



**RACINE OLSON**

IDAHO ESTATE PLANNING ATTORNEYS

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**ESTATE PLANNING STARTS WITH YOU!**

**CONFIDENTIAL  
ESTATE PLANNING  
QUESTIONNAIRE**

# ESTATE PLANNING STARTS WITH YOU!

## OUR OFFICE LOCATIONS:

### POCATELLO

201 East Center Street  
Pocatello, Idaho 83201  
Phone: 208 232-6101  
Fax: 208 232-6109

### BOISE

River Run Center  
600 E. Riverpark Lane  
Boise, Idaho 83706  
Phone: 208 395-0011  
Fax: 208 433-0167

Thank you for choosing our Racine Olson Estate Planning Attorneys. We appreciate your trust.

### YOUR APPOINTMENT WITH US.

**Your appointment is scheduled for:**

\_\_\_\_\_

**The address of your meeting is:**

\_\_\_\_\_

**The Attorney you are meeting with is:**

\_\_\_\_\_



# STEP 1

## ABOUT YOU

Please complete Steps 1 through 7. Write all names **EXACTLY** as you want them to appear. Type, or print all information. If you need more space, add pages. **Do not leave any spaces blank.** If it does not apply, write "NONE".

### MARITAL STATUS

Single

Married

Separated

Divorced

Widowed

Date of Marriage

Date of Separation

Date of Divorce

Date of Spouse's Death

### PERSONAL INFORMATION

**You**

**Spouse**

Full Legal Name

Legal Citizen

Yes  No

Yes  No

Birth Date

Home Address

Mailing Address

(if different)

Home Phone

Cell Phone

E-mail Address



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## STEP 2

# YOUR CHILDREN AND BENEFICIARIES

**ALL CHILDREN:** Please list all living children [minors and/or adults] and their information. If you need more space, attach additional pages. Legally adopted children must be listed. Even if you wish to exclude a child, they must be listed. You will have an opportunity to exclude any child you request later in this form. If you have no children, write "NONE".

### NAMES OF LIVING CHILDREN FROM THIS MARRIAGE (OR OF A SINGLE PERSON):

Full Name of Children and Address, City, & State	Gender M/F	Birthday & Age	Marital Status (M/S/D)	Number of Children	Beneficiary
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No
8.					<input type="checkbox"/> Yes <input type="checkbox"/> No



**NAMES OF CHILDREN FROM A PREVIOUS MARRIAGE:**

Full Name of Children and Address, City, & State	Gender M/F	Birthday & Age	Marital Status (M/S/D)	Number of Children	Beneficiary
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No

**GUARDIAN FOR MINOR CHILDREN:** If any of your children are now under the age of 18, they are minors. Natural parents have the “first right” to be the legal guardians for minor children. However, if both natural parents die, a legal guardian must be appointed. Please name a person or couple you would first choose to be the guardian(s) of your minor children. Then name a second or successor person or couple if the first couldn’t or wouldn’t accept this appointment. If you have no minor children, write “NONE”.

**PRIMARY GUARDIAN** for Minor Children: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**SUCCESSOR GUARDIAN** for Minor Children: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Relationship to You: \_\_\_\_\_



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**NAMES OF DECEASED CHILDREN:** If any of your children are deceased, please list them here. If you have no deceased children, write "NONE".

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**OTHER BENEFICIARIES:** If you have any other person(s) such as grandchildren, sibling(s), or close friend(s), or if there are institution(s) or charity(ies) that you would like a portion of your property to go to please indicate:

Full Name of Beneficiary and Address, City, & State	Gender M/F	Birthday & Age	Marital Status (M/S/D)	Percentage or Dollar Amount To Be Given
1.				
2.				
3.				
4.				
5.				
6.				

If you specifically want to **EXCLUDE** any person, including children, list them here:

Name	Address
1.	
2.	
3.	
4.	
5.	
6.	



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# STEP 3

## YOUR PERSONAL REPRESENTATIVE

In your Last Will and Testament, the person who is appointed to pay your debts and deliver your assets to the people you direct is called the Personal Representative (sometimes called a "PR" or an "Executor"). You get to choose who this person will be, with additional or successor choices in case the first person you choose either can't or won't serve. Please fill out the information below for both you and your spouse, for the person(s) you choose as your Personal Representative:

**For You**

**For Spouse**

**PERSONAL REPRESENTATIVE**

Address:	_____	_____
Phone Number(s)	_____	_____
Relationship to You	_____	_____

**1<sup>ST</sup> SUCCESSOR PR**

Address:	_____	_____
Phone Number(s)	_____	_____
Relationship to You	_____	_____

**2<sup>ND</sup> SUCCESSOR PR**

Address:	_____	_____
Phone Number(s)	_____	_____
Relationship to You	_____	_____



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# STEP 4

## YOUR POWER OF ATTORNEY

There are times when an illness such as Alzheimer's or a stroke eliminates a person's ability to think normally. In this situation, their body is healthy but their mind no longer works properly. This often means they can no longer take care of their own property, finances, or even make simple decisions about their own medical or health care. With a valid Power of Attorney, the person you name will be legally permitted to take care of important matters for you including: paying your bills, managing your investments and finances, or directing your medical care. Please fill out the information below for both you and your spouse.

### DURABLE POWER OF ATTORNEY (DECISIONS OVER PROPERTY AND FINANCES)

**For You**

**For Spouse**

**PERSON TO APPOINT**

Address:

Phone Number(s)

Relationship to You

**1<sup>ST</sup> SUCCESSOR PERSON**

Address:

Phone Number(s)

Relationship to You

**2<sup>ND</sup> SUCCESSOR PERSON**

Address:

Phone Number(s)

Relationship to You

Also, please indicate whether you would like this power of attorney to take place:

Upon execution

Upon proof of incapacity

Upon execution for spouse and  
Upon proof for successors



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Please fill out the section below for both you and your spouse, with the information of the person(s) you choose to give your power of attorney to concerning decisions about your medical and health care. If you want to name the same person as you did above concerning the Power of Attorney over your property and finances, then just write, "Same as Above" in the space for the name.

**HEALTH CARE POWER OF ATTORNEY (DECISIONS OVER MEDICAL AND HEALTH CARE)**

**For You**

**For Spouse**

**PERSON TO APPOINT**

Address:	_____	_____
Phone Number(s)	_____	_____
Relationship to You	_____	_____

**1<sup>ST</sup> SUCCESSOR PERSON**

Address:	_____	_____
Phone Number(s)	_____	_____
Relationship to You	_____	_____

**2<sup>ND</sup> SUCCESSOR PERSON**

Address:	_____	_____
Phone Number(s)	_____	_____
Relationship to You	_____	_____



## STEP 5

# YOUR NEED FOR A TRUST

Because your Estate Planning Starts with You!, there is no single Estate Plan that will work for everyone. Often, a Trust is an Estate Planning device that can help you plan your Estate distribution more creatively. The primary purposes of an Estate Plan that uses a Trust are:

- to avoid probate once you pass away;
- to qualify for Medicaid, if going to an assisted living facility may be necessary later in life;
- to preserve the federal estate tax exemption for each spouse; and/or
- to protect and provide assets for yourself and/or for another person who is a minor or who is disabled.

Please answer the questions below, for both yourself and your spouse, to determine whether you should discuss with us the need to create a Trust as part of your Estate Plan.

	<b>You</b>	<b>Spouse</b>
Do you own a farm or a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, do any of your children work in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does any child working in the business have an ownership interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in avoiding probate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a desire to maintain privacy of your Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Estate large?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own real property in other states?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Could any portion of your Estate be distributed to a person younger than 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Could any portion of your Estate be distributed to a person who is disabled or has special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Please fill out the section below for both you and your spouse, with the information of the person(s) you choose to be the Trustee of any trust you create. If you want to name the same person as you did above concerning the Power of Attorney over your property and finances, then just write, "Same as Above" in the space for the name.

**TRUSTEES**

**For You**

**For Spouse**

**PERSON TO APPOINT**

Address:

Phone Number(s)

Relationship to You

**1<sup>ST</sup> SUCCESSOR PERSON**

Address:

Phone Number(s)

Relationship to You

**2<sup>ND</sup> SUCCESSOR PERSON**

Address:

Phone Number(s)

Relationship to You



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## STEP 6

# YOUR PLAN OF DISTRIBUTION

Now that you have provided the information above, you are ready to tell us how you would like your Estate to be distributed. Please answer the questions below for both you and your spouse.

	<b>You</b>	<b>Spouse</b>
Do you wish to make any special gifts of personal property to a particular child or other person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to make any specific gifts to a church, institution or charity upon your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe: \_\_\_\_\_

Briefly describe how you would like your remaining assets to be distributed after the gifts described above are made:

All to spouse first?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If spouse is predeceased, equally among surviving children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no surviving spouse or children, to grandchildren?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
To other persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe: \_\_\_\_\_

**ULTIMATE DISTRIBUTION:** In the event that none of the beneficiaries listed above survive, who would you want your Estate to go to?

Please describe: \_\_\_\_\_



## STEP 7

# YOUR ESTATE PLAN

You did it! You provided enough information for us to begin creating your personalized Estate Plan. Return this Estate Planning Questionnaire to us prior to your appointment scheduled on page 2. At your appointment we will review a draft of your Estate Planning documents with you and answer any questions you have. We will then finalize and provide you with your Estate Planning documents.

Thank you for trusting us to assist you in creating your customized Estate Plan. We believe that we earned your trust because we know that Estate Planning Starts with You!

### OUR ESTATE PLAN BILLING PROCEDURES

In most instances, we prepare an Estate Plan for our Clients for a fixed fee, rather than an hourly rate. The fixed fee charged in creating an Estate Plan reflects:

- The value of the services provided to our Client;
- The level of expertise required to complete a Client's Estate Plan; and
- The anticipated time and effort on our part in creating a Client's Estate Plan.

We are usually able to provide our Clients with a fixed fee quote at the conclusion of our first meeting. In certain cases, a fixed fee may not be a practical option. Some Clients may want us to assist them in creating their Estate Plan in ways that go beyond the scope of the services outlined above. There are also instances where a Client needs a complex Estate Plan. Under these circumstances, we discuss hourly rate billing with our Clients before the work is commenced.

