

MARK A GROBER, ATTORNEY ESTATE PLANNING QUESTIONNAIRE
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If you and your spouse will have different estate plans, then each must complete a separate questionnaire, but generally we can utilize one set

PERSONAL INFORMATION

DATE: _____

1. Marital Status					
<input type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Widowed	
<input type="checkbox"/> Divorced		<input type="checkbox"/> Separated or about to divorce			
2. Your Name (First, Middle, Last)			Soc. Sec. No.		Date of Birth
3. Spouse's Name (First, Middle, Last)			Soc. Sec. No.		Date of Birth
4. Home Address (Number, Street)			City		State Zip
5. Mailing Address If Different From Above (Number, Street)			City		State Zip
6. Home Phone		Your Work Phone		Spouse's Work Phone	
()		()		()	
7. Your Employer			Your Occupation		
8. Spouse's Employer			Spouse's Occupation		

Circle or fill in your answers	You	Your Spouse
1. Are you a U.S. citizen?	Yes No	Yes No
2. Do you have a will or trust now?	Yes No	Yes No
3. Are you expecting to receive property or money from (circle all that apply):..... If so, approximately how much?.....	Gift Inheritance Lawsuit - Other \$	Gift Inheritance Lawsuit - Other \$
4. How many living children do you have?.....		
5. Are all your children legally yours (natural or legally adopted)?	Yes No	Yes No
6. How many stepchildren do you have?		
7. In which state do you vote?		
8. Which state issued your driver's license ?		
9. In which state is your car registered?.....		
10. In which state(s) do you own real estate?.....		
11. Do you pay state income tax? If yes to which state?.....		
12. In which state do you plan to retire/live permanently?.....		
13. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR)	Yes No	Yes No
14. Do you have a pre-nuptial or post-nuptial agreement?.....	Yes No	Yes No
15. Do you have a divorce decree affecting your pension or other property rights?.....	Yes No	Yes No
<i>If "yes" to questions 2, 14 or 15, you must bring these documents to your appointment</i>		

FINANCIAL INFORMATION

1. Do you own a home or any other real estate? Indicate which is your residence/homestead.

Description and Location	Titled in whose name Indicate if Joint Tenancy, Tenants in Common or Beneficiary and name	Purchase Price	Market Value	Mortgage	Market Value - Mortgage Equity
Total Net Value					

2. Do you own any other titled property such as a car, boat, etc.?

Description	Titled in whose name Indicate if Joint Tenancy, Tenants in Common or Beneficiary and name	Market Value	Less Mortgage	Equity
Total Net Value				

3. Do you have any checking accounts?

Name of Bank	Titled in whose name Indicate if Joint Tenancy, Tenants in Common or Beneficiary and name	Approx. Balance
Total Value		

4. Do you have any interest bearing accounts (savings, money market) and/or CD's?

Name of Bank	Titled in whose name Indicate if Joint Tenancy, Tenants in Common or Beneficiary and name	Approx. Balance
Total Value		

5. Do you own any stocks, bonds or mutual funds (including company stock)?

Number Shares	Name of Security	Titled in Whose Name Indicate if Joint Tenancy, Tenants in Common or Beneficiary and name	Purchase Price	Current Value
Total Value				

6. Do you have any profit sharing, IRAs or pension plans?

Description/Location	Beneficiary	Current Value
Total Value		

7. Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
SGLI					
Total Value					

8. Does anyone owe you money?

Description	Approx. Value
Total Net Value	

9. Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value
Total Net Value	

10. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate.....\$ _____

11. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owed
Total Debt	

12. Total value of everything you (and your spouse) own (add totals of line 1 thru line 10 above)\$ _____

13. Total amount you (and your spouse) owe (total of line 11 above) \$ _____

14. Subtract line 13 from line 12. **TOTAL NET ESTATE VALUE**

Location	Titled in whose name

MANAGEMENT DECISIONS: Who would handle your estate

1. Personal Representative/Executor: Manages the probate and settlement of your estate. Can be your spouse, adult children, trusted friends, and/or a corporate fiduciary.

For You

For Your Spouse

Name: _____

Name: _____

2. Successor Personal Representative: Back-up Manager-Steps in after your first personal representative dies/resigns; in the case of a living trust at your death or disability. Can be your adult children, trusted friends, and/or a corporate fiduciary.

