



ESTATE PLAN QUESTIONNAIRE

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Please call our office at 808-557-7871 or email support@3fg-law.com with any questions.

Please complete the following information prior to your consultation meeting. If you do not know how to answer a question, feel free to skip it. We will discuss and fill in any gaps at our consultation. The more you can fill in beforehand, the more time we will have to discuss your goals and answer questions.

PERSONAL INFORMATION

Client #1 (You)

Full Legal Name _____

Also Known As _____

(names ever used to hold property and accounts, maiden name, if applicable)

Preferred Name _____

Home Address _____ City, State Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Date of Birth _____ Country of Citizenship US Other _____

Status Single Married Widowed Previously divorced? Yes No

Pronouns She/Her He/Him They/Them Other _____

Client #2 (Spouse/Partner)

Full Legal Name _____

(Leave blank if none)

Also Known As _____

(names ever used to hold property and accounts, maiden name, if applicable)

Preferred Name _____

Home Address _____ City, State Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Date of Birth _____ Country of Citizenship US Other _____

Status: Single Married Widowed Previously divorced? Yes No

Pronouns She/Her He/Him They/Them Other _____

CHILDREN

Child #1 **Child of** Both Mine Spouse/Partner

Full Legal Name _____

Preferred Name _____ **Adopted**

Home Address _____ **City, State Zip** _____

Home Phone _____ **Cell Phone** _____

E-mail Address _____

Date of Birth _____ **If deceased, date of death** _____

Pronouns She/Her He/Him They/Them Other _____

Grandchildren (children of Child #1):

1. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

2. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

3. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

Child #2 **Child of** Both Mine Spouse/Partner

Full Legal Name _____

Preferred Name _____ **Adopted**

Home Address _____ **City, State Zip** _____

Home Phone _____ **Cell Phone** _____

E-mail Address _____

Date of Birth _____ **If deceased, date of death** _____

Pronouns She/Her He/Him They/Them Other _____

Grandchildren (children of Child #2):

1. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

2. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

3. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

Child #3

Child of Both Mine Spouse/Partner

Full Legal Name _____

Preferred Name _____ Adopted

Home Address _____ City, State Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Date of Birth _____ If deceased, date of death _____

Pronouns She/Her He/Him They/Them Other _____

Grandchildren (children of Child #3):

1. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

2. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

3. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

Child #4

Child of Both Mine Spouse/Partner

Full Legal Name _____

Preferred Name _____ Adopted

Home Address _____ City, State Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Date of Birth _____ If deceased, date of death _____

Pronouns She/Her He/Him They/Them Other _____

Grandchildren (children of Child #4):

1. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

2. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

3. Full Legal Name: _____

 Date of Birth (if known): _____ Pronouns: _____

****If you have more children or grandchildren, please note them in the comments at the end.***

BASIC FINANCIAL INFORMATION

What is the approximate value of your estate?

less than \$5 million

between \$5-\$10 million

more than \$10 million

Which assets do you own?

Real estate

Employer retirement plans (e.g. 401(k) 403(b))

Personal retirement accounts (e.g. Roth IRA, IRA)

Bank accounts (e.g. savings, checking, CDs)

Brokerage accounts (not retirement accounts)

Life insurance

Stock Options

Business Interests

Cryptocurrency

Other _____

Do you have a safe deposit box? Yes No

Does anyone owe you money? Yes No

Do you own assets outside of the U.S.? Yes No

FAMILY RELATIONSHIPS WITH EACH OTHER AND MONEY

Please review and rate the following statements.

Your children (or beneficiaries) make good decisions regarding saving money and making purchases.

Completely Agree Agree Neither agree nor disagree Disagree Completely Disagree N/A

Your children (or beneficiaries) are easily influenced by others when it comes to money.

Completely Agree Agree Neither agree nor disagree Disagree Completely Disagree N/A

Your children (or beneficiaries) are doing well financially and do not have to rely on you for money.

Completely Agree Agree Neither agree nor disagree Disagree Completely Disagree N/A

Your family is close.

Completely Agree Agree Neither agree nor disagree Disagree Completely Disagree N/A

When your family (or beneficiaries) are faced with a conflict, your family is able to come to a good decision that satisfies your family's needs as well as each individual's needs.

