

GRANITE LAW

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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, fax it to (888) 926-5151, 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

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 _____

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.

OTHER CONSIDERATIONS: Were you previously married? Yes No
 Do you have a disabled child? Yes No
 Do you have a pre-marital agreement? Yes No

WHAT DO YOU OWN?

Does or will everything you own be worth between \$1,000,000 and \$5,000,000? Be sure to include death benefits from any insurance, 401(k), IRAs or other pension, as well as your share of any jointly held property. Yes No

Do you or your spouse/significant other anticipate receiving a substantial inheritance? Yes No

Do you already have a will? If Yes, please attach a copy. Yes No

Do you have life insurance? If yes, the total death benefit of all policies is \$_____ Yes No

Do you and your spouse/significant other own your home as joint tenants with rights of survivorship? Yes No

ISSUES RELATING TO YOUR WILL

Who would you like to take care of your affairs and care for your minor or disabled children when you die? Please provide the full names of those persons below

EXECUTOR: This is the person who collects your assets, pays your bills, and makes sure the terms of your will are carried out. The Executor can be your spouse, but does not have to be, with the alternate being a responsible child, trusted friend or attorney. Find out if your named Executor: (1) wants the responsibility; (2) will be competent to assume the duties in several years, and (3) has the financial/business judgment you deem necessary to handle your estate.

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

GUARDIANS OF YOUR CHILDREN: Do you want to name a person(s) to take care of your minor (under the age of 18) or disabled children in the event of your death **and there is no other parent of such child living?**

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

Your Will

Spouse's/Significant Other's Will

Alternate _____
Address _____

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? (NOTE: The spouse can be the primary agent with someone else named as the alternate.) Yes No

	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 the address listed below. Or even better, you can e-mail the completed questionnaire to roy@granitelaw.com or fax it to (888) 926-5151. If you have any questions, please call.