

2026 | Resource  
Questionnaire

# YOUR ESTATE PLAN GUIDEBOOK



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As you begin this workbook, please refer back to this page for a division of contents of the questionnaire you are required to fill out.



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# Why choose an Estate Plan?

Our Trust based Estate Plans are designed to express your wants and needs while protecting your assets for unforeseen circumstances. Trust based estate plans are the most secure way to protect and maximize your assets on passing.

As your earning power and financial health improves and becomes more complex, it is important to document your post-death wishes in a formal, written estate plan.

The purpose of a trust is to benefit you during your lifetime, and then pass your property along to parties you designate as your beneficiaries after your death.

By creating an estate plan, you make the directives as to who gets what, and you decide who carries those directives out.



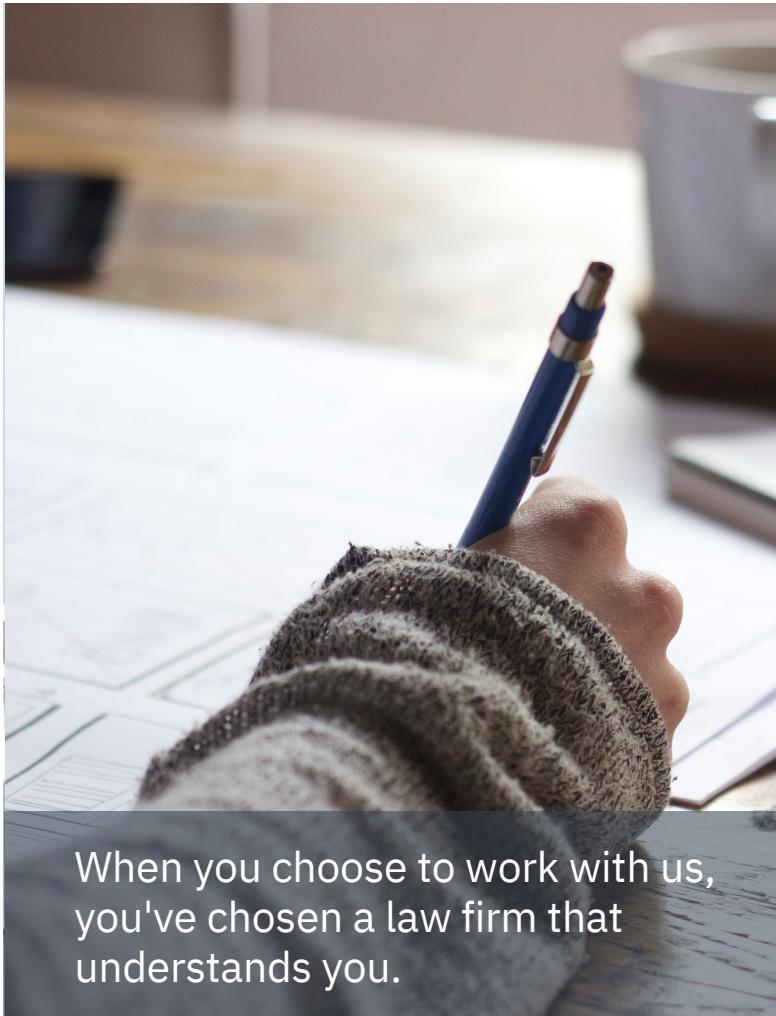
Credit for the definitions used in this workbook is given to SJ Chapman's book.

# Let's get started!

This workbook is completely confidential and will be used to draft your Trust based Estate Plan. Below are instructions and tips for fully completing the questionnaire sections.

- Please be careful to spell all names and add specific dates correctly.
- If you are unsure of a question, simply leave it blank. Attach extra pages if you need more space.
- PLEASE COMPLETE THE ENTIRE QUESTIONNAIRE PRIOR TO YOUR APPOINTMENT.

The more you complete, the better your meeting will be!



