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Estate Planning Questionnaire:

Spouse #1/Client Name: _____ DOB: _____

Social Security Number: _____

Spouse #2/Client Name: _____ DOB: _____

Social Security Number: _____

GENERAL INFORMATION:

Children:

Name	DOB	Special Needs?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandchildren:

Name	DOB	Special Needs?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assets:

Real Property: Identify all real estate you own, including your primary residence, vacations home, rental properties, etc. For each property, we will need the full address, the form of ownership and name/s of co-owner, approximate value of the property, and mortgage information.

Property #1:

Address:

Form of Ownership (tenants by the entireties, joint tenancy, tenant in common):

Name/Address of Co-Owner(s):

Approximate Fair Market Value:

Mortgage Lender Name and Address:

Amount Due:

Property #2:

Address:

Form of Ownership (tenants by the entireties, joint tenancy, tenant in common):

Name/Address of Co-Owner(s):

Approximate Fair Market Value:

Mortgage Lender Name and Address:

Amount Due:

Property #3:

Address:

Form of Ownership (tenants by the entireties, joint tenancy, tenant in common):

Name/Address of Co-Owner(s):

Approximate Fair Market Value:

Mortgage Lender Name and Address:

Amount Due:

Retirement Accounts: Identify all retirement accounts in which you have an interest. Including but not limited to pension, ira, 410k, etc. Please include the name, address, and contact information for each institution. *Please provide the last statement you have received from each asset.*

Institution	Type	Current Balance	Co-Owners	Loan?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life Insurance Policies: Identify all life insurance policies in which you have an interest. Specify whether this is a term or life policy. Please include the name, address, and contact information for each institution. *Please provide the last statement you have received from each asset.*

Insurer	Term or Life?	Cash Value	Beneficiaries	Loan?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MATTERS OF CONSIDERATION:

As you complete this questionnaire, please consider these questions. We will review them in detail during our meeting.

1. Do you want to make any special bequests to any person or to any charities in your will?
2. Who should be the beneficiaries of your personal property?
3. To whom do you want to give the remainder of your estate?
4. If your immediate family predeceases you, who do you want to inherit your estate?
5. If you have minor children or disabled children, who do you want to be Trustees to handle the funds for those children. Who do want to be an Alternate Trustees if the original Trustee cannot act?
6. If you decide that a Trust should be created in your Will for a minor child, at what age do you want your children to obtain the principle of the Trust? Do you want a portion of the principal at designated ages be given to the child? For example, half at age 25, half at age 30, or all at age 25, etc.? Are there any conditions of the trust?
7. If you have minor or disabled children, who should be given the responsibility for raising them if both parents are deceased? A alternative guardian should also be selected.
8. Who do you want to be your personal representative to handle your estate during the period it is administered? This is usually six months to one year. This person is usually a spouse or adult child or children, but can also be another relative or friend. An alternative person should be selected as well.
9. We will be preparing a financial Power of Attorney for you. Who would you want to handle your financial affairs if you are incapacitated? Please name one alternate.
10. Do you want the financial power of attorney to take effect immediately, or only after your doctor agrees that you are

incapable of handling your own financial affairs? When considering this, take into consideration your age, health, and any special needs you may have.

11. We will be preparing a Medical Advance Directive (known as Medical Power of Attorney) for you. Who do you want to make health related decisions if you are incapacitated? Please name an alternative as well.
12. Have you considered your end of life treatment wishes and goals? We will discuss this however, we strongly recommend discussing this with your health care provider and family.

INFORMATION FOR LAST WILL AND TESTEMANT

Burial Preferences: (Circle One)

Cremation

Burial

Plot

Where: _____

Special Requests:

Do you have any specific Bequests?

Personal Representative:

Name: _____

Address: _____

Phone _____

Email: _____

Alternate Representative:

Name: _____

Address: _____

Phone _____

Email: _____

Guardian (if children are under the age of 18):

Name: _____

Address: _____

Phone _____

Email: _____

Alternate Guardian:

Name: _____

Address: _____

Phone _____

Email: _____

Trustee:

Name: _____

Address: _____

Phone _____

Email: _____

Alternate Trustee:

Name: _____

Address: _____

Phone _____

Email: _____

If you wish to have more than one person serve in these roles, please provide their contact information on the back of this sheet.

POWER OF ATTORNEY

Agent:

Name: _____

Address: _____

Phone _____

Email: _____

Substitute Agent:

Name: _____

Address: _____

Phone _____

Email: _____

Do you want your power of attorney to be effective immediately?
(Circle one)

Yes

No

INFORMATION FOR ADVANCE DIRECTIVE (LIVING WILL)

Do you have a MOLST (Medical Orders for Life Sustaining Treatment)?
(Circle one)

Yes

No

Living Will Questions: A living will allows you to make end of life decisions even when you are no longer competent to do so. A living will takes effect in the three following situations:

A. Terminal Condition: A terminal condition which means an incurable condition caused by injury, disease, or illness which, to a reasonable degree of medical certainty, makes death imminent and from which, despite the application of life-sustaining procedures, there can be no recovery.

B. Persistent Vegetative State: A persistent vegetative state means a condition caused by injury, disease or illness in which I have suffered a loss of consciousness and I exhibit no behavioral evidence of self-awareness or awareness of surroundings in a learned manner other than reflex activity of muscles and nerves for a low level condition response and from which after the passage of a medically appropriate period of time, it can be determined, to a reasonable degree of medical certainty, that there can be no recovery.

C. End Stage Condition – An end-stage condition means an advanced, progressive, irreversible condition caused by injury, disease, or illness that causes severe and permanent deterioration indicated by incompetency and complete physical dependency and for which to a reasonable degree of medical certainty treatment would be medically ineffective.

What type of treatment do you want? (Check One)

_____ I want NO life sustaining procedures or measures.

_____ I want NO life sustaining procedures or measures, however, if I am unable to eat or drink, I do want artificial nutrition and hydration.

_____ I want ALL life sustaining procedures or measures.

Additional Notes/Questions for Attorney: