about who is who.
2. Fill in as much **CONTACT INFORMATION** as possible. If someone appears more than once in the Questionnaire, **YOU ONLY NEED TO ENTER THEIR CONTACT INFORMATION ONE TIME.** That will save you a lot of time.
3. **LEGIBLE.** Write as legibly as possible so we won’t make mistakes.
4. When you come to the **ASSETS AND LIABILITIES** section, understand that this information is essential to evaluating your unique situation and designing your personal Estate and Asset Protection System™ customized to your particular situation and needs.
5. **DO YOUR BEST.** Complete as much as you can. When you talk with one of our planning professionals, you will have an opportunity to ask questions. They will likely have some questions for you as well.

I personally assist in the design of every Estate and Asset Protection System™ we do to make sure that all the right questions have been asked and all options considered. I also review every set of documents before it is sent to you to make sure that everything is in order.

Thank you! for allowing Affordable Legal Documents to assist you in this important work. Now, prepare to enjoy more confidence and peace of mind.

Gratefully,

Larry Mulcock, CFP, RIA
Manager
Affordable Legal Documents LLC

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

PERSONAL & FAMILY INFORMATION

INSTRUCTIONS: As you complete the questionnaire, please be as complete as possible.

- 1. Always use full legal names.
- 2. Please provide as much contact information as possible.
- 3. If you are not married, complete only the sections labeled “Single Male” or “Single Female”.

HELP: “Settlor” means the party who is setting up the Trust - YOU. The Settlor “settles” the Trust meaning you are the one setting up the Trust. Regarding this “revocable” trust, the Settlor has full control of the Trust and can change the terms of the Trust anytime to the extent of even revoking or terminating it. You, as a single individual, are the Settlor.

Settlor – Your Name _____

Citizenship _____ Gender _____ Date of Birth _____

Prior Marriages _____

Prior Names _____

Health History _____

Employment _____

Work Phone _____ Fax _____

Cell Phone _____ Home Phone _____

Email _____

Home Address _____

City _____ County _____ State ____ Zip _____

Mailing Address (if different) _____

City _____ State ____ Zip _____

Current Estate Plan Yes / No. If “Yes”, please describe _____

YES / NO Do you have any relatives or any other persons that depend on you for all or part of their support? _____

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

CHILDREN

Child #1 Name _____ Date of Birth _____ Deceased? ____

Child's Parents _____ Natural? ____ Adopted? ____ Foster? ____

Spouse's name _____ How many Children _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

Are there any Special Needs for this child's family? _____

Physical, mental or other disability?

Child #2 Name _____ Date of Birth _____ Deceased? ____

Child's Parents _____ Natural? ____ Adopted? ____ Foster? ____

Spouse's name _____ How many Children _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

Are there any Special Needs for this child's family? _____

Physical, mental or other disability?

Child #3 Name _____ Date of Birth _____ Deceased? ____

Child's Parents _____ Natural? ____ Adopted? ____ Foster? ____

Spouse's name _____ How many Children _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

Are there any Special Needs for this child's family? _____

Physical, mental or other disability?

Child #4 Name _____ Date of Birth _____ Deceased? ____

Child's Parents _____ Natural? ____ Adopted? ____ Foster? ____

Spouse's name _____ How many Children _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

Are there any Special Needs for this child's family? _____

Physical, mental or other disability?

_____ Check here if you have more children and note their information on page 7 under Notes.

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

DOCUMENTS

INSTRUCTIONS: As you complete the questionnaire, please be as complete as possible.

1. Always use full legal names.
2. Please provide as much contact information as possible.
3. It is only necessary to provide each person's contact information one time. For example, if your spouse is also your *Personal Representative*, then in the *Personal Representative* section under *Primary Personal Representative*, just fill in his/her name and leave the contact information blank.

REVOCABLE LIVING TRUST

HELP: For estate planning purposes, you, as the Settlor, are “settling” or setting up a “revocable living trust”. The Trust is a contract (not an entity) in which you, the Settlor, appoint you, the Trustee to manage assets that you transferred to the Trust for the benefit of you, the Beneficiary. The Settlor is the owner. The Trustee(s) is the manager. The Beneficiary get to enjoy the Trust assets to the extent described in the Trust contract. So, you are the Settlor, you are the Trustee and are the Beneficiary.

HELP: Trust Name – Generally, the Trust is named after the Settlor, such as “The William Smith Trust”. However, you can name it anything you want.

Trust Name _____

TRUSTEES

HELP: *Trustee* – The Trustee(s) is the party(s) to the Trust who manages the Trust assets and property as instructed by the Settlor(s) in the Trust contract.

HELP: *Successor Trustee* – If the Original Trustee(s) dies the Successor Trustee(s) steps into the place of the Trustee and takes over the management and distributions of the Trust assets to the new Beneficiary(ies). If the Original Trustee(s) becomes incapacitated and is still alive but not able to perform the Trustee's duties, the Successor Trustee steps in to manage the Trust until the Original Trustee either regains their capacity or dies. We suggest you have one or two backup Successor Trustees in case one is not available or refuses to do the job.

NOTE: If there are trustworthiness concerns, you can have more than one Successor Trustee at a time to provide a check and balance. It is better to have an odd number so that a disagreement cannot end in deadlock making the services of a probate judge necessary to resolve a conflict.

NOTE: It is good to have some back-ups named in case your first choice can't or is not willing to serve. We recommend two backups, but you may have more if you desire. Back-ups are not required. If there is no one specified in the Trust, the Beneficiaries can elect someone, but, if no one is appointed or they can't agree, a probate judge will need to pick a replacement.

NOTE: Usually the Original Trustee(s) is you, if you are single, or you and your spouse if you are married. There may be some unique circumstance where a third-party trustee is desirable, but it is rare.

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

Original Trustee (You)

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

1st Successor Trustee

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

2nd Successor Trustee

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

3rd Successor Trustee

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

4th Successor Trustee

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

_____ Check here if you want additional Successor Trustees and note them on page 7 under Notes.

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

DISTRIBUTION SCHEME FOR YOUR ESTATE

INSTRUCTIONS: To ensure that your documents will do what you want, it is important to know your options and be very clear. Read through the following information before you decide. We will discuss this with you before we start your documents until we are satisfied that both you and we are clear. Be sure to (1) always use full legal names and (2) Please provide as much contact information as possible.

HELP: “*Trust Estate*” means everything owned by your Trust. When you die, your Last Will and Testament will leave everything not in your Trust to your Trust, so the Trust becomes the central point of distribution.

ANSWER THIS QUESTION: “If I (we) died tomorrow, what would I (WE) want to have happen with my stuff?” Remember, these documents are intentionally flexible and can be changed at any time and as frequently as necessary.

HELP: “*per stirpes*” or “*by right of representation*” means your estate is to be divided into shares, equal or unequal, one share for each beneficiary. For example, if one of your children predeceases you, that child’s share of your estate would be split between that child’s children/your grandchildren. A deceased beneficiary’s share follows their bloodline, that is, to their children.

HELP: “*per capita*” means your estate is to be divided equally between the surviving beneficiaries. For example, if a one of your children dies before you, that child’s share would be split among their siblings, your surviving children, and nothing would go to their children, your grandchildren.

THINGS TO CONSIDER:

1. Division of the estate
 - a. Divide my/our assets equally between the children or do you want an UNEqual distribution?
 - b. Do you want to “disinherit” anyone?
 - c. Do you have special situations such as a handicapped child receiving government benefits?
2. What if a child dies before you do?
 - a. If a child predeceases me, divide that child’s share equally among that child’s children. This is called either a “*per stirpes*” distribution or distribution “*by right of representation*”.
 - b. If a child predeceases me, divide their share equally among their siblings – “*per capita*”.
3. When do you want them to get their share?
 - a. As soon as possible after you die?
 - b. When they reach a certain age, for example:
 - i. When each child turns 21
 - ii. After the youngest child turns 21
 - iii. 30% when they turn 21, 30% when they turn 25, the balance when they turn 28
 - iv. Hold the entire estate in trust for the benefit of all minor children. When the youngest child turns 21, divide what’s left equally *per stirpes*.
 - c. When they accomplish a certain task, such as a college degree, get married or by a house.
4. Do you want to leave anything to charities, such as Utah Youth Village or the University of Utah?
5. Do you want to leave anything to non-family members, such as a friend or a foster child?