## Prior to Submitting

- If you have prior estate planning documents, such as a Will or Trust, please inform your attorney.
- If you are married, BOTH spouses must attend the first meeting. If for any reason one spouse is unable to attend please call in advance.
- Please bring a copy of the last income tax return you filed.

When you choose to work with us, you've chosen a law firm that understands you.

# Part One: Personal Information

## Client's Information

Please fill out the following information. Client 1 refers to the person filling out the information. Client 2 refers to a spouse, partner, or other person acting as grantor\* to the trust.

### Client 1:

Name \_\_\_\_\_ Legal AKA (if any) \_\_\_\_\_

Pronouns \_\_\_\_\_ Date of Birth \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ US Citizen? \_\_\_\_\_

How is your health? \_\_\_\_\_ Current health problems \_\_\_\_\_

Are you married? \_\_\_\_\_ Were you previously married? \_\_\_\_\_ (please bring any divorce agreements)

Previous marriage ended in the year \_\_\_\_\_ Divorce lawyer \_\_\_\_\_

Occupation (or prior one, if retired) \_\_\_\_\_ Employer \_\_\_\_\_

Last 4 of your Social Security # \_\_\_\_\_ Are you (or your spouse) a military veteran? \_\_\_\_\_

Do you already have a trust? \_\_\_\_\_ Are you retired? \_\_\_\_\_ If not, when? \_\_\_\_\_

Were you referred to us? \_\_\_\_\_ By whom? \_\_\_\_\_

Do you approve of sharing a referral fee with your referrer? (your fees will not be affected) \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ What type and what are their names? \_\_\_\_\_

### Client 2:

Name \_\_\_\_\_ Legal AKA (if any) \_\_\_\_\_

Pronouns \_\_\_\_\_ Date of Birth \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ US Citizen? \_\_\_\_\_

How is your health? \_\_\_\_\_ Current health problems \_\_\_\_\_

Are you married? \_\_\_\_\_ Were you previously married? \_\_\_\_\_ (please bring any divorce agreements)

Previous marriage ended in \_\_\_\_\_ Divorce lawyer \_\_\_\_\_

Occupation (or prior one, if retired) \_\_\_\_\_ Employer \_\_\_\_\_

Last 4 of your Social Security # \_\_\_\_\_ Are you (or your partner) a military veteran? \_\_\_\_\_

Do you already have a trust? \_\_\_\_\_ Are you retired? \_\_\_\_\_ If not, when? \_\_\_\_\_

# Part One: Personal Information

Do you anticipate you or your spouse needing in-home, memory care, or nursing home care within the next five (5) years? \_\_\_\_\_

Do you or your spouse have cryopreserved genetic material (embryos, eggs, sperm, etc.) \_\_\_\_\_

Do you want to exclude anyone from receiving any portion of your estate? \_\_\_\_\_

If so, whom? \_\_\_\_\_

Do you (or your spouse) have a trust with a previous spouse? \_\_\_\_\_

What is the name and phone number of your CPA or Tax Preparer? \_\_\_\_\_

What is the name and phone number of your Financial Advisor? \_\_\_\_\_

## Burial Information:

Would you like to specify your preference for disposition of remains? \_\_\_\_\_

If yes, please check:

Client 1

Cremation

Burial

Client 2

Cremation

Burial

If you have a prepaid funeral or burial plot, please include identifying details: \_\_\_\_\_

# Part One: Personal Information

## For Married Couples

Please fill out the following information regarding your marriage. If you are not married, you can skip this section.

Date of Marriage: \_\_\_\_\_

Do you and your spouse consider all of your assets joint property? \_\_\_\_\_

Did you or your spouse receive any valuable gifts or inheritance after marriage? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Would you consider future inheritances as joint property? \_\_\_\_\_

Did you or your spouse come into your marriage with any substantial assets? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Do you have a pre-marital or post-marital agreement? \_\_\_\_\_ (If yes, please provide a copy)

# Children and Dependents

An estate plan ensures that your loved ones are taken care of once you can no longer take care of them yourself or have passed away.

There are many reasons to set up an estate plan to safeguard your children's futures.

Some of these reasons include, but are not limited to, making sure there is someone to take care of your children after your passing with guardianship succession, protecting their inheritance with distributions at certain ages, or choosing specifics of what they can spend their inheritance on.

A trust will set up these safeguards for your children to make sure they are protected after your incapacity or passing.



Who do you trust to take care of your children upon your passing?

# Part Two: Children

## Personal Information

Please fill out the following information regarding your children, grandchildren, or other dependents. If you do not have children or dependents, please leave this section blank.

### Children:

1. First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Special Needs? \_\_\_\_\_

Who are the legal parents? \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

If over 18:

Email \_\_\_\_\_ Phone \_\_\_\_\_ Number of Children \_\_\_\_\_

Are you concerned with this child's ability to manage money? \_\_\_\_\_ Marital Status \_\_\_\_\_

Does this child have a Living Trust? \_\_\_\_\_

2. First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Special Needs? \_\_\_\_\_

Who are the legal parents? \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

If over 18:

Email \_\_\_\_\_ Phone \_\_\_\_\_ Number of Children \_\_\_\_\_

Are you concerned with this child's ability to manage money? \_\_\_\_\_ Marital Status \_\_\_\_\_

Does this child have a Living Trust? \_\_\_\_\_

3. First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Special Needs? \_\_\_\_\_

Who are the legal parents? \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

If over 18:

Email \_\_\_\_\_ Phone \_\_\_\_\_ Number of Children \_\_\_\_\_

Are you concerned with this child's ability to manage money? \_\_\_\_\_ Marital Status \_\_\_\_\_

Does this child have a Living Trust? \_\_\_\_\_

# Part Two: Children

4. First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Special Needs? \_\_\_\_\_

Who are the legal parents? \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

If over 18:

Email \_\_\_\_\_ Phone \_\_\_\_\_ Number of Children \_\_\_\_\_

Are you concerned with this child's ability to manage money? \_\_\_\_\_ Marital Status \_\_\_\_\_

Does this child have a Living Trust? \_\_\_\_\_

5. First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Special Needs? \_\_\_\_\_

Who are the legal parents? \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

If over 18:

Email \_\_\_\_\_ Phone \_\_\_\_\_ Number of Children \_\_\_\_\_

Are you concerned with this child's ability to manage money? \_\_\_\_\_ Marital Status \_\_\_\_\_

Does this child have a Living Trust? \_\_\_\_\_

6. First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Special Needs? \_\_\_\_\_

Who are the legal parents? \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

If over 18:

Email \_\_\_\_\_ Phone \_\_\_\_\_ Number of Children \_\_\_\_\_

Are you concerned with this child's ability to manage money? \_\_\_\_\_ Marital Status \_\_\_\_\_

Does this child have a Living Trust? \_\_\_\_\_

# Part Two: Children

## Additional Information:

Do all of your children get along? \_\_\_\_\_

Do you have any deceased children? \_\_\_\_\_ If so, do they have any surviving children? \_\_\_\_\_

Were any children, grandchildren, or great-grandchildren born out of wedlock? \_\_\_\_\_

Do any of your children, grandchildren, or great-grandchildren have major medical problems? \_\_\_\_\_

## Guardian Succession for minor children

If your minor child's parents were deceased, whom would you name guardian until the child is 18?  
If you do not have minor children, please leave this section blank.

### Guardian:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Successor Guardian 2:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Successor Guardian 3 (optional):

