

ESTATE PLANNING QUESTIONNAIRE

TESTATOR'S NAME:

Full Legal Name _____

Other Names Used _____

Name Of Spouse _____

Birth Date _____ Social Security No. _____

Home Address _____

City _____ County _____ State _____ Zip _____

Work Phone _____ Home Phone _____

CHILDREN (Living)

Birth Date Child Of SSN

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

CHILDREN (Deceased)

PARENTS*

Father

Mother

*Please indicate if living or deceased

GRANDCHILDREN (If you need more space, use the reverse side or separate sheet of paper)

Name

DOB

Child Of

SSN

BROTHERS/SISTERS

OTHER PERSONS TO WHOM YOU WISH TO MAKE GIFTS AT YOUR DEATH

HEALTH PROBLEMS

ADVISORS

Accountant _____

Financial Planner/Stock Broker _____

Life Insurance Agent _____

GENERAL QUESTIONS

The following questions may or may not apply to your particular situation. If a question does not apply, or if you are not sure if it applies, skip the question.

| | | |
|---|-----------------------------------|--------------------------------------|
| Do you have a child with a learning disability? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Do any of your children receive governmental support or benefits? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Do you have adopted children? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Do any of your children have special educational, medical, or physical needs? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Are any of your children institutionalized? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Are you receiving social security, disability, or other governmental benefits? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Do you provide primary or other major financial support to adult children? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Have you been divorced? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy) | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Have you ever signed a pre- or post-marriage contract? (Please furnish a copy) | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Have you been widowed? (If a federal estate tax return or a state death tax was filed, please furnish a copy) | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Have you ever filed federal or state gift tax returns? (Please furnish copies of all such returns) | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Have you completed previous will, trust, or estate planning? (Please furnish copies of these documents) | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Are you a United States citizen? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| If you are not a U.S. citizen, are you a resident or a nonresident alien? | Resident <input type="checkbox"/> | Nonresident <input type="checkbox"/> |

ESTATE PLAN GOALS

The goals of an estate plan are to accomplish your wishes regarding the management of your property during your lifetime and following your death.

LIFETIME MANAGEMENT

The first goal of an estate plan is to provide for the management of your property for your benefit during your lifetime. That goal seems obvious, and you will be managing your property for your own benefit during your lifetime, unless your physical or mental condition would not permit you to do so. Such a disability or incapacity could result from either an accident or illness, and could be of short or long duration. Consequently, you should choose who you would have manage your property in such circumstances. Your choice might very well be a member of your family, but there may be people outside your family who would be better suited for the task. Remember also that the responsibility could be short-term, such as during the recovery from an accident, or long-term, such as during a debilitating and irreversible illness.

We recommend that you choose the person or persons who you would have manage your property during any period of disability. Otherwise, your property could be subject to a court-appointed conservatorship proceeding, which would add considerably to the cost of the process and well as to its visibility in a public court proceeding. Consequently, we recommend that you name the persons who would exercise a power of attorney on your behalf. Your choices should be identified by name, and by their family relationships to you (if applicable), or otherwise by the city and state of their current residence. We recommend that you name not only your first choice, but also at least two alternates. Please state both a name and address for your selections.

Who would you have serve as your agent to manage your property during any period during your lifetime when you might be unable to manage your own affairs?

Who would you have serve as your first alternate agent?

Who would you have serve as your second alternate agent?

MANAGEMENT AFTER DEATH

The second goal of an estate plan is to provide for the management and disposition of your property following your death. Your personal representative performs the management role following your death. The Idaho statutes use the term "personal representative" to describe the functions traditionally performed by an "executor." That role includes the payment of any debts and liabilities that exist at the time of your death, as well as the payment of any estate taxes that may be due because of the size of your estate.

The responsibilities of a personal representative usually are performed within the first nine (9) months following your death, and do not require the constant attention of the administrator. Your choice of a personal representative should be a person or persons who are well suited for those responsibilities, and may not necessarily be the members of your immediate family, whether because of their age or capabilities. The administrator must be able to resolve any conflicts that might arise among members of your family or other recipients of your property, to the extent that your instructions regarding the distribution of your property as not completely explicit. More than one (1) person can serve in the role at the same time, which sometimes is desirable to avoid the animosity of one person making all the management decisions. Your choices should be identified by name, and by their family relationship to you (if applicable), or otherwise by the city and state of their current residence. We recommend that you name not only your first choice, but also two (2) alternates. Please state both a name and address for your selections.

Who would you have serve as your Personal Representative to manage your property during the administration of your estate?

Who would you have serve as your first alternate Personal Representative?

Who would you have serve as your second alternate Personal Representative?

DISPOSITION OF YOUR PROPERTY

You have the freedom to determine who shall receive your property following your death and in what amounts. If you do not provide for the distribution of your property, the statutes of the State of Idaho will determine who among your relatives will receive your property and in what amounts. In making that determination, you may choose to make gifts of specific items of property, percentages of the total value of your estate, or specific dollar amounts from your estate. You also may determine whether those gifts will be outright to the recipient or in trust for the recipient's behalf. Gifts in trust are especially advisable when the recipients are young, disabled, or not capable of managing the gift in their own best interests. Please set down how you wish to distribute your property following your death, including the recipients, the description of the gift, and whether the gift is to be outright or in trust. Please also consider that your intended recipient may not survive you, and set out who instead would receive the gift in that contingency.

