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Your appointment is scheduled for _____ with attorney _____

THANK YOU FOR ALL OF YOUR TIME AND EFFORT IN COMPLETING THIS QUESTIONNAIRE AND RETURNING IT TO US PRIOR TO YOUR APPOINTMENT!

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

INTRODUCTION

Thank you for choosing our law firm to assist you with your estate planning needs and other legal services. We appreciate your business and referrals and the opportunity to earn your trust and confidence.

Please complete this questionnaire and return it prior to your first appointment along with copies of any existing plan documents you may have and other documents describing your property identified in your answers to the questionnaire. All information you provide us and the estate plan documents we prepare are considered confidential between you and your attorney and will not be disclosed or discussed with anyone else without your consent.

The information requested may seem like *none of our business*, but it is very important that we as your estate planner understand your present situation and your wishes for the future. This information enables evaluate your circumstances in advance, use your time and ours efficiently, prepare for your first appointment and be ready to make recommendations, answer questions and accomplish your objectives.

While most clients desire to establish a professional relationship and work with one attorney, should your needs require, feel free to contact any of the attorneys in our Estate Planning Group to schedule an appointment or answer your questions as your needs may desire. Should any problems develop between you and the attorney you are working with, please do not hesitate to contact our office administrator Dana Jorgensen as it is our desire and objective to fully satisfy your needs and provide the highest quality legal services at a reasonable price.

Most clients have indicated a preference to receive upfront a fixed fee estimate for estate planning work. To meet this desire we are enclosing our fee schedule for different types of estate plans. Additional work and complex estate planning will be handled at our usual hourly rates.

Additional information on our law firm and attorneys can be found on our website (www.racinelaw.net).

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Part 1 – PERSONAL INFORMATION

	<u>Client</u>	Spouse (if married)		
Full (legal) name	_____	_____		
Name as you want It on legal documents	_____	_____		
Legal Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security No.	_____	_____		
Birth Date:	_____	_____		
Cell phone:	_____	_____		
Work phone:	_____	_____		
Home phone:	_____	_____		
Home Address:	_____			
	(Street address/P.O. Box)	City	State	Zip
Mailing Address: (if different)	_____			
	(Street address/P.O. Box)	City	State	Zip
Email Address:	_____	Home/work fax:	_____	
Is there a pre- or post-marital agreement of any kind?	_____ Yes		_____ No	
Husband's Occupation:	_____			
Wife's Occupation:	_____			
Please describe any prior estate planning:	_____			

Marital Status:	<input type="checkbox"/> Married	Date of Marriage:	_____	
	<input type="checkbox"/> Separated	Date of Separation:	_____	
	<input type="checkbox"/> Divorced	Date of Divorce:	_____	
	<input type="checkbox"/> Widowed	Date of Death of Spouse:	_____	

Key Advisors:

	Accountant	Stockbroker	Financial Advisor
Name			
Address			
City State			
Phone No.			
Email			

PART 2 – CHILDREN/OTHER BENEFICIARIES INFORMATION

A. Children/Stepchildren Information:

Full Name and Address	Birth date	Parents (check one)*			Name of child's spouse (if married)
		B	H	W	

*Complete this information only if client is married. B = Both client and spouse, C = Client only, S = Spouse only.

Is there any child or stepchild who is adopted? Yes No
 If yes, please identify: _____

Is there any child or stepchild who is has a disability or special needs: Yes No
 If yes, please describe: _____

B. Other Beneficiaries' Information:

Full Name and Address	Birth date	Relationship	Name of spouse (if married)

Does any beneficiary have a disability or special needs? Yes No
 If yes, please explain _____

PART 3 – GENERAL ESTATE PLANNING QUESTIONS

	Me	My Spouse
Are you presently a US citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in avoiding probate of your estate?	<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 expect to need help to manage your property in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a revocable living trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a life insurance trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a trust used to make gifts to minor children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you named a payable on death (POD) beneficiary on your IRA account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you named a payable on death beneficiary on any other account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe: _____

Do you presently have a durable power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a living will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 yes, 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 in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any serious health problems or

Special needs? Yes No Yes No

If yes, please explain: _____

Do any of your children or other beneficiaries
Have serious health problems or special needs? Yes No Yes No

If yes, please explain: _____

Do you anticipate receiving a large inheritance? Yes No Yes No

If so, explain when and how much: _____

Do you own real property in other states: Yes No Yes No

If yes, please describe: _____

Do you own a long-term care (nursing home)
insurance policy? Yes No Yes No

Do you own everything jointly with your spouse? Yes No Yes No

Do you own any separate property? Yes No Yes No

If yes, please explain: _____

Have you filed gift tax returns to report gifts made? Yes No Yes No

If so, please bring copies of the returns to your appointment.

