



## 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.)

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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).

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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.

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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:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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12. Notes, Comments or Special Concerns:

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