



ESTATE PLANNING QUESTIONNAIRE- Individual

Today's date: _____

Whom may we thank for your referral to our office? _____

Do you have an old will? (If yes, please bring a copy with you.) Yes No

PERSONAL INFORMATION

1. Client name: _____
Any others you are known by: _____
How should your name appear on the will? _____

2. Home Address: _____
(include zip code) _____

3. County in which you reside: _____ and for how long _____

4. Telephone number(s):
A. Home: _____
B. Cell: _____

5. Email Addresses: _____

6. Marital Status: Engaged Domestic Partnership
 Married Separated

7. Children or next of kin: Please list all children, **including deceased and adopted** children, and if none, then list all persons whom you may wish to name as Beneficiaries of your estate.

A. Name: _____
Relationship: _____ Adopted? Yes No
Date of birth (children only): _____
Address: _____

Does he/she have any health problems, a pending law suit, or large debt? Yes No



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B. Name: _____

Relationship: _____ Adopted? Yes No

Date of birth (children only): _____

Address: _____

Does he/she have any health problems, a pending law suit, or large debt? Yes No

C. Name: _____

Relationship: _____ Adopted? Yes No

Date of birth (children only): _____

Address: _____

Does he/she have any health problems, a pending law suit, or large debt? Yes No

D. Name: _____

Relationship: _____ Adopted? Yes No

Date of birth (children only): _____

Address: _____

Does he/she have any health problems, a pending law suit, or large debt? Yes No

E. Name: _____

Relationship: _____ Adopted? Yes No

Date of birth (children only): _____

Address: _____

Does he/she have any health problems, a pending law suit, or large debt? Yes No



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8. At what age do you want your children to receive those assets outright as opposed to being left in trust? (Example: 18, 21, 30, upon the completion of college or age 30 whichever occurs first, etc.).

9. Your desired funeral arrangements:

A. Do you have any present arrangements? Yes No

B. Do you have a pre-paid funeral plan? Yes No

C. Do you desire cremation? Yes No

Preferred funeral home (if any)

10. Who do you want to name as your primary decision maker for your:

Personal Representative: (The person in charge of administering your estate at your death)

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Power of Attorney: (The person who can make financial decisions on your behalf)

Name: _____

Relationship: _____

Address: _____

Phone number: _____



Health Care Surrogate: (A surrogate to speak on your behalf regarding medical treatment or procedures if you are unable to do so yourself).

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Successor Trustee: (The person in charge of administering your trust after your passing/incapacity)

Name: _____

Relationship: _____

Address: _____

Phone number: _____

11. Who should be your **Back-Up or Contingent Decision Makers?**

Contingent Personal Representative:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Contingent Power of Attorney:

Name: _____

Relationship: _____

Address: _____

Phone number: _____



Contingent Health Care Surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Contingent Successor Trustee:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

To whom do you wish to receive the balance of your estate (if there is more than one beneficiary, please list the portions you are leaving them in fractions or percentages):

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

12. HIPAA (Health Insurance Portability and Accountability Act) Release. A document that will allow the listed individuals access to and authorized release of your medical records and other personal information. List all individuals you wish to have such access.

A. Name: _____

Relationship: _____

Address: _____

Phone number: _____



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B. Name:
Relationship:
Address:
Phone number:

C. Name:
Relationship:
Address:
Phone number:

D. Name:
Relationship:
Address:
Phone number:

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ESTATE PLANNING CONSULTATION

- 1. County Location of Signing:
2. Joint POA's or act individually?
3. Joint HCS's or act individually? Restrict decision-making of HCS?
4. Are any children minors? If so, who should be guardian?
5. Same Guardian and Trustees for minor children?
6. Gifting of POA. (circle one) Only Annual Exclusions / Annual Exclusions Plus Larger Gifts / Non
7. Cremation/Burial Instructions:
8. Special Requests/Needs: