



SHARP LAW

ESTATE PLANNING QUESTIONNAIRE FOR INDIVIDUALS

Thank you for reaching out to Sharp Law concerning your estate planning needs. I appreciate the opportunity to assist you and look forward to working with you to create a plan that fits your needs.

Completion of this questionnaire will help facilitate your initial planning meeting, so please return the completed form to me prior to your scheduled appointment. You can return the form via email or mail using the contact information at the bottom of this page.

The questionnaire is designed to be simple-to-answer; however, if you find any of the questions too complex, feel free to leave items blank and we can discuss during your initial meeting.

Thank You,

*Gabrielle Y. Sharp
Attorney and Counselor At Law*

ABOUT YOU

Full Legal Name: _____

Preferred Name (if different from above): _____

Date of Birth: ____/____/____ Preferred Phone Number: _____

Residence/Mailing Address: _____

Email: _____ Employer/Occupation: _____

FAMILY

Spouse Name: _____

Date of Marriage: ____/____/____ Phone Number: _____

Child #1 Name: _____

Date of Birth: ____/____/____ Phone Number: _____

Address: _____

Disability or Special Needs: ____ YES ____ NO

Additional Information: _____

Child #2 Name: _____

Date of Birth: ____/____/____ Phone Number: _____

Address: _____

Disability or Special Needs: ____ YES ____ NO

Additional Information: _____

Child #3 Name: _____

Date of Birth: ____/____/____ Phone Number: _____

Address: _____

Disability or Special Needs: ____ YES ____ NO

Additional Information: _____

Child #4 Name: _____

Date of Birth: ____/____/____ Phone Number: _____

Address: _____

Disability or Special Needs: ____ YES ____ NO

Additional Information: _____

Grandchild #1 Name: _____

Parents Names: _____

Date of Birth: ____/____/____ Disability or Special Needs: ____ YES ____ NO

Grandchild #2 Name: _____

Parents Names: _____

Date of Birth: ____/____/____ Disability or Special Needs: ____ YES ____ NO

Grandchild #3 Name: _____

Parents Names: _____

Date of Birth: ____/____/____ Disability or Special Needs: ____ YES ____ NO

Grandchild #4 Name: _____

Parents Names: _____

Date of Birth: ____/____/____ Disability or Special Needs: ____ YES ____ NO

Grandchild #5 Name: _____

Parents Names: _____

Date of Birth: ____/____/____ Disability or Special Needs: ____ YES ____ NO

Grandchild #6 Name: _____

Parents Names: _____

Date of Birth: ____/____/____ Disability or Special Needs: ____ YES ____ NO

If no spouse, children or grandchildren, please list your closest living relatives.

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

ASSETS

In order to create a plan that meets your needs and goals, it is necessary to know the type and value of your assets. If it is easier to provide this information in the form of account statements, policy documents, deeds, or other form, feel free to provide those items in the manner that is most convenient for you, rather than completing the section below.

REAL ESTATE & MINERAL INTERESTS

Address/Legal Description: _____

Surface ____ Minerals ____ Value: _____

Address/Legal Description: _____

Surface ____ Minerals ____ Value: _____

Address/Legal Description: _____

Surface ____ Minerals ____ Value: _____

BANK & BROKERAGE ACCOUNTS

Financial Institution: _____ Type of Account: _____

Name(s) on Account: _____ Amount: _____

If Account is POD (Payable on Death), to Whom? _____

Financial Institution: _____ Type of Account: _____

Name(s) on Account: _____ Amount: _____

If Account is POD (Payable on Death), to Whom? _____

Financial Institution: _____ Type of Account: _____

Name(s) on Account: _____ Amount: _____

If Account is POD (Payable on Death), to Whom? _____

RETIREMENT/PENSION/IRA ACCOUNTS

Type of Account: _____ Value: _____

Financial Institution: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Type of Account: _____ Value: _____

Financial Institution: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Type of Account: _____ Value: _____

Financial Institution: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

LIFE INSURANCE POLICIES/ANNUITIES

Company: _____ Type: _____

Policy or Account Number: _____ Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Company: _____ Type: _____

Policy or Account Number: _____ Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Company: _____ Type: _____

Policy or Account Number: _____ Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

BUSINESS INTERESTS

Entity Name: _____ Type: _____

Ownership Percentage: _____ Value: _____

Entity Name: _____ Type: _____

Ownership Percentage: _____ Value: _____

POTENTIAL INHERITANCE

Estimated Value of Inheritance: _____ From Who: _____

Estimated Value of Inheritance: _____ From Who: _____

MONIES OWED TO YOU

Debtor: _____ Amount Owed: _____

Additional Information: _____

Debtor: _____ Amount Owed: _____

Additional Information: _____

OTHER ASSETS

This section is a place to list other valuable assets you may have, such as automobiles, boats, RVs, jewelry etc.

Description: _____ Value: _____

Description: _____ Value: _____

Description: _____ Value: _____

Description: _____ Value: _____

Do you own firearms? Yes No

ASSET OVERVIEW

Asset	Total Estimated Value
Real Property and Minerals	
Bank Accounts	
Brokerage Accounts and Stock	
Retirement Accounts	
Life Insurance and Annuities	
Business Interests	
Potential Inheritances	
Monies Owed to You	
Autos, Boats, and RVs	
Personal Effects (Clothes, furniture, etc.)	
Other	
Total Asset Value:	

GOALS/CONCERNS

- Creating a plan for management of assets during disability and distribution of assets upon death
- Protecting a beneficiary's inheritance
- Planning for a beneficiary with disabilities/special needs
- Avoiding probate
- Making administration of your estate easier on loved ones
- Minimizing conflict upon disability and death
- Minimizing estate tax
- Addressing healthcare wishes and concerns
- Other concerns/goals: _____
- _____
- _____
- _____

GUARDIANS

Who would you trust to take care of your minor or adult incapacitated children, if you were incapacitated or deceased?

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

1st Alternate: _____ Relationship: _____

Address: _____

Phone Number: _____

2nd Alternate: _____ Relationship: _____

Address: _____

Phone Number: _____

FIDUCIARIES: PERSONS TO ACT ON YOUR BEHALF AND IN YOUR BEST INTEREST

NOTE: It is recommended that the persons you appoint to serve in one financial capacity, serve in all financial capacities. You may name different persons, if you desire, to serve in health care related roles or as guardians of children.

PERSONAL REPRESENTATIVES

The Personal Representative is the party named in your Last Will and Testament to oversee the distribution of your assets as you have set out in your Will. The Personal Representative will be responsible for carrying out a probate action, if one is necessary.

Name: _____ Phone: _____

Address: _____

1st Alternate: _____ Phone: _____

Address: _____

2nd Alternate: _____ Phone: _____

Address: _____

TRUSTEES

The Trustee is the person that will manage the assets in the trust for your benefit during your incapacity and distribute the assets to your beneficiaries upon your death. Typically, you will be the initial Trustee. List your successors below.

Name: _____ Phone: _____

Address: _____

1st Alternate: _____ Phone: _____

Address: _____

2nd Alternate: _____ Phone: _____

Address: _____

DURABLE POWER OF ATTORNEY

An Attorney in Fact is someone you appoint under a Power of Attorney to act on your behalf and for your benefit concerning your property and finances during your lifetime. You may elect that the Attorney in Fact be able to act immediately upon execution of the document or only upon your incapacity.

Name: _____ Phone: _____

Address: _____

1st Alternate: _____ Phone: _____

Address: _____

2nd Alternate: _____ Phone: _____

Address: _____

HEALTH CARE POWER OF ATTORNEY

If you desire to appoint someone to make your health care decisions when you are unable to, list those persons below.

Name: _____ Phone: _____

Address: _____

1st Alternate: _____ Phone: _____

Address: _____

2nd Alternate: _____ Phone: _____

Address: _____

ADVANCE DIRECTIVE FOR HEALTH CARE

The Advance Directive for Health Care (sometimes referred to as Living Will) is a document that allows you to make certain end of life health care decisions now and name someone to ensure that your decisions are carried out if the circumstances arise. This document only applies in the three scenarios set forth below and is not for general health care decisions, as those are covered under the Health Care Power of Attorney above.

Scenario 1: If you have a terminal condition, that is, an incurable and irreversible condition that even with the administration of life-sustaining treatment will, in the opinion of the attending physician and another physician, result in death within six months, would you want to receive artificially administered nutrition and hydration and would you want to receive life-sustaining treatment?

Scenario 2: If you were persistently unconscious, that is, an irreversible condition, as determined by the attending physician and another physician, in which thought and awareness of self and environment are absent, would you want to receive artificially administered nutrition and hydration and would you want to receive life-sustaining treatment?

Scenario 3: If you have an end-stage condition, that is, a condition caused by injury, disease, or illness, which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which treatment of the irreversible condition would be medically ineffective, would you want to receive artificially administered nutrition and hydration and would you want to receive life-sustaining treatment?

Name: _____ Phone: _____

Address: _____

1st Alternate: _____ Phone: _____

Address: _____

2nd Alternate: _____ Phone: _____

Address: _____

DISTRIBUTION OF ASSETS

*Note: If you do not have enough room to answer below, feel free to provide your distribution wishes on a separate sheet of paper.

Upon your death, do you want all property (real and personal) to be distributed to your spouse (if applicable)?
_____ YES _____ NO

If you do not have a spouse, do you want all property (real and personal) to be distributed to your children, in equal shares (if applicable)? _____ YES _____ NO

If neither of the above, to whom would you like your property distributed? If you selected one of the previous options to spouse or children, but have additional distributions you want to make, you can include those below as well.

Name: _____ Phone: _____

Address: _____

Percentage of estate or specific property: _____

Name: _____ Phone: _____

Address: _____

Percentage of estate or specific property: _____

Name: _____ Phone: _____

Address: _____

Percentage of estate or specific property: _____

Name: _____ Phone: _____

Address: _____

Percentage of estate or specific property: _____

If a beneficiary is deceased, who should receive the deceased beneficiary's share?

_____ Deceased Beneficiary's children OR _____ The remaining beneficiaries