

CONFIDENTIAL BASIC ESTATE PLAN QUESTIONNAIRE

If you do not have questions and do not need estate tax planning advice at this time, you can fill out the questionnaire and either mail it to 270 North Main Street (2F), Concord, NH 03301 or e-mail it to roy@granitelaw.com. I will prepare the documents within 14 days of receipt. If there are no issues that I detect from your answers, I will draft the documents and send you the drafts by e-mail. If you have any questions, please call. After you have reviewed the drafts, let me know if any changes are needed. Once the documents are in final form, you need to come to the office and sign the documents. It will take about 30 minutes.

You

Full Name _____
(Including middle initial and specify if Jr., Sr., etc.)
 Address _____
 Address _____
 Date of Birth _____
 Phone No. _____
 E-mail address _____
 Employer _____

Your Spouse/Significant Other

Full Name _____
(Including middle initial and specify if Jr., Sr., etc.)
 Address _____
 Address _____
 Date of Birth _____
 Phone No. _____
 E-mail address _____
 Employer _____

Marital Status: Single Divorced Married Separated Widowed

Send mail to: Home Business

Children: List all minor and adult children, including stepchildren and adopted children.

Complete Name	Date of Birth	Address (if not home)	You	Spouse
_____	_____	_____	<input type="checkbox"/> Adopted <input type="checkbox"/> Step	<input type="checkbox"/> Adopted <input type="checkbox"/> Step
_____	_____	_____	<input type="checkbox"/> Adopted <input type="checkbox"/> Step	<input type="checkbox"/> Adopted <input type="checkbox"/> Step
_____	_____	_____	<input type="checkbox"/> Adopted <input type="checkbox"/> Step	<input type="checkbox"/> Adopted <input type="checkbox"/> Step

Do you want to disinherit a spouse, significant other or other person? If yes, write in the name(s) of the person(s) you want to disinherit and their relation to you.

TRUSTEE OF TRUST FOR MINOR/DISABLED CHILDREN: You may be uncomfortable with distributing a large sum of money to an 18 year old. You have the choice of specifying at what age your child has uncontrolled access to the gift you make. The Trustee has control of the gift assets until the child reaches the specified age, with the discretion to give the child such sums of money the Trustee believes is appropriate for the child's education, health and support. You can also use a trustee to manage assets for a disabled child. The named guardian can also be the trustee, but you can name anyone.

	Your Will	Spouse's/Significant Other's Will
Primary	_____	_____
Address	_____	_____
Alternate	_____	_____
Address	_____	_____

Age at which you wish child to have uncontrolled access to the gift you make: _____

WHO SHOULD GET YOUR THINGS WHEN YOU DIE?

- When I die, my spouse receives my entire estate. If my spouse dies before me, my estate should be divided equally among my children.
- I presently have no spouse and wish my estate to be divided equally among my children.
- I have no spouse or children and wish my estate to go to the following individuals or organizations. Bequests must add up to 100%.

Name	Relationship	Date of Birth	Percent of Estate
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

In the event that one or more of the above people have predeceased you, do you want their share to be divided among the living people listed above or do you want their share to go to their estate and be divided among their heirs:

- Divided among the remaining living people listed above
- Distributed to deceased person's estate and divided among their heirs

Do you wish to make reference in your Will to a separate list of any specific bequests of items of personal property that you wish to give to children or others? The advantage of such list is that it may be changed without changing your will. Yes No

ADVANCE DIRECTIVES

Do you want a **Living Will** to indicate your life support wishes should you become terminally ill or permanently unconscious? Yes No

Do you want a **Durable Power of Attorney for Health Care** naming a person to make health care decisions for you should you become permanently or temporarily unable to do so? Yes No
(**NOTE:** The spouse can be the primary agent with someone else named as the alternate.)

For You

For Your Spouse/Significant Other

Primary

Address

Alternate

Address

Do you want a **Power of Attorney for Financial Affairs** naming someone to handle your financial matters should you become unable to do so? Yes No
(**NOTE:** The spouse can be the primary agent with someone else named as the alternate.)

For You

For Your Spouse/Significant Other

Primary

Address

Alternate

Address

Thank you for completing this Confidential Basic Estate Plan Questionnaire. Please mail your completed questionnaire to 270 North Main Street (2F), Concord, NH 03301. Or even better, you can e-mail the completed questionnaire to roy@granitelaw.com. If you have any questions, please call.