



CONFIDENTIAL
ESTATE PLANNING
QUESTIONNAIRE

PLACHTA, MURPHY & ASSOCIATES, P.C.
LORAIN PROFESSIONAL BLDG.
124 E. FULTON STREET, SUITE 100
GRAND RAPIDS, MI 49503
(616) 458-3994
WWW.PMALAWPC.COM

I. CONTACT INFORMATION

Mr./Mrs./Ms.		Date:	
Home Address:		Telephone #:	
		County:	
Business Address:		Telephone #:	
		Fax #:	

II. FAMILY MATTERS

Legal Name:	
Nickname:	
SS#:	
Birthdate:	
Citizenship:	
Occupation:	
Employer:	
E-Mail Address:	

MY CHILDREN:

Please list your children, including adopted children, and their contact information.

Child #1

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Telephone #: _____

Grandchildren (please include ages): _____

Comments: _____

Child #2:

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Telephone #: _____

Grandchildren (please include ages): _____

Comments: _____

Child #3:

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Telephone #: _____

Grandchildren (please include ages): _____

Comments: _____

Child #4:

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Telephone #: _____

Grandchildren (please include ages): _____

Comments: _____

Child #5:

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Telephone #: _____

Grandchildren (please include ages): _____

Comments: _____

Child #6:

Full Legal Name: _____ Date of Birth: _____ Child of: _____

Address: _____

Spouse: _____ Telephone #: _____

Grandchildren (please include ages): _____

Comments: _____

• Do any members of your family have any physical or mental challenges? Yes: ____ No: ____
 ▪ If so, please describe. _____

• Have you been previously married? Yes: ____ No: _____. If so, please bring copies of any divorce judgment, or if not available, identify where any divorces took place.

• Have you previously prepared a Will or Trust? Yes: ____ No: ____

• Have you previously executed a Power of Attorney? Yes: ____ No: ____

• Have you previously executed a Designation of Patient Advocate? Yes: ____ No: ____

• Have you ever executed a prenuptial or antenuptial agreement? Yes: ____ No: ____

If you answered YES to any of the above, please provide us with copies of such documents

III. FINANCIAL MATTERS

Name/address of **Accountant:**

Telephone #: _____

Name/address of **Financial Planner:**

Telephone #: _____

Name/address of **Insurance**

Representative:

Telephone #: _____

• Do we have authorization to discuss your plans with these advisors? Yes: _____ No: _____

PERSONAL RESIDENCE:

Address	Market Value	Balance Owed	To Whom is Property Titled

OTHER REAL ESTATE:

Address	Market Value	Balance Owed	To Whom is Property Titled

****Please provide us with copies of any deeds or land contracts for the above property****

OTHER ASSETS:

Description	Titled Solely in Your Name \$	Joint with Other Person \$
Checking Accounts:		
Savings Accounts:		
Stocks:		
Bonds:		
Mutual Funds:		
Promissory Notes:		
Retirement Plans:		
Automobiles:		
Boat/Camper:		
Collections/Art/Antiques:		
Jewelry:		
Other:		
TOTAL APPROXIMATE DOLLAR VALUE:		

LIABILITIES OTHER THAN MORTGAGE:

TYPE OF LIABILITY	AMOUNT

- Are you the beneficiary of a trust or do you anticipate any inheritances in the near future? Yes: _____ No: _____
 - If yes, please describe. _____

List the following information regarding your **Life Insurance**:

Company:		Company:	
Insured:		Insured:	
Policy Owner:		Policy Owner:	
Beneficiary:		Beneficiary:	
Primary:		Primary:	
Contingent:		Contingent:	
Cash Value:		Cash Value:	
Face Value:		Face Value:	

Company:		Company:	
Insured:		Insured:	
Policy Owner:		Policy Owner:	
Beneficiary:		Beneficiary:	
Primary:		Primary:	
Contingent:		Contingent:	
Cash Value:		Cash Value:	
Face Value:		Face Value:	

- Do you have any **Disability Insurance**? Yes: _____ No: _____
 - If yes, please describe terms of coverage: _____

- Do you have any **Long-Term Care Insurance**? Yes: _____ No: _____
 - If yes, please describe terms of coverage: _____

List the following information regarding your **Business Interests**:

BUSINESS NAME	TYPE (Corp/LLC/Partnership)	VALUE	% of OWNERSHIP

List the following information regarding your **Retirement Plans**:

QUALIFIED PENSION PLAN	
Employer:	
Amount:	
Beneficiary:	

INDIVIDUAL RETIREMENT ACCOUNT	
Financial Institution:	
Account Balance:	
Beneficiary:	

OTHER DEFERRED COMPENSATION	
Employer:	
Amount:	
Beneficiary:	

IV. TESTAMENTARY WISHES

- If you were no longer living, who would you like to take care of your minor children?

GUARDIAN	Name	Address
Primary:		
Alternate:		

- If you were no longer living, who would you like to handle your minor children's financial affairs?