Completely Agree Agree Neither agree nor disagree Disagree Completely Disagree N/A

Your children (or beneficiaries) understand that your assets are yours to use and give, and that they will feel happy with whatever they ultimately inherit.

Completely Agree Agree Neither agree nor disagree Disagree Completely Disagree N/A

None of your children (or beneficiaries) need the family home, as they all have a place to live.

Completely Agree Agree Neither agree nor disagree Disagree Completely Disagree N/A

Your family respects your choices and relationships.

Completely Agree Agree Neither agree nor disagree Disagree Completely Disagree N/A

GOALS

What are your goals for your estate plan?

DISTRIBUTION OF ASSETS

Upon your passing, how do you want your assets distributed?

100% of remaining property to my spouse/partner. If my spouse does not survive me, then divide equally between my children and the descendants of any deceased children. *(Most common)*

Special instructions for distributions to children/grandchildren:

(Check all that apply or discuss further with attorney)

Hold in trust for child's health, education, maintenance, and support, until child reaches _____ years old. (most common for underage/young adult children)

Hold in Special Needs Trust for benefit of child.

Please note other distribution instructions and comments below. If you want your assets to go to people other than your spouse/partner or children, list their full legal names here.

AGENT DESIGNATIONS

Who will act on your behalf and make decisions for you if you are incapacitated or after your death?

If you are alive and unable to make decisions for yourself, who would manage your financial resources and make legal decisions on your behalf?

FOR CLIENT #1 (YOU)

Spouse/Partner

Backup #1 _____

Backup #2 _____

Backup #3 _____

Would you want those individuals to control your financial resources now, while you still have capacity?

No (most common)

Yes

FOR CLIENT #2 (SPOUSE/PARTNER)

Spouse/Partner

Backup #1 _____

Backup #2 _____

Backup #3 _____

Would you want those individuals to control your financial resources now, while you still have capacity?

No (most common)

Yes

If you were unable to make decisions for yourself, who would make medical decisions on your behalf?

FOR CLIENT #1 (YOU)

Spouse/Partner

Backup #1 _____

Backup #2 _____

Backup #3 _____

FOR CLIENT #2 (SPOUSE/PARTNER)

Spouse/Partner

Backup #1 _____

Backup #2 _____

Backup #3 _____

After your death, who would carry out your final instructions (executor/trustee) for distributions and manage assets for your beneficiaries?

FOR CLIENT #1 (YOU)

Spouse/Partner _____

Backup #1 _____

Backup #2 _____

Backup #3 _____

FOR CLIENT #2 (SPOUSE/PARTNER)

Spouse/Partner _____

Backup #1 _____

Backup #2 _____

Backup #3 _____

Who would care for your children if you were unable to care for them? Leave blank if none under 18.

Name: _____ Backup: _____

Do we need to plan for anyone in your family who has a disability? If yes, please provide details.

Are there any issues relating to substance abuse, creditor issues or other potential issues with your family or other beneficiaries we should plan for? If yes, please provide details.

Is there anyone you wish to specifically disinherit from your estate? If yes, list names below:

Name	Relationship	Disinherit their descendants also?	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

****If you have more individuals to list, please note them in the comments at the end.***

Are there items you specifically want a person to receive after your death? If yes, list details below:

Name of Individual	Property to be Distributed	Only upon death of spouse?	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

***IF YOU HAVE MORE ITEMS TO LIST, PLEASE NOTE THEM IN THE COMMENTS AT THE END.**

Do you want to leave any assets to charity? If yes, list details below:

Name of Charity	Description of gift	Restricted or General Purpose?
_____	_____	_____
_____	_____	_____
_____	_____	_____

****If you have more charities to list, please note them in the comments at the end.***

Absolute worst case scenario: If everyone you named and their children and grandchildren have all died, who should get your assets after your death?

Let my executor/trustee track down my distant relatives.

Give it to charity or another individual:

Name of charity(s) or individual(s)

COMMENTS

Please provide additional information here that you did not have space for above. If there is any important information you have not yet shared with us, please share below.

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