

ESTATE PLANNING QUESTIONNAIRE

Client: _____ Spouse (if any): _____

Name as you want it to appear on documents, if different than above:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Spouse's Phone Number: _____

Email: _____ Spouse's Email: _____

Date of Birth: _____ Spouse's Date of Birth: _____

Occupation: _____ Spouse's Occupation: _____

Referred by: _____

1. Names and Ages of All Your Children:

2. How would you like to have your estate distributed? (For example, equally between your children, a portion to grandchildren, other relatives, friends, charities, etc.)

3. At what age(s) would you like your beneficiaries to be able to make their own decisions concerning their portion of the estate? Prior to reaching this age, the beneficiaries would have access to the funds by getting approval from your appointed Trustee(s).

4. If anything happened to one of your beneficiaries, where would you like their share to go? A common method is to have their share go to their surviving children, if any. You could also have it go to your other children, a charity, another family member, etc.

5. PERSONAL REPRESENTATIVES/TRUSTEES- Who do you want as Trustee(s) and Executor(s) of your estate, in charge of administering and making distributions from the trust? *We will list you and your spouse (if any) together first, and then the surviving spouse (if any) unless you indicate otherwise.*

First Trustee: _____

Phone: _____

Second Trustee: _____

Phone: _____

6. POWER OF ATTORNEY- If you need someone to make legal and financial decisions for you, who would you like to make those decisions? *We will list your spouse first (if any) unless you indicate otherwise.*

First POA for Client: _____ Phone Number: _____

Second POA for Client: _____ Phone Number: _____

First POA for Spouse: _____ Phone Number: _____

Second POA for Spouse: _____ Phone Number: _____

7. MEDICAL POWER OF ATTORNEY- If you were unable to make medical decisions for yourself, who would you like to make those decisions for you? *We will list your spouse first (if any) unless you indicate otherwise.*

First MPOA for Client: _____ Phone Number: _____

Second MPOA for Client: _____ Phone Number: _____

First MPOA for Spouse: _____ Phone Number: _____

Second MPOA for Spouse: _____ Phone Number: _____

8. GUARDIAN(S)- If any of your children are under 18 years of age when you pass away, who would you like to act as guardian for your minor children? *We will list your spouse first (if any) unless you indicate otherwise.*

First Guardian(s): _____

Phone: _____

Second Guardian(s): _____

Phone: _____

9. Besides your home, please list the address(es) of all of your real property, including any timeshares:

10. Please list the names of any businesses where you have an ownership interest:

11. Please provide the name and telephone number of your accountant, insurance agent and any other tax or investment advisors:

12. Notes, Comments or Special Concerns:

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