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

Phone \_\_\_\_\_ Email \_\_\_\_\_

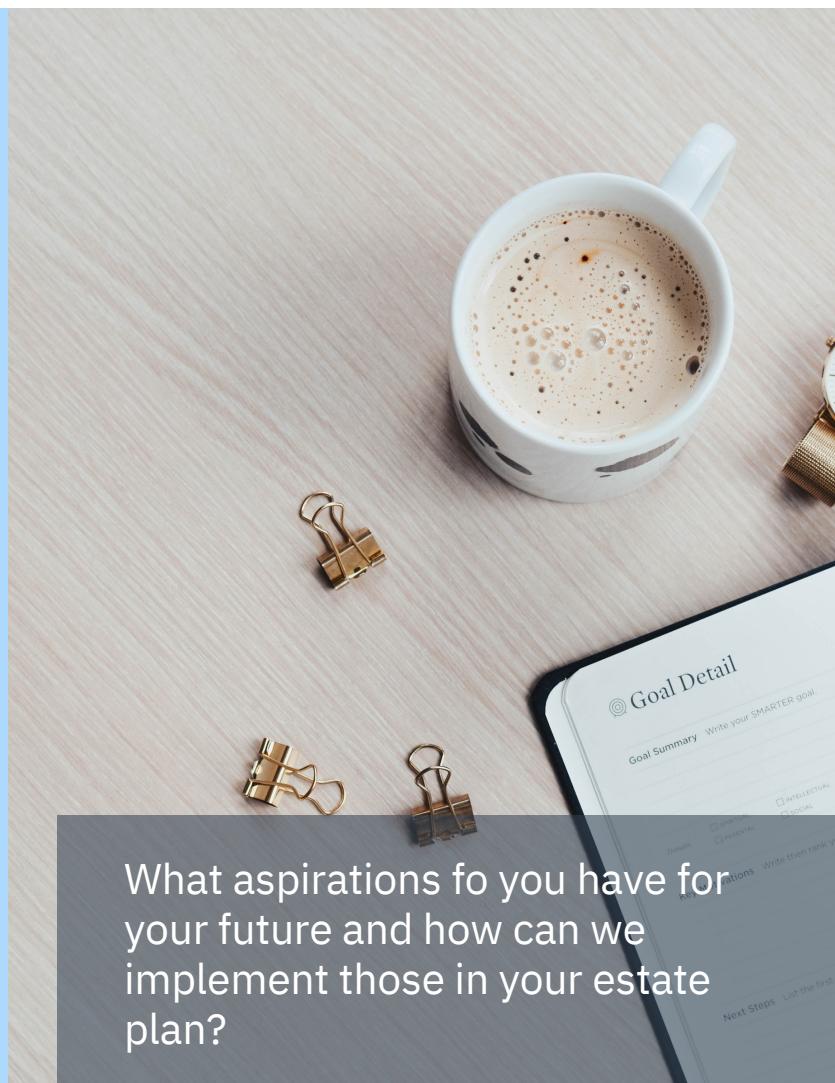
# Benefits of an Estate Plan

Our firm is committed to creating an estate plan that fits your needs and wants. Bielski Chapman, Ltd. celebrates each of our clients' goals and interests because it helps us form a better partnership.

As you venture through the next section of the workbook, think about what brought you to our firm in the first place. Consider how your ideas surrounding estate planning has changed.

## Things to Consider

- What were your initial reasons for deciding to obtain an estate plan? How have those reasons changed or stayed the same after our intake call?
- If you had no prior knowledge to estate planning, has anything come up that you consider more important than others in your estate plan?
- Weigh all of the choices in which you find important.



# Part Three: Goals and Interests

## Goals

Please check the following boxes that apply to you. What are your goals in creating or upgrading your estate plan? Please add any other goals you may have that are not listed in the fillable box below.

- Avoiding Probate
- Avoiding Estate Taxes
- Making sure I'll be taken care of if disabled
- Maximizing my loved ones' inheritance
- Making sure my loved ones don't squander it
- Passing on my values as well as my assets
- Peace of mind
- Making sure my loved ones' inheritance is protected from partners, lawsuits, divorces, etc.
- Making sure younger loved ones get a good education and career
- Other \_\_\_\_\_

## Interests

Please check the following boxes that apply to you. What are your hobbies and interests? What are your spouse's hobbies and interests? This section helps our firm understand you better!

What are your favorite hobbies?

Arts/Crafts	Technology	Cooking
Exercise	Fishing	Gardening
Golf	Photography	Puzzles/Games
Reading	Sewing/Knitting	Shopping
Sports	Tennis	Traveling
Other _____		

What are your spouse's favorite hobbies?