REAL ESTATE

| General description and/or address | Owner | Value | Mortgage |
|------------------------------------|-------|-------|----------|
|------------------------------------|-------|-------|----------|

BUSINESS INTERESTS

If you own an interest in any business entity, please state the name of the entity, the type of entity (eg. corporate, limited liability company, partnership, or sole proprietorship), describe your ownership interest, and state the approximate value of your ownership interest.

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENT

Description _____

RETIREMENT PLANS

| Type of Plan | Company | Death Beneficiary | % Vested | Value |
|--------------|---------|-------------------|----------|-------|
|--------------|---------|-------------------|----------|-------|

SIGNIFICANT PERSONAL EFFECTS AND OTHER ASSETS
(furniture, automobiles, jewelry, collectibles and other personal assets)

LIFE INSURANCE POLICIES

Policy number and company _____

Type _____ Insured _____
Owner _____
Primary beneficiary _____ Secondary beneficiary _____
Amount of premium payment _____ Cash value _____
Amount of loans on policy _____ Face amount _____

Policy number and company _____

Type _____ Insured _____
Owner _____
Primary beneficiary _____ Secondary beneficiary _____
Amount of premium payment _____ Cash value _____
Amount of loans on policy _____ Face amount _____

Policy number and company _____

Type _____ Insured _____
Owner _____
Primary beneficiary _____ Secondary beneficiary _____
Amount of premium payment _____ Cash value _____
Amount of loans on policy _____ Face amount _____

LONG TERM CARE INSURANCE

Do you have a long term care policy? _____. If yes, please provide copies of the policies.

TRUSTEE

Name primary and alternative trustees to handle any funds you may leave for a minor (ie. a child or grandchild) since you cannot pass large sums of money to a child outright, but must name a responsible adult or institution to manage the money. I would recommend naming a responsible friend or family member who can invest the money for your children and pay it out to their guardians in accordance with your general wishes regarding how you want your children to be raised. Sometimes family members can be excellent trustees (they understand family needs and sensitivities) but please consider the tension that you may create between your children and the trustee when a child wants more money than you have directed the trustee to disburse. A corporate fiduciary avoids this and is always a valid option. Please list below your choices.

Who would you have serve as the trustee of any trust set up under your will?

Who would you have serve as the first alternate trustee?

Who would you have serve as the second alternate trustee?

We always recommend as a safety measure that you name a corporate fiduciary as the last successor trustee so as to avoid having to apply to the Court in the event your chosen trustees are unable to act any longer (because they are disabled, or deceased, or unable to act for any number of reasons). Will you wish to name a corporate fiduciary – a bank or trust company?

yes [] no []

If so, whom? _____

TRUST PAYOUT TERMS

Most people prefer to not have the entire inheritance passed to a child on their eighteenth birthday, even though you may certainly do that. Here are a few examples suggesting how you can make the principle of the trust payable to any minor, who may receive an inheritance in trust under your will:

- a) 1/3 at 18, 1/2 of the balance at 21, and the balance at 25;
- b) 1/3 at 21, 1/2 of the balance at 25, and the balance at 30;
- c) 1/2 at 21, balance at 25;
- d) All at 21;
- e) As follows: _____

Circle the method you desire or fill in any variation you would like to see your Will accomplish.

GUARDIANS

Name a primary person or couple with two alternate selections, if possible. This person or couple would be responsible for raising your children to majority. The trustee would pay this person an amount each month for the care, upkeep, and maintenance of the children, so it is a good idea to ***not*** name the same person as the trustee and the guardian, to protect the guardian from a conflict of interest or appearance of impropriety. This is especially true if you name a guardian outside of your family.

Who would you have serve as the guardian of your children?

Who would you have serve as their first alternate guardian(s)?

Who would you have serve as their second alternate guardian(s)?

if you feel special circumstances require your wishes to be stated in a legal document, please state your specific funeral or burial wishes on an attached sheet of paper. Even though some find this exercise unpleasant, by stating your wishes now you will relieve your loved ones of having to make these difficult decisions in their time of mourning. A list of common directions follow:

- Preferences for cremation or burial.
- Location of final resting place.
- Directions for level of funerary expenses.
- Wishes for location and content of services.
- Burial instructions.
- Obituary content and preference for donations or memorials.
- Naming of Pallbearers.
- Instructions relating to headstone or other marker or plaque.

FILICETTI LAW OFFICE

PROFESSIONAL ASSOCIATION

Personal and Confidential

Today's Date: _____

Referred By: _____

Name: _____
LAST FIRST MIDDLE

Date of Birth: _____ Social Security No.: _____

Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

E-MailAddress: _____

Occupation: _____

Nature of Visit: _____

Adverse Party: _____

Opposing Counsel: _____

Emergency Contact:

Name: _____
LAST FIRST MIDDLE

Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

| <u>For Office Use Only</u> | | | |
|-----------------------------------|------------|----------------------------|----------------------------|
| Fee Category: | FOP | PLEA | FLO - Legal Defense |
| Hourly @ _____ per hour | | Flat Fee @ _____ | Contingency |
| Conflict Check: | _____ | Open File on Amicus | File No.: _____ |