



PREGENZER
BAYSINGER
& WIDEMAN
SALE, PC

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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
PERSONAL INFORMATION

CLIENT NO. 1

Legal Name: _____

Also known as: _____

Home Address: _____

Home Phone: _____ Cell: _____

E-mail: _____

Birth Date: _____ SS# _____

Citizenship: _____

Previous Marriage(s): Yes ___ No ___

Employment Information:

Position: _____

Employer: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Date Completed: _____

CLIENT NO. 2

Legal Name: _____

Also known as: _____

Home Address: _____

Home Phone: _____ Cell: _____

E-mail: _____

Birth Date: _____ SS# _____

Citizenship: _____

Previous Marriage(s): Yes ___ No ___

Employment Information:

Position: _____

Employer: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

YOUR CONCERNS

Please rate the following as to how important they are to each of you:

(H high concern, M moderate concern, L low concern, 0 no concern, or N/A not applicable)

Description

Level of Concern

Client 1 Client 2

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability	_____	_____
Providing for and protecting significant other	_____	_____
Providing for and protecting children	_____	_____
Providing for and protecting grandchildren	_____	_____
Planning for a child or family member with disabilities or special needs	_____	_____
Disinheriting a family member	_____	_____
Providing for charities at the time of death	_____	_____
Plan for the transfer and survival of a family business	_____	_____
Minimizing or reducing estate taxes	_____	_____
Avoiding probate	_____	_____
Addressing concerns related to multiple marriages	_____	_____
Avoiding guardianship and conservatorship in case of a disability	_____	_____
Minimizing the risk of will contests or other disputes upon death	_____	_____
Protecting assets from nursing home costs	_____	_____
Protecting children's inheritance from bad relationships, financial problems, and addictions	_____	_____
Maintaining Retirement Plan benefits, such as Individual Retirement Accounts, for future generations	_____	_____
Providing that your death shall not be unnecessarily prolonged by artificial means or measures	_____	_____

Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)

Yes No

Are either of you receiving social security, disability, or other governmental benefits?

Describe _____

Have either of you been diagnosed with a chronic or life threatening disease?

Do either of you have a specific diagnosis? If yes, please describe _____

Is either of you making payments pursuant to a divorce or property settlement order? *Please furnish a copy of divorce or property settlement agreement.*

Have either of you signed a pre- or post-nuptial contract? *Please furnish a copy.*

Have either of you been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy.*

Have either of you ever filed a federal or state gift tax return? *Please furnish copies of these returns.*

Have either of you completed previous will, trust, or estate planning documents? *Please furnish copies of these documents.*

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*

Do any of your children or grandchildren have financial problems, relationship problems, drug or alcohol problems, and/or spending problems? *If so, please explain below.*

Are either of you currently the beneficiary of anyone else's trust? *If so, please explain below. Indicate if you are serving as trustee of a trust not created by you.*

Do you provide primary or other major financial support to adult children or others?

ADDITIONAL RELEVANT INFORMATION

CHILDREN

(Use full legal name. Use "B" if both clients are the parents, "1" if Client No. 1 is the parent, "2" if Client No. 2 is the parent)

Child 1

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, 1, 2
_____	_____	_____	_____	_____	_____

Address: _____ Home Phone: _____ Cell Phone: _____

Comments: _____

Child 2

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, 1, 2
_____	_____	_____	_____	_____	_____

Address: _____ Home Phone: _____ Cell Phone: _____

Comments: _____

Child 3

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, 1, 2
_____	_____	_____	_____	_____	_____

Address: _____ Home Phone: _____ Cell Phone: _____

Comments: _____

Additional Information on your children:

Do you have any deceased children? Yes ____ No ____

If yes, please provide date of death and indicate if your deceased child was survived by any children. Please provide name(s), age(s):

Do you have any minor foster children? Yes ____ No ____ If yes, who? _____

Are all of your children/grandchildren in good health? Yes ____ No ____ If no, explain: _____

Are any of your children/grandchildren blind or disabled? Yes ____ No ____ If yes, explain: _____

Are any of your children/grandchildren receiving SSI, Medicaid or any other form of government benefits? If yes, please list: Yes ____ No ____

DEPENDENTS OR BENEFICIARIES OTHER THAN YOUR CHILDREN (If a charity, disregard birth date and relationship)

Beneficiary 1 Name

Birth Date

Relationship

Address: _____

Comments: _____

Beneficiary 2 Name

Birth Date

Relationship

Address: _____

Comments: _____

Beneficiary 3 Name

Birth Date

Relationship

Address: _____

Comments: _____

PETS: Do you have pets? Yes ____ No ____ If yes, explain: _____

Do you want to provide for them after your death? Yes ____ No ____

If so, who do you want to care for your pets: _____

Do you want to leave money for the care of your pets? Yes ____ No ____ If yes, what amount? \$_____

What do you want done with any amount remaining after your pets have died? _____

ADVISORS

Name

Telephone

Client No. 1 Accountant: _____

Client No. 1 Financial Advisor: _____

Client No. 2 Accountant: _____

Client No. 2 Financial Advisor: _____

ESTATE PLANNING APPOINTMENTS

WILL: PERSONAL REPRESENTATIVE: (Upon your death, who do you want to settle your estate?)

Client No. 1: Significant Other _____

1 st Choice _____	_____	_____
Name	Relation	City, State

2 nd Choice _____	_____	_____
Name	Relation	City, State

3 rd Choice _____	_____	_____
Name	Relation	City, State

Client No. 2: Significant Other _____

1 st Choice _____	_____	_____
Name	Relation	City, State

2 nd Choice _____	_____	_____
Name	Relation	City, State

3 rd Choice _____	_____	_____
Name	Relation	City, State

TRUST: TRUSTEE: (Upon your death or incapacity while living, who do you want carrying out your instructions for distribution to and, if desired, management of property for your beneficiaries?)

Significant Other _____

1st Choice _____
Name Relation City, State

2nd Choice _____
Name Relation City, State

3rd Choice _____
Name Relation City, State

GUARDIAN & CONSERVATOR OF MINOR OR DISABLED CHILDREN: (If you have any minor or disabled children at the time of your deaths, who would you want to be responsible for them?)

Significant Other _____

1st Choice _____
Name Relation City, State

2nd Choice _____
Name Relation City, State

3rd Choice _____
Name Relation City, State

DURABLE POWER OF ATTORNEY: (Who would you want to act as your agent for legal or financial decisions during your life if you are unable to do so?)

Agent For Client No. 1: Significant Other _____

1 st Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____

2 nd Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____

3 rd Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____

Agent For Client No. 2: Significant Other _____

1 st Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____

2 nd Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____

3 rd Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND ADVANCE HEALTH-CARE DIRECTIVE: (Who would you want to act as your agent for medical treatment and end-of-life decisions?)

Agent For Client No 1: Significant Other _____

1 st Choice _____	_____	_____	_____
Name	Relation	City, State	Phone: _____

2 nd Choice _____	_____	_____	_____
Name	Relation	City, State	Phone: _____

3 rd Choice _____	_____	_____	_____
Name	Relation	City, State	Phone: _____

Agent For Client No. 2: Significant Other _____

1 st Choice _____	_____	_____	_____
Name	Relation	City, State	Phone: _____

2 nd Choice _____	_____	_____	_____
Name	Relation	City, State	Phone: _____

3 rd Choice _____	_____	_____	_____
Name	Relation	City, State	Phone: _____

DECISIONS REGARDING BURIAL/CREMATION:

Is it your wish to be buried or cremated?	Client No. 1: Buried _____ Cremated_____	Client No. 2: Buried_____ Cremated _____
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Do you have a prepaid plan?	Client No. 1: Yes _____ No _____	Client No. 2: Yes _____ No _____
If yes, with whom have you made arrangements?	Client No. 1: _____	Client No. 2: _____

Is it your wish to donate any of your organs?	Client No. 1: Yes _____ No _____	Client No. 2: Yes _____ No _____
If yes, with whom have you made arrangements?	Client No. 1: _____	Client No. 2: _____

FINANCIAL STATEMENT

Estimated Current Values

Primary Home Held Jointly? Yes ___ No ___ If no, how is it titled? _____ \$ _____
Mortgage Balance: \$ _____

Other Real Estate:
Address: _____ Held Jointly? Yes ___ No ___ If yes, with whom? _____ \$ _____
Mortgage Balance: \$ _____

Address: _____ Held Jointly? Yes ___ No ___ If yes, with whom? _____ \$ _____
Mortgage Balance: \$ _____

TOTAL \$ _____

Cash, Bank Accounts, CD's, Treasury Notes, etc.:

Financial Institution: _____ Type of Account: _____ \$ _____
Held Jointly? Yes ___ No ___ If yes, with whom? _____
Payable on Death Designation: _____

Financial Institution: _____ Type of Account: _____ \$ _____
Held Jointly? Yes ___ No ___ If yes, with whom? _____
Payable on Death Designation: _____

Financial Institution: _____ Type of Account: _____ \$ _____
Held Jointly? Yes ___ No ___ If yes, with whom? _____
Payable on Death Designation: _____

TOTAL \$ _____

Stocks, Bonds, Securities:

Financial Institution: _____	Type of Account: _____	\$ _____
Held Jointly? Yes ___ No ___ If yes, with whom? _____		
Payable on Death Designation: _____		
Financial Institution: _____	Type of Account: _____	\$ _____
Held Jointly? Yes ___ No ___ If yes, with whom? _____		
Payable on Death Designation: _____		
Financial Institution: _____	Type of Account: _____	\$ _____
Held Jointly? Yes ___ No ___ If yes, with whom? _____		
Payable on Death Designation: _____		
TOTAL		\$ _____

Life Insurance Death Benefits: Indicate type of insurance by the following codes: GT-Group Term, IT-Individual Term, W-Whole Life, U-Universal, A-Accidental Death, O-Other.

Company Name: _____	Address: _____	
Policy No. _____	Code: _____	Insured: _____
Primary Beneficiary: _____		Owner: _____
Contingent Beneficiary(ies): _____		
Cash Value: \$ _____	Loan Amount: \$ _____	Death Benefit: \$ _____

Company Name: _____	Address: _____	
Policy No. _____	Code: _____	Insured: _____
Primary Beneficiary: _____		Owner: _____
Contingent Beneficiary(ies): _____		
Cash Value: \$ _____	Loan Amount: \$ _____	Death Benefit: \$ _____

Company Name: _____	Address: _____	
Policy No. _____	Code: _____	Insured: _____
Primary Beneficiary: _____		Owner: _____
Contingent Beneficiary(ies): _____		
Cash Value: \$ _____	Loan Amount: \$ _____	Death Benefit: \$ _____

Vehicles: (Automobiles, Boats, and RVs)

<u>Description</u>	<u>How Titled</u>	<u>Market Value</u>	<u>Loans</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Valuable Personal Property (Jewelry, Furniture, Antiques, Collections)

<u>Item</u>	<u>Owner</u>	<u>Market Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Estimated Value of All Other Items Not Listed Above \$ _____

TOTAL \$ _____

Vested Pension and Profit Sharing Plans, IRA's, Thrift Plan, 401(k) Plans

Company/Plan Name: _____
Account No. _____
Primary Beneficiary: _____

Address: _____
Participant: _____ Value: \$ _____
Contingent Beneficiary(ies): _____

Company/Plan Name: _____
Account No. _____
Primary Beneficiary: _____

Address: _____
Participant: _____ Value: \$ _____
Contingent Beneficiary(ies): _____

Company/Plan Name: _____
Account No. _____
Primary Beneficiary: _____

Address: _____
Participant: _____ Value: \$ _____
Contingent Beneficiary(ies): _____

Company/Plan Name: _____
Account No. _____
Primary Beneficiary: _____

Address: _____
Participant: _____ Value: \$ _____
Contingent Beneficiary(ies): _____

Company/Plan Name: _____
Account No. _____
Primary Beneficiary: _____

Address: _____
Participant: _____ Value: \$ _____
Contingent Beneficiary(ies): _____

Company/Plan Name: _____
Account No. _____
Primary Beneficiary: _____

Address: _____
Participant: _____ Value: \$ _____
Contingent Beneficiary(ies): _____

Company/Plan Name: _____
Account No. _____
Primary Beneficiary: _____

Address: _____
Participant: _____ Value: \$ _____
Contingent Beneficiary(ies): _____

Closely-held (not publicly traded) Business Interests

Indicate type of closely held business interest by use of the following codes:

- SC - S Corporation
- CC - Regular C Corporation
- P - Sole Proprietorship
- LLC - Limited Liability Company

- GP - General Partnership
- LP-L - Limited Partnership - Limited Partner Interest
- LP-G - Limited Partnership - General Partner Interest

Please provide us with copies of articles of incorporation, partnership agreements, stockholders agreements, operating agreements or other restrictive agreements which govern transfers of these business interests during life or at death.

Legal Name of Business: _____ Type: _____ Value: \$ _____
 Nature of Business: _____ Owner Percentage: _____ %
 Number of Other Owners: _____ Other Family Owners? Yes ___ No ___

Legal Name of Business: _____ Type: _____ Value: \$ _____
 Nature of Business: _____ Owner Percentage: _____ %
 Number of Other Owners: _____ Other Family Owners? Yes ___ No ___

Miscellaneous Interests (Notes, Mortgages, Patents, Trusts, Powers of Appointment, etc.)

<u>Item</u>	<u>Owner</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Debts (Other Mortgage)

Total \$ _____