

# Estate Planning Questionnaire

**Thomas E. Simmons, Attorney-at-Law**  
**440 Mount Rushmore Road**  
**P.O. Box 8045**  
**Rapid City, SD 57709-8045**  
**PHONE: (605) 342-1078 EXT. 148**  
**FAX: (605) 342-9503**  
**E-MAIL: tom@gpnlaw.com**

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Submitting this form to our firm does not automatically result in the creation of an attorney-client relationship. Mark a question mark (“?”) as to any question that you are unsure of or have inadequate information to answer. If you are unmarried, the right hand columns can be left blank. Same-sex couples should designate one column for one partner, the other for the second partner.

## 1. Personal Information.

Address: \_\_\_\_\_

Check one:     South Dakota Resident       Nebraska Resident  
                    Wyoming Resident                     Other: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

<b>You</b>	<b>Your Spouse</b>
Name: _____ (First)    (Middle)    (Last)	Name: _____ (First)    (Middle)    (Last)
Prior name(s) or aliases: _____	Prior name(s) or aliases: _____
Date of Birth: _____, 19____	Date of Birth: _____, 19____
Do you currently serve in or are you a veteran of the U.S. armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently serve in or are you a veteran of the U.S. armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Current Marital Status (check one):</p> <p><input type="checkbox"/> Married      <input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Divorced      <input type="checkbox"/> Widow/Widower</p> <p>If a prior marriage ended in death or divorce, please explain and give date of death or divorce:</p> <p>_____</p>	<p>If a prior marriage ended in death or divorce, please explain and give date of death or divorce:</p> <p>_____</p>
<p>Citizenship (check one):    <input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Other immigration status: _____</p>	<p>Citizenship (check one):    <input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Other immigration status: _____</p>

**2. Prior Planning and Planning by Others.**

NOTE: Whether you are appointed to fulfill certain roles' in *other's* estate plans (such as parents, siblings, etc.) can have a bearing on your own estate plan.

- Are you named as anyone else's agent under a power of attorney?  Yes       No
- Are you named as an executor, personal representative or trustee in anyone else's Will or Trust?  Yes       No
- Are you aware of any "powers of appointment" you have been granted in someone else's estate plan:  Yes       No

If you have undertaken prior estate planning yourself, please check all that apply:

<b>You</b>	<b>Your Spouse</b>
<p><input type="checkbox"/> Will</p> <p><input type="checkbox"/> Durable Power of Attorney</p> <p><input type="checkbox"/> Healthcare Power of Attorney (or "Proxy")</p> <p><input type="checkbox"/> Living Will (or "Advance Directive")</p> <p><input type="checkbox"/> Living Trust</p> <p><input type="checkbox"/> Other Trust: _____</p> <p><input type="checkbox"/> Marital Agreement</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Will</p> <p><input type="checkbox"/> Durable Power of Attorney</p> <p><input type="checkbox"/> Healthcare Power of Attorney (or "Proxy")</p> <p><input type="checkbox"/> Living Will (or "Advance Directive")</p> <p><input type="checkbox"/> Living Trust</p> <p><input type="checkbox"/> Other Trust: _____</p> <p><input type="checkbox"/> Other: _____</p>

**3. Family Information, Etc.**

<b>Child's Name and City/State Location</b>	<b>Date of Birth</b>	<b>√ if Predeceased</b>	<b>√ if Disabled</b>	<b>√ if Married</b>
1				
2				
3				
4				
5				
6				

If any children are born or other marriages or relationships, please describe:

\_\_\_\_\_

If you have no living children, list other closest relatives and/or friends: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any charities or churches that you might want to include in your estate plan:

\_\_\_\_\_

Are you comfortable with organ donation?    Yes    No

Would you intend to have artificial life support withdrawn if doctor determines that you have encountered a persistent vegetative state (*e.g.*, a permanent coma) or terminal condition?

Yes    No

#### **4. Appointed Positions in Your Estate Plan.**

Please give some thought and consideration to the persons you may want to nominate for various roles and responsibilities. You can name persons to work together. For example, you can name co-agents to work together jointly. You can also name “corporate fiduciaries” for some roles. For example, a bank with a trust department can be named as a personal representative or a trustee.