Arts/Crafts	Technology	Cooking
Exercise	Fishing	Gardening
Golf	Photography	Puzzles/Games
Reading	Sewing/Knitting	Shopping
Sports	Tennis	Traveling
Other _____		

Are you or your spouse a part of any local groups, clubs, or organizations? \_\_\_\_\_

If so, which ones? \_\_\_\_\_

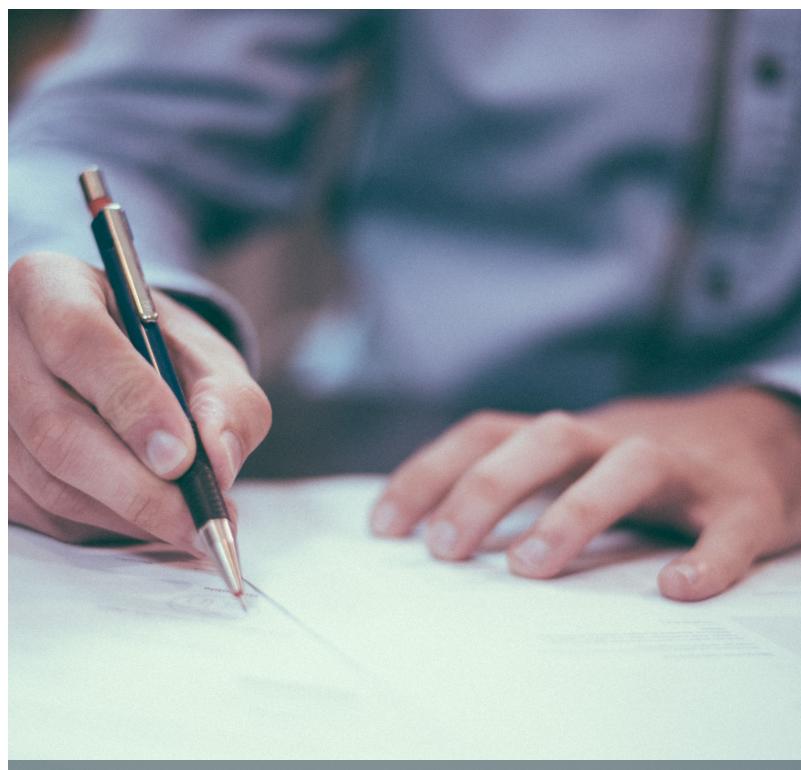
# Choosing the right Trustees

A trustee is a person who manages and administers your trust. In a revocable living trust, you can serve as the initial trustee. You also name successor trustees to administer your trust if you are incapacitated or after your death.

A trust is a contract between you and your trustee that is effective during your life and after your death or upon your incapacity.

Your trust can hold any type of property that you can: bank accounts, retirement accounts, real estate, vehicles, jewelry, art, etc. Your trustee must adhere to the instructions in your trust on how to manage trust property. During your life, you are the trustee, and you are allowed to do anything with the trust property that you wish.

A trustee can be a sibling, spouse, child, or trusted friend. There are many options for who your trustee can be.



You should choose trustees that you consider honest, trustworthy and financially responsible.

# Part Four: Trustees

## Trustee Succession

Please complete the following questions as it pertains to your trustees. We recommend having at least two successor trustees after yourself or your spouse. If you are having trouble completing this section, think of someone you trust and consider an honest individual.

Would you like to serve as trustee? \_\_\_\_\_ Do you want your spouse to be co-trustee? \_\_\_\_\_

### Successor Trustee:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

### Successor Trustee 2:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

### Successor Trustee 3 (optional):

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ U.S. Citizen? Yes No

Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

# Powers of Attorney

A Power of Attorney is a document that grants a person, referred to as an agent or attorney- in-fact, authority to act on your behalf in legal matters. It is important to select someone you trust to serve in this role.

Our estate plans include both a Power of Attorney for Property and a Power of Attorney for Health Care. Please read through the specifics of each below before filling out the next page.