CONSERVATOR	Name	Address
Primary:		
Alternate:		

- Who do you desire to take care of settling your affairs upon your death? Typically, an individual would name a close family member as the primary **Personal Representative**, and a close family member as the alternate.

PERSONAL REPRESENTATIVE	
Primary	
Alternate	
Address of Personal Representative:	
Address of Alternate Personal Rep.:	

- Who do you want to take care of settling your affairs upon your death? Typically, an individual is the primary **Trustee**, and a close family member is the successor.

TRUSTEE	
Primary:	
Successor:	
Address of Primary Trustee:	
Address of Successor Trustee:	

- Who would you like to be able to handle your financial affairs on your behalf? Typically, an individual would name a close family member as the primary **Power of Attorney**, and a close family member as the alternate.

POWER OF ATTORNEY	
1st Agent:	
2nd Agent:	
Address of Power of Attorney:	
Address of Power of Attorney:	

- Who would you like to name to make your health care decisions if you cannot make them yourself? Typically, an individual would name a close family member as the primary **Patient Advocate**, and a close family member as the alternate.

PATIENT ADVOCATE	Name	Relationship	Phone #
Primary:			
Alternate:			
Address of Patient Adv.:			
Address of Patient Adv.:			

- Would you like your Patient Advocate to be able to make **mental health treatment** decisions for you?
 - Yes: _____ No: _____
- What instruction would you like to give your Patient Advocate regarding **artificial nutrition and hydration**?
 - _____ I would like artificial nutrition and hydration in all circumstances.
 - _____ I would not like to be kept alive by artificial nutrition and hydration.
 - _____ I would like my Patient Advocate to use discretion in determining if withholding or withdrawing artificial nutrition or hydration is warranted under the circumstances.
 - _____ I would like to discuss incorporating my religious beliefs into these instructions to my Patient Advocate.
- Do you wish to provide for **funeral arrangements** in your Will (i.e., burial, cremation)?
 - Yes: _____ No: _____
 - If yes, please describe: _____

- Where are your **cemetery lots**, if any? _____
- Would you like to make any **anatomical gifts** upon death (i.e. organ donation)? Yes: _____ No: _____
- Do you have prepaid funeral arrangements or would you like to discuss them at our meeting? Yes: _____ No: _____
- Do you have an elder care plan in place or would you like to discuss it at our meeting? Yes: _____ No: _____

- Do you have specific intentions regarding disposition of any of your tangible personal property (i.e., jewelry, antiques, collections, recreational items, etc.)?
 - Yes: _____ No: _____
 - If yes, please describe. _____

- Do you have any specific intentions regarding the disposition of the residue of your estate (after payment of funeral expenses, claims against the estate, costs of administering your estate, taxes, specific gifts, etc.)?

_____ All to your children equally;

_____ Specific gift to a charity of your choice; or

_____ Other: _____

- If there are any specific **persons or charities** (other than immediate family members described earlier) you would like to provide for in your estate plan, please list them below:

Gift or % of Estate	Name	Address

- If you and all of your descendants predecease you or pass at the same time as you, are there any specific persons or charities that you would like to benefit from your estate?
 - Yes: _____ No: _____
 - If yes, please describe. _____

- Is there anyone you wish to **EXCLUDE** from your estate?

- Yes: _____ No: _____
- If yes, please describe. _____

V. MISCELLANEOUS

- Have you ever lived in a community property state (i.e., Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)?
 - Yes: _____ No: _____
 - If yes, please describe any assets held there or brought into Michigan from there. _____

- Have you ever filed a gift tax return?
 - Yes: _____ No: _____ If yes, please provide copies.

- Are you a party to a buy-sell agreement for your business or any other agreement that may impact your estate planning?
 - Yes: _____ No: _____ If yes, please provide copies.

- Are you and your dependents generally in good health? If not, please describe.
 - Yes: _____ No: _____
 - If not, please describe. _____

- Do you hold a power of appointment (i.e. do you have the ability to direct where someone else's money goes once they have passed away)?
 - Yes: _____ No: _____
 - If yes, please describe. _____

- Are there any other special testamentary wishes or considerations you would like included in your estate plan?

- Please indicate how you learned about our office:
 - _____ Internet
 - _____ Existing Client
 - _____ Referral: Please list name: _____
 - _____ Seminar: Please describe: _____
 - _____ Other: Please specify: _____

By signing below, I verify that I have completed this Estate Planning Questionnaire or had it completed at my direction. I authorize Plachta, Murphy & Associates to release a copy of this Questionnaire, and all information contained in it, to the duly appointed Conservator or Guardian of my Estate in the event I become legally incapacitated, or to the duly appointed Personal Representative of my Estate (and Trustee of any Trust that I may establish) in the event of my death. Further, upon completion of my Estate Plan, I authorize Plachta, Murphy & Associates to release copies of any Powers of Attorney and Patient Advocates to my named Agents upon their request.

Signature of Individual