



ESTATE PLANNING QUESTIONNAIRE- Married Couples

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.)

Husband: Yes No Wife: Yes No

PERSONAL INFORMATION

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

2. Wife name: _____
 Any others you are known by: _____
 How should your name appear on the will?) _____

3. Home Address: _____
 (include zip code)

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

5. Telephone number(s):
 A. Home: _____
 B. Husband's Cell: _____
 C. Wife's Cell: _____

6. Email Addresses:
 Husband: _____
 Wife: _____

7. Marital Status: Engaged Domestic Partnership
 Married Separated

8. Do you have children that are not of you and your spouse? Yes No



9. 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

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

10. 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.).

11. Your desired funeral arrangements:

- A. Do you have any present arrangements? Husband: Yes No
 Wife: Yes No
- B. Do you have a pre-paid funeral plan? Husband: Yes No
 Wife: Yes No
- C. Do you desire cremation? Husband: Yes No
 Wife: Yes No

Preferred funeral home (if any):

Husband: _____

Wife: _____

12. Do you want to name your spouse as your primary decision maker for your:

a. Personal Representative? (The person in charge of administering your estate at your death)

Husband: YES NO
 Wife: YES NO

b. Durable Power of Attorney? (The person who can make financial decisions on your behalf)

Husband: YES NO
 Wife: YES NO



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

Husband: YES NO

Wife: YES NO

If YES to all, skip to page 6

If NO, who do you want to list as your primary Decision Makers?

Husband's Personal Representative:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Husband's Power of Attorney:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Husband's Health Care Surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____



Husband's Successor Trustee:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Will the Wife be choosing the same primary decision makers as the Husband? YES

NO

If YES, skip to page 7.

If NO, list below

Wife's Personal Representative:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Wife's Power of Attorney:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Wife's Health Care Surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____



Wife's Successor Trustee:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

13. Who should be your **Back-Up or Contigent Decision Makers?**

Husband's Contingent Personal Representative:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Husband's Contingent Power of Attorney:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Husband's Contingent Health Care Surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____



Husband's Contingent Successor Trustee:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Will the Wife be choosing the same back-up decision makers as the Husband? YES NO

If YES, skip to page 8

If NO, list below

Wife's Personal Representative:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Wife's Power of Attorney:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Wife's Health Care Surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____



Wife's 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):

Husband: Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Wife: Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

14. 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: _____

Husband Only Wife Only Both



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B. Name: _____
Relationship: _____
Address: _____

Phone number: _____
Husband Only Wife Only Both

C. Name: _____
Relationship: _____
Address: _____

Phone number: _____
Husband Only Wife Only Both

D. Name: _____
Relationship: _____
Address: _____

Phone number: _____
Husband Only Wife Only Both

E. Name: _____
Relationship: _____
Address: _____

Phone number: _____
Husband Only Wife Only Both

F. Name: _____
Relationship: _____
Address: _____

Phone number: _____
Husband Only Wife Only Both



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1. County Location of Signing: _____
2. Joint POA's or act individually? _____
3. Joint HCS's or act individually? _____
4. Restrict decision-making of HCS? Yes No
5. Are any children minors? If so, who should be guardian? Name: _____

Address: _____
 Back up Guardian? Name: _____
 Address: _____

6. Same Guardian and Trustees for minor children? Yes No
 If no, who? _____

7. Gifting of POA. (circle one) Only Annual Exclusions / Annual Exclusions Plus Larger Gifts / None

8. Cremation/Burial Instructions: _____

9. Special Requests/Needs: _____