## Power of Attorney for Property

This document gives your appointed agent the authority to make financial decisions for you during your lifetime.

A POAP deals only with real property and financial assets that is not in your trust. The document can become affective immediately or, if you decide otherwise, upon your incapacity.

The agent chosen for this role should be someone who is financially responsible and someone you trust. It can be someone you have already chosen as a trustee.

## Power of Attorney for Health Care

This document gives your appointed agent the authority to make healthcare decisions on your behalf during your lifetime.

A POAH deals with health related concerns such as speaking with your doctor if you become injured or disabled or choosing the right nursing home for you on your incapacity.

The designated agent should be someone you trust to take of you if you become injured or disabled. It can also be someone you have chosen as trustee.

# Part Five: Powers of Attorney

## Power of Attorney for Property

Please complete the following questions as it pertains to appointing a primary and successor power of attorney for property.

**Client 1:** \_\_\_\_\_

### Primary Property Decision Maker

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ U.S. Citizen? Yes No  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

### Successor Property Decision Maker

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ U.S. Citizen? Yes No  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

**Client 2:** \_\_\_\_\_

### Primary Property Decision Maker

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ U.S. Citizen? Yes No  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

### Successor Property Decision Maker

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ U.S. Citizen? Yes No  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

# Part Five: Powers of Attorney

## Power of Attorney for Health

Please complete the following questions as it pertains to appointing a primary and successor power of attorney for health.

**Client 1:** \_\_\_\_\_

### Primary Health Decision Maker

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ U.S. Citizen? Yes No  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

### Successor Health Decision Maker

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ U.S. Citizen? Yes No  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

**Client 2:** \_\_\_\_\_

### Primary Health Decision Maker

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ U.S. Citizen? Yes No  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

### Successor Health Decision Maker

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ U.S. Citizen? Yes No  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

# Your Assets

An estate is anything that you own. When we think of an estate, we may think of a manor or piece of property, however, anything that you own is considered part of your estate.

The next few pages we ask you to fill out focus on all your assets which include, but are not limited to, bank accounts, stock accounts, retirement plans, real estate property, tangible personal property, and/or cryptocurrency.

## Things to Consider

Creating a full list of your assets will help us better understand the type of estate plan you will need.

It will help our firm decide the best estate tax planning method you need and possibly any business succession plans you might need.

By listing out your assets, our firm will help you fund those assets into your trust.



Consider everything that makes up your estate.

# Part Six: Your Assets

## Financial Information Instructions

- Be as specific as possible with regard to account names.
- Account balances will vary, so please list the approximate balance of each account.

### Banks, Savings & Loans, and Credit Unions

These are accounts *not* in an IRA. Please list IRA and other retirement accounts separately.

Name of Institution	Ownership	Name of Owner	Account Type (Checking, Savings, CD)	Approx. Balance
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____
7. _____	_____	_____	_____	\$ _____
8. _____	_____	_____	_____	\$ _____
<i>Total Value:</i>				\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death), or "ITF" (in trust for someone)?

Yes      No

If yes, which ones (insert line number above) \_\_\_\_\_

### Stocks or Bonds – Not in a Brokerage Account

These include certificates you actually hold; please list Mutual Funds on the next page.

Stock	Ownership Type (individual/joint)	Name of Owner	Shares (Number of Shares)	Approx. Market Value
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____
<i>Total Value:</i>				\$ _____

# Part Six: Your Assets

## Mutual Funds and/or Brokerage Accounts

These are accounts not in an IRA. Please list IRA and other retirement accounts separately.

Name of Firm of Fund/Account	Ownership Type (individual/joint)	Name of Owner	Approx. Market Value
1. _____	_____	_____	\$_____
2. _____	_____	_____	\$_____
3. _____	_____	_____	\$_____
4. _____	_____	_____	\$_____
5. _____	_____	_____	\$_____
6. _____	_____	_____	\$_____
<b>Total Value:</b> \$_____			

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death), or "ITF" (in trust for someone)?

