

CLIENT ESTATE PLANNING QUESTIONNAIRE

The O'Neill Law Firm, LLC

NOTE: For use by clients of The O'Neill Law Firm, LLC

This questionnaire may be completed by an individual or a married couple. If used by a married couple the information on the husband should be on the lines marked "H" and the wife on the lines marked "W". If separate lines are not provided for a question and the answer applies only to one of you, mark that answer with an "H" or "W".

PERSONAL DATA

Full name _____ Date of Birth _____ Place of Birth _____

H _____

W _____

Address: _____

Phone _____

Marital Status

Married. Date: _____ Place: _____

Name of spouse, if not joint form: _____

Single.

Divorced. Date: _____ Place: _____

Widowed. Deceased spouse: _____

Date of death of spouse: _____

Separated. Date: _____ Place: _____

Name of spouse: _____

Occupation: H _____ SS# _____

W _____ SS# _____

How long have you resided in Oregon? H _____ W _____

Check here if you live on a regular basis in any other state _____

Check here if not a United States citizen and state citizenship _____

Note any special needs you have (e.g. terminal illness, disability) which will have to be taken into consideration in estate planning: _____

Health Care Representative: this person (or the alternate named) will make your health care decisions if you are unable to make them on your own.

Name: Health Care Representative _____ Alternate Health Care Representative _____

Address: _____

Phone _____

CHILDREN

You should include children adopted by you. If any of your children have died leaving grandchildren of yours surviving, list the deceased child with "DECEASED" marked in the address column and then list the grandchildren with "GC" marked after their names and the name of their surviving parent in the "Other Parent" column. Do not list children of yours whose relationship to you was terminated by their adoption by someone else. If you have children by a previous relationship, list those children with the present name of the other parent.

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Other Parent</u>
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If any children have handicaps or special needs which would require special care in the event of your death, briefly describe the problem and how you want to deal with it:

Who would you want to be the guardian of your children under age 18 in the event your death left them with no surviving parent? Give the name and address of an individual, not a couple, since it is possible that the couple could divorce, creating a question as to which one you want as guardian. **A guardian would have legal control of the children, but would not necessarily have to live with them.**

Give the name and address of an alternate guardian in the event your first choice cannot serve.

Check here if your proposed guardian might require financial help to buy a larger home in order to care for your children.

If you have minor children or if you want to consider trust arrangements for others, list the names and addresses of a primary and an alternate or joint trustee (i.e. financial manager).

List who you want to take your property at your death (normally your spouse or children if spouse predeceases you):

Name

GENERAL INFORMATION

If you want any special funeral wishes or directions mentioned in your will, briefly describe them.

- Check here if you have a prenuptial agreement or any divorce decree restrictions on your life insurance or your will. Attach a copy.
- Check here if you want to prepare a list of gifts of specific items of personal property to be either incorporated in your will or mentioned in your will. Attach a copy if it is already done.
- Check here if you own any U.S. Savings Bonds.
- Check here if you have a traditional (not Roth) Individual Retirement Account.
- Check here if you own any real property outside of Oregon.
- Check here if you have ever filed a Gift Tax Return. Attach a copy.
- Check here if you receive benefits under a trust or if you have the right (called a "power of appointment") to determine who will receive such benefits. Attach a copy of the document creating the trust.
- If this questionnaire is being completed by a married couple and you have lived outside or Oregon since you were married, check here and list the other states in which you have lived during your marriage:
 - Check here if you are self-employed or own a business.
 - If you do own a business, check here if you are party to a "Buy-Sell Agreement" or similar contract which requires or entitles someone else to buy your interest in the business on your death. Attach a copy.
 - If you do own a business, would you expect that after your death the business would:
 - be liquidated.
 - be continued by _____

If you and your family living with you were wiped out in a common disaster, describe how you want to have your estate distributed, attaching a list of names and addresses if necessary. List in format such as, "John Smith - 50%; Jane Smith - 50%" ensuring that total is 100%.

- Check here if you want your will to include other gifts to persons other than your spouse and children. Attach a list of the names and addresses of those persons.

PERSONAL REPRESENTATIVE

Who will be personal representative of your estate? This is the person (once called an executor) who will wind up your affairs, sort through the contents of your home, sell whatever property has to be sold, pay your debts, invest your estate assets while they are in probate, and deliver the assets as you direct in your will after probate is completed. The personal representative will normally hire an attorney whose fees are paid by the estate and, if necessary, an accountant. The personal representative is by law entitled to a fee (which is commonly waived when a family member or other beneficiary acts as personal representative). The fee is a percentage (about 2%) of the gross (not net) estate, including some non-probate assets, such as jointly owned property. For example, for a \$100,000 estate, the fee is \$2,630. For a \$300,000 estate the fee is \$6,630. For a \$1,000,000 estate the fee is \$20,630. Your personal representative should be someone who is familiar with your affairs, has good judgment, and is honest. He or she may be (and usually is) someone who is a beneficiary of your estate. Since your will may be in effect for many years, you should designate at least two alternate personal representatives. **If this form is being completed by a married couple, the first choice will normally be "each other".**

Name and Address

First choice:

First alternate:

Second alternate:

Provide a financial statement with this form showing all assets and liabilities and how assets are owned (i.e. jointly or separately). Since the purpose of this statement will be to show what assets would be available to your survivors in the event of your death, it should include life insurance (but not accidental death and dismemberment insurance) and death benefits under retirement plans. Use the attached form or, if you need more space, follow the format of the attached form.

Your net total estate for death tax purposes includes the value of all your savings, real and personal property, investments and other assets less your debts, property which you own jointly with someone else, the death benefit payable under all of your life insurance, and the value of survivors' benefits payable under retirement plans. **If your net total estate on the date of your death will or may exceed \$1,000,000, you should provide a detailed, itemized financial statement**, following the general format of the attached form. Your estate may be subject to death taxes, and steps can be taken to avoid or reduce those.

PERSONAL FINANCIAL STATEMENT

It is not necessary to show exact values. Give your best estimate. Place the value in the column of the person who owns the asset. Life insurance should be in the column of the insured. Unmarried individuals should use the joint column. This statement is only a summary.

Assets

Description		Husband	Wife	Joint (or Single)
Cash, bank accounts, CD's money market accounts, etc				
Residence you own (Show your equity, the total value less the mortgage, in column of owner)	Value \$			
	mortgage \$			
Other real property you own for personal use (Show your equity in column of owner)	Value \$			
	mortgage \$			
Publicly traded stocks and bonds and similar investments				
Private notes, contracts and accounts receivable				
Automobiles				
Collectibles, unusual hobbies, and similar assets				
Other personal property (household furnishings, etc.)				
Life Insurance (Show death benefit. Do not include accident policies)				
Life Insurance Company	Beneficiary	Alternate beneficiary		
Business assets: Value of operating business				
Business or investment real property (Show your equity in column of owner)	Value \$			
	mortgage \$			
Retirement plans, including Individual Retirement Accounts (death benefit)				
Company or Plan Custodian	Beneficiary	Alternate beneficiary		
Annuities				
If you expect at some time to inherit a large amount from your parents or others, show the estimated amount				
Other assets (describe):				
TOTAL ASSETS				

Debts

(Do not include mortgages shown above)

TOTAL DEBTS			

Current Income

(Show approximate annual gross income before taxes)

Salary			
Business, commissions and other work income			
Investments			
Social Security			
Retirement plans			
Other income (describe)			
TOTAL ANNUAL INCOME			