<b>Appointment</b>	<b>By You</b>	<b>By Your Spouse</b>
<p><b>Personal Representative of Will</b> The personal representative (or “executor”) is the person you nominate to carry out the instructions of your Will. (For married couples, the spouse is a typical first choice.)</p>	<p>1<sup>st</sup> choice: _____</p> <p>Back-up: _____</p>	<p>1<sup>st</sup> choice: _____</p> <p>Back-up: _____</p>
<p><b>Guardian for Minors</b> In the event of both parents’ deaths, a guardian should be nominated if you have minor children.</p>	<p>Choice: _____</p>	<p>Choice: _____</p>
<p><b>Trustee for Children’s Trusts</b> In the event that a trust for children is recommended, a trustee and back-up trustee should be nominated.</p>	<p>1<sup>st</sup> choice: _____</p> <p>Back-up: _____</p>	<p>1<sup>st</sup> choice: _____</p> <p>Back-up: _____</p>
<p><b>Agent for Durable Power of Attorney</b> An agent under a durable power of attorney will be given authority over your assets and property in the event of an incapacity prior to your death.</p>	<p>1<sup>st</sup> choice: _____</p> <p>Back-up: _____</p>	<p>1<sup>st</sup> choice: _____</p> <p>Back-up: _____</p>
<p><b>Agent for Healthcare Decisions</b> An agent for healthcare decisions will serve in the event of your incapacity.</p>	<p>1<sup>st</sup> choice: _____</p> <p>Back-up: _____</p>	<p>1<sup>st</sup> choice: _____</p> <p>Back-up: _____</p>

**5. Assets and Liabilities.**

**A. Assets**

Please note if any of your accounts or other assets are subject to a “payable on death” (POD) or “transfer on death” (TOD) designation.

Description of Asset	How Titled	Current Value	Location of Property, Account, etc.
<b>Accounts, CDs</b>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____  <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____  <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____  <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$   \$   \$   \$	At (e.g., bank name):
<b>Retirement Accounts</b> (IRAs, 401(k)s, etc.)	Account Owner: <input type="checkbox"/> You <input type="checkbox"/> Spouse  Beneficiaries:  Account Owner: <input type="checkbox"/> You <input type="checkbox"/> Spouse  Beneficiaries:	\$   \$	Institution:
<b>Expected Inheritances</b> (from parents or others)	<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$	Describe:
<b>Home</b>  If you do not own your home, do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$	Location:
<b>Other Real Property</b>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Entity (e.g., LLC) <input type="checkbox"/> Other: _____	\$	Location:

<b>Personal Property</b> (including vehicles)	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____  <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____  <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____		Describe:
<b>Life Insurance</b>	Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse  Beneficiary:    Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse  Beneficiary:	Face Value: \$    Face Value: \$	Company:    Company:
<b>Loans from You</b>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses)	Balance Due:  \$	Describe:   Borrower:
<b>Closely-Held Business</b>	<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$	Describe:
<b>Other Assets</b>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$	Describe:

**B. Liabilities**

Description of Liability	Amount Owed/Lender	Security or Collateral
<b>Mortgages</b>	\$	

<b>Other Loans</b>	\$	
<b>Contingent Liabilities</b> (e.g., where you have co-signed or guaranteed another person's debt)	\$	

**C.** Have you (or your spouse) transferred, given away or loaned anything to anyone in amounts greater than \$5,000 (other than charitable contributions)?  Yes  No

If so, please describe: \_\_\_\_\_

**D.** List any long term care (or "nursing home") insurance for you or your spouse:

LTC Insurance Co. Name	Benefit Information	Premiums
_____	\$_____/day	Paid: \$_____
Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Length of Coverage:_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Twice/Year <input type="checkbox"/> Annually

**6. Other.**

Your Accountant: \_\_\_\_\_

Your Financial Advisor: \_\_\_\_\_

Other Legal Advisors: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

**7. Documentation Checklist:**

Attach or bring for attorney review:

- Existing Wills, Trusts, Powers of Attorney, Living Wills
- Promissory Notes

- Contracts for Deed
- Deeds
- \_\_\_\_\_

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## **9. Certification.**

**BY RETURNING THIS FORM, YOU ACKNOWLEDGE THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE, TO THE BEST OF YOUR KNOWLEDGE.**

**PREPARED BY:** \_\_\_\_\_

**The appropriate legal advice concerning estate planning cannot be given without accurate information. Our firm's ability to advise clients depends on the accuracy and completeness of such information. Consequently, questions must be asked to secure all the relevant personal and financial information, and this form is designed to accomplish that goal. Should additional space be required, please attach additional pages. If you have any questions regarding this form, please do not hesitate to call.**

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**Space for Additional Information/Questions or Attach Additional Sheets**