Yes      No

If yes, which ones (insert line number above) \_\_\_\_\_

Would you be willing to sell any of the above stocks or mutual funds if you could avoid capital gains taxes?

Yes      No

## Promissory Notes & Trust Deeds Owed to You

This portion refers to where someone is paying you on a note. If secured, please bring the original or a copy of the recorded Trust Deed (T.D.)

Name of Debtor	Secured by T.D.? (Yes/No)	Due Date	Original Amount	Balance Due
1. _____	_____	_____	\$_____	\$_____
2. _____	_____	_____	\$_____	\$_____
3. _____	_____	_____	\$_____	\$_____
4. _____	_____	_____	\$_____	\$_____
5. _____	_____	_____	\$_____	\$_____
<b>Total Value:</b> \$_____				

Do any of your children owe you money?      Yes      No

If yes: Who	How Much?	Reduce child's share by amount owed?
_____	\$_____	Yes      No
_____	\$_____	Yes      No

# Part Six: Your Assets

## Real Estate

Please list all homes, rental properties, other buildings, land, and timeshares in which you have an interest. **REMINDER:** Please bring both the Grant Deed or a recent property tax bill for each property.

Property Address (list primary residence first)	Original Cost	Current Value	Debt or Mortgage	Net Value
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____				
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____				
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____				
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____				
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____				
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____				

**Total Net Value:** \$ \_\_\_\_\_

Which #?

Are you planning on selling any of your real estate soon? Yes No \_\_\_\_\_

Would you consider selling if you could avoid capital gains taxes? Yes No \_\_\_\_\_

Are any properties owned with someone other than your spouse? Yes No \_\_\_\_\_

Are any properties owned by an entity? (such as a Corp., LLC, FLP) Yes No \_\_\_\_\_

Do any of your children (or other relatives) reside on any of your properties? Yes No \_\_\_\_\_

Do you obtain any net annual cash flow from real estate? Yes No

If yes, which properties and how much? \_\_\_\_\_

# Part Six: Your Assets

## IRA Accounts & Company Retirement Plans

*This includes qualified annuities.*

Custodian of Account (Bank, Broker, Employer)	Type (IRA, 401 (k), etc.)	Account Owner	Beneficiary	Approx. Value
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____
<i>Total Value:</i>				\$ _____

Are you concerned about your future retirement income? Yes No

## Limited or General Partnerships

*This includes qualified annuities.*

Name of Partnership	Limited or General?	Ownership %	Total Market Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
<i>Total Value:</i>			\$ _____

## Businesses

Business Name and Address	Is it a Corporation?	Ownership %	Is there a Buy-Sell Agreement?	Total Value
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
<i>Total Value:</i>			\$ _____	

Do you anticipate selling your business(es) anytime soon? Yes No

# Part Six: Your Assets

## Non-Qualified Annuities

*This is not a retirement plan. Please list qualified annuities separately above.*

Name of Insurance Company	Owner	Beneficiary	Total Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
<b>Total Value:</b>			\$ _____

## Life Insurance

Company	Insured Person	Policy Owner	Beneficiary	Cash Value	Death Benefit
1. _____	_____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	_____	\$ _____	\$ _____
<b>Total Value:</b> \$ _____					

Do you have Long-Term Care Insurance (to cover extended nursing care costs)? Yes No

Do you have parents or other relatives in assisted living? Yes No

## Other Assets

Are you expecting any inheritances soon? Yes No

If yes, from whom? \_\_\_\_\_ Approximately how much? \_\_\_\_\_

Please list unusually valuable personal items such as art, coins, jewelry, collections, etc.: \_\_\_\_\_

Please list any other assets not mentioned such as stock options, patents, royalties, cryptocurrency, digital assets, etc.: \_\_\_\_\_

# Distribution of your Estate

This section will let you decide where you'd like your assets to go once you have passed away. There are many different ways to distribute your assets. Below are some of those options.