For You

For Your Spouse

1st Successor: Name: _____

Name: _____

Address: _____

Address: _____

2nd Successor: Name: _____

Name: _____

Address: _____

Address: _____

3. Trustee: Manages the administration and investments in your trust. Should be someone with financial responsibility and experience. If you are creating a trust of which your spouse is to be both the beneficiary and trustee (e.g. a tax saving Credit Shelter Trust (B Trust) you **should** also name a co-trustee to make discretionary decisions.

For You

For Your Spouse

Name: _____

Name: _____

4. Successor Trustee (or Co Trustee): Back-up Manager-Steps in after your first Trustee dies/resigns. Can be your adult children, trusted friends, and/or a corporate fiduciary.

For You

For Your Spouse

1st Successor: Name: _____

Name: _____

Address: _____

Address: _____

2nd Successor: Name: _____

Name: _____

Address: _____

Address: _____

You may provide that the Personal Representatives and/or Trustees be insured, or bonded, to protect the beneficiaries:

The Personal Representative should be bonded Yes No

The Trustee should be bonded Yes No

5. Guardians For Minor Children or Special Needs Adult Child: Responsible adult who will raise your minor children or care for a special needs child if something happens to you.

For You

For Your Spouse

#1 Choice: Name: _____

Name: _____

Address: _____

Address: _____

#2 Choice: Name: _____

Name: _____

Address: _____

Address: _____

#3 Choice: Name: _____

Name: _____

Address: _____

Address: _____

BENEFICIARIES

1. Special Gifts To Organizations

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Description of Gift	Alternate Beneficiary

2. Special Gifts To Individuals

Do you want to give any specific items or cash gifts to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Description of Gift or Amount	Alternate Beneficiary

3. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or percentage, however the percentages are easier, and must add to 100 per cent.

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary

4. Inheriting Instructions

List your children

Name	Address	Age	T=This Marriage P= PreviousMarriage	Married? Y or N	Number of Grandchildren

5. Do you want your children to receive their inheritance in installments, at certain ages, or all at once? In what amounts and at what age(s)? Your children's inheritance can be held in trust and managed for them until they are at any age you chose (21, 25, 30, etc) and used for their education and other needs until that time. This method waits until the children are mature enough to handle money.

6. If a child dies, do you want that child's share to go to that child's children, your grandchildren, (Per Stirpes) or do you want that child's share to be divided among *only* your other living children (Per Capita). , ie, nothing to a grandchild whose parent died.

7. Do you want to ensure that your children from a previous marriage receive a share of your estate? **You** Yes No **Your Spouse** Yes No

8. List Dependents Who Require Special Care

Do you want to provide for "basic" care or luxuries and other extras to supplement government benefits? **Yes** **No**

9. Alternative Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Name of Person/Organization	Amount/Percentage

10. Disinheriting

Are there any relatives that you specifically do not want to receive anything from your estate?

SPECIAL INSTRUCTIONS FOR INCOMPETENCY

1. Keeping/Selling Assets

If necessary to pay for your care, do you want certain assets sold first? Are there potential buyers you want contacted?

2. Medical Care

Do you want to be in (or avoid) a certain hospital/nursing home? _____

A Living Will makes your wishes known to family and doctors regarding life support and the following decisions in the event you become terminally ill or injured with no hope for recovery. Do you want a living will?	You	Your Spouse
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following for your Living Will:

	You	Your Spouse
If you have a terminal condition, diagnosed by two (2) doctors, do you want your life artificially prolonged by machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition and Hydration (Food and Water) by tube?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Transfusions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ Transplants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon your death, do you wish to donate your organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For science or medical research	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to die at home rather than in a hospital or nursing home?	<input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home	<input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home

A **Durable Power of Attorney For Health Care** gives broader protection. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so provide the following:

For You

For Your Spouse

1st Choice: Name: _____

Name: _____

Address: _____

Address: _____

2nd Choice: Name: _____

Name: _____

Address: _____

Address: _____

A **Durable General Power of Attorney** appoints an agent that can make any decision and do any act that you can, and it will continue to be in force even after you become incapacitated. It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. If you wish a Durable General Power of Attorney provide the following

For You

For Your Spouse

1st Choice: Name: _____

Name: _____

Address: _____

Address: _____

2nd Choice: Name: _____

Name: _____

Address: _____

Address: _____

SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

1. What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation?

2. If you have a cemetery lot, where is it located?

Cemetery Name

City

State