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

ESTATE DISTRIBUTION:

YES / NO Do you have any specific concerns with regard to the final distribution of your estate?

YES / NO Are there any children, grandchildren or any other relative you want to disinherit?

YES / NO Do you wish to make any anatomical bequests / be an organ donor?

YES / NO Do you wish to leave any of your estate to charitable organizations?

LAST WILLS AND TESTAMENTS

INSTRUCTIONS: Be sure to (1) Always use full legal names and (2) provide as much contact information as possible.

HELP: A “pour-over will” means that your Last Will and Testament has a provision that leaves everything not in your Trust to your Trust. In other words, the Trust is the sole heir of your Will, that is to say that your Will “pours” everything “over” into your Trust.

PERSONAL REPRESENTATIVES

HELP: A “personal representative” (formerly known as an “executor”) represents your estate after you die. The Personal Representative takes care of distributing all your stuff you did not transfer to your Trust.

NOTE: Usually, the Personal Representative and Alternate Personal Representative s are the same people as the Successor Trustees. The Personal Representative deals with non-Trust assets and the Trustee deals with Trust assets. It makes it less complicated if only one person must sign and coordinate activities. A committee takes longer to get things done.

NOTE: If there are trustworthiness concerns, you can have more than one Personal Representative and Trustee at a time to provide a check and balance. It is better to have an odd number so that a disagreement cannot end in deadlock making the services of a probate judge necessary to resolve a conflict.

NOTE: It is good to have some back-ups named in case your first choice can’t or is not willing to serve.

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

PERSONAL REPRESENTATIVES

Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

1st Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

2nd Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Fax _____
Cell Phone _____ Home Phone _____
email _____

3rd Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Fax _____
Cell Phone _____ Home Phone _____
email _____

4th Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Fax _____
Cell Phone _____ Home Phone _____
email _____

_____ Check here if you want additional Alternate PRs and enter their information below.

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

DURABLE GENERAL POWER OF ATTORNEY

INSTRUCTIONS: Be sure to (1) Always use full legal names and (2) provide as much contact information as possible.

HELP: A "Financial Agent" appointed in your Durable General Power of Attorney is someone you authorize to manage your affairs in the event you become incapacitated. It is active until you either regain your capacity or die.

NOTE: The Financial Agent under your Durable General Power of Attorney and Alternate Financial Agents are usually the same people as the Successor Trustees. In the event of your incapacity, your Financial Agent manages your non-Trust assets and the Trustee manages your Trust assets. It makes it less complicated if only one person must sign and coordinate activities. A committee takes longer to get things done.

NOTE: It is good to have some back-ups named in case your first choice can't or is not willing to serve.

DURABLE GENERAL POWER OF ATTORNEY - FINANCIAL AGENT

Financial Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

1st Alternate Financial Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

2nd Alternate Financial Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

_____ Check here if you want additional Alternate Financial Agents and enter their information below.

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

HEALTH CARE POWER OF ATTORNEY

INSTRUCTIONS: Be sure to (1) Always use full legal names and (2) provide as much contact information as possible.

HELP: A "Health Care Agent" is a person appointed by you in your Health Care Power of Attorney, more technically known as a "Medical Directive". You grant to this person your power to make medical and health care decisions for you if you, for whatever reason, cannot make them yourself. Each State legislature has approved its own version that usually incorporates the Living Will.

HELP: A "living will", more technically known as a "Medical Directive to Physicians and Providers of Health Care" is a document in which you express your desires relative to ongoing medical and health care services in the event you are irrevocably in the process of dying. No person is appointed to act for you under this document. It is State-specific and usually combined with the Health Care Power of Attorney.

NOTE: Your Health Care Agent need not be the same as anyone already named in the previous documents. In fact, it is often not the same person. Some things to consider when selecting your Health Care Agent and Alternates are age, familiarity with medical and health care matters, disposition under stressful circumstances, assertiveness, etc.

NOTE: It is good to have some back-ups named in case your first choice can't or is not willing to serve.

HEALTH CARE POWER OF ATTORNEY - AGENTS

Health Care Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

1st Alternate Health Care Agent

*Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

2nd Alternate Health Care Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

_____ Check here if you want more Alternate Health Care Agents and enter their information below.

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

ASSETS AND LIABILITIES

WHY? Why do we need your financial information? First, it will help us see if there is anything in your unique situation that needs to be treated in these documents that may not have been addressed.