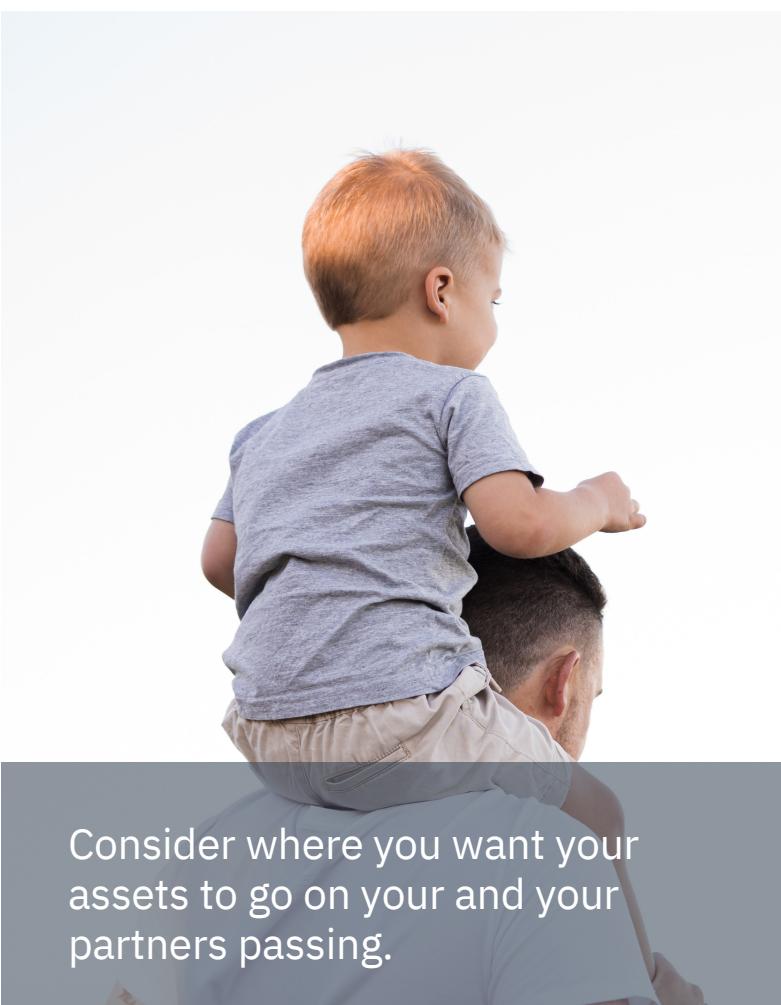
After the passing of your spouse (if applicable) and yourself, where do you want your assets to go?

If you have children, how much do you want to go to each child?

If you are involved in charitable groups, do you want a portion to go to the charity?

Do you want any of your assets to be distributed to siblings or close friends?

Consider the amount/ portion of your estate to go to specific people or groups.



Consider where you want your assets to go on your and your partners passing.

# Part Seven: Distributing your Estate

## Distribution of your Estate

Please describe how you wish to distribute through your estate plan, and the name of the person or entity to receive the distribution. Please list any special gifts of personal property you would like to give and to whom. Our estate plans include a Personal Property Memorandum in which you can designate specific tangible items at a later date.

Name:

Portion of your estate or specific item:

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## Distribution of Trust Principal at Intervals for Children

If you would like your children to be able to withdraw their principal inheritance at certain ages after your death, instead of in one lump sum, please indicate at what age they will be allowed to access the principal, and what fraction. e.g. "I would like my child to withdraw 1/3 of their trust at age 25, 1/2 of the remaining balance at age 30, and all of the rest at age 35."

No matter what age and fraction you put below, your trustee will always be able to use money in your children's trust for their health, education, maintenance, and support

Age: Fraction beneficiary will be able to withdraw outright:

# Questions or Concerns?

Do you have any questions you'd like us to answer at the design meeting?  
Do you have anything else we should know?

Thank you for your completion of the questionnaire! Please send to the estate plan case manager with the information on the next page.



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Please send your completed workbook to [chapman@bc-lawyers.com](mailto:chapman@bc-lawyers.com). After an attorney reviews it, our case manager will reach out to schedule a Design Meeting.

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