Second, we need to see if you have or might have an estate tax problem. That is why it is important to be thorough and complete. There also may be asset like life insurance that could create a big estate tax problem.

Third, we need this information to create a custom-designed fully integrated Estate and Asset Protection System[®] that addresses your business risks and personal liabilities. There is no additional cost for this service. However, your Trust and other estate documents only address a small part of your total picture. We usually start with them because they are common to almost everyone over 18. From there on, each situation is unique.

INSTRUCTIONS:

1. Be as details as possible, but not too detailed. In other words, enter the name of the bank, type of account and typical balance, but not the account number. The same applies to credit cards.
2. Whenever possible, indicate who or what owns each asset or liability. For example, an account has only one spouse on a rental property owned by an LLC, or who each IRA belongs to. Separate property or community property may indicate that some special drafting may be needed. This is particularly true for multiple marriages and merged families. We will ultimately need to know which assets are intended to be joint and which are separate property.
3. Enter the address or some other description of the real estate, enough so that we can identify what state it is in and the type of use, such as a residential rental, farm property or a cabin in the mountains.
4. We do not need exact balances on accounts and debts, only estimates. The same applies to the fair market value.
5. The detail request for each life insurance policy is necessary to know how to value the policy and if it will have an impact your estate tax profile.
6. Possible inheritance is important because most people do not consider it an asset or part of their net worth. However, it can wreak havoc with a plan if not anticipated. Your best estimate is all we need.
7. Do your best. You may have questions. We will likely have questions for you as well. If you are uncertain about an entry, leave it blank or put a “?” next to it to remind both of us that it needs attention.

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

Title	Description	Debt	Fair Market Value
Personal Property, Collectables, etc.			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Personal Vehicles, Boats, Toys, etc.			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Personal Cash, Checking & Savings Accounts			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Personal Consumer / Credit Card Debt			
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
Personal Notes, Contracts, Accounts Receivable			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

Title	Description	Debt	Fair Market Value
Personal Use Real Estate			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Rental Real Estate			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Land & Development Real Estate			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Closely-Held Businesses – Corporations, Limited Liability Companies, Partnerships, etc.			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Patents, Trademarks, Copy Rights, Royalties, etc.			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Non-US Assets			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

Title	Description	Current Value
Taxable Non-Retirement Investments, e.g. stock brokerage, mutual fund, etc.		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IRAs & Retirement Plans, Medical Reimbursement and College Plans, etc.		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Other Assets		
_____	_____	\$ _____
_____	_____	\$ _____

Anticipated Inheritance		
Description		Estimated Value
From Mother: _____	_____	\$ _____
From Father: _____	_____	\$ _____
Other: _____	_____	\$ _____

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

Life Insurance

- 1. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____
- 2. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____
- 3. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____
- 4. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____
- 5. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____
- 6. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____

Other insurances

- YES / NO _____ Disability – Short Term _____
- YES / NO _____ Disability – Long Term _____
- YES / NO _____ Medical _____
- YES / NO _____ Long Term Care _____

ESTATE PLANNING QUESTIONNAIRE – SINGLE WITH NO MINORS

SOURCES OF INCOME

Source of Income	Annual Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SUPPLEMENTAL QUESTIONS

1. YES / NO _____ Do you have a prenuptial or post-nuptial agreement?
2. YES / NO _____ Do you have any ongoing, unsatisfied or delinquent legal or financial obligations to prior spouses or children?
Please Explain _____

3. YES / NO _____ Do you owe the IRS any money?
Please Explain _____

4. YES / NO _____ Are you currently being audited by the IRS?
5. YES / NO _____ Are there any years for which you have not filed a tax return? Years _____
6. YES / NO _____ Do you have any outstanding judgments or unsatisfied creditor claims?
Please Explain _____

7. YES / NO _____ Do you have any pending litigation or anticipate new litigation?
8. YES / NO _____ Are you a sole proprietor, partner or general partner in a business venture?
9. YES / NO _____ Are you a guarantor on any obligations not disclosed in the above financial information? Please Explain _____

10. YES / NO _____ Have you ever filed a federal Gift Tax Return?
11. YES / NO _____ Do you own any gun?