PART 4 – PLAN OF DISTRIBUTION

	Me	My Spouse
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 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
Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe: _____

Ultimate Distribution: You might want to provide for the distribution of your property if neither you, your spouse, nor your children/other beneficiaries named above survive.

PART 5 – MINOR CHILDREN OR BENEFICIARIES WITH DISABILITY

PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR CHILDREN OR BENEFICIARIES WITH DISABILITIES OR OTHER SPECIAL NEEDS

1. **Guardian.** If you have minor children, or children or beneficiaries with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve:

Guardian: _____
Address _____
Phone No/Email Address: _____

First Alternate: _____
Address _____
Phone No/Email Address: _____

2. **Testamentary Trustee.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary’s money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution.

Testamentary Trustee: _____
Address: _____
Phone No/Email: _____

First Alternate: _____
Address: _____
Phone No/Email: _____

3. **Age of Distribution.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as ½ at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

PART 6 – APPOINTMENTS

1. **Personal Representative.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) (e.g., spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. In situations where there are children by a previous relationship, spouse as primary personal representative may not be appropriate.)

Personal Representative: _____
Address: _____
Phone No/Email: _____

First Alternate: _____
Address: _____
Phone No/Email: _____

Second Alternate: _____
Address: _____
Phone No/Email: _____

2. **Successor Trustee.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable, or in the case of a joint trust, if neither you nor your spouse were able to manage assets due to incompetence.

Successor Trustee: _____
Address: _____
Phone No/Email: _____

First Alternate: _____
Address: _____
Phone No/Email: _____

Second Alternate: _____
Address: _____
Phone No/Email: _____

3. **Health Care Agent.** Who should be named to make medical decisions on your behalf including decisions regarding medical treatment, life support issues, and nursing home admission if you were unable to make those decisions yourself? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

Health Care Agent: _____

Address: _____

Phone No/Email: _____

First Alternate: _____

Address: _____

Phone No/Email: _____

Second Alternate: _____

Address: _____

Phone No/Email: _____

PART 7 – INCOME/ASSET/LIABILITY INFORMATION

(Attach Current Financial Statement if Available or Provide Information Below. Please Indicate Name and Account Nos. for bank accounts, investment accounts, life insurance, etc.)

<u>Item Owned / Additional Info / Description</u>	How Item is Owned		Approx. Net Value (subtract any loans)
	<u>In My Name</u>	<u>With My Spouse</u>	
Home (mortgage bal: \$_____)	[]	[]	\$_____
Other real estate: <i>Describe (include mortgage balance)</i>	[]	[]	\$_____
Other titled property (car, boat, etc.) <i>Describe (include loan amounts)</i>	[]	[]	\$_____
Checking Accounts: <i>Describe</i>	[]	[]	\$_____
Savings Accounts and Certificates of Deposit <i>Describe</i>	[]	[]	\$_____
Retirement accounts (IRAs, 401(k), etc) <i>Describe</i>	[]	[]	\$_____
Life insurance (list death benefit amount) <i>Describe</i>	[]	[]	\$_____
Investment accounts <i>Describe</i>	[]	[]	\$_____
Business Interests (corporation, LLC, limited Partnership, etc) <i>Describe</i>	[]	[]	\$_____

Stock certificates [] [] \$ _____
Describe

Valuables (precious metals, paintings, collectibles) [] [] \$ _____
Describe

Other [] [] \$ _____

ASSET SUBTOTAL: \$ _____

DEBTS: (other than mortgages or loans listed
Above) (credit cards, personal loans, etc) [] [] \$ _____
Describe

Generally describe business or agricultural assets.

PART 8 – USE OF REVOCABLE LIVING TRUST

Most estate plans can be completed using a will or a revocable living trust. There are advantages and disadvantages of each which will be discussed at your appointment so you can make an informed decision. The use of a revocable living trust may be recommended and best for you if you answer “yes” to one or more of the following questions.

1. I own real property in other states.
2. I have a desire to avoid the need to probate my spouse’s estate upon death or my estate upon death.
3. I have a desire to maintain privacy by avoiding the need for my will and other estate plan documents to be filed with the Courts.
4. Tax planning is needed to avoid or minimize inheritance tax because I may have a net worth \$5 million or more.
5. I have children or other beneficiaries who are minors, have disabilities or other special needs.
6. I have minor children or beneficiaries who may not be sufficiently mature or capable of managing their inheritance at age 18.
7. I may need a successor trustee to manage my assets for me during life due to advanced age, health problems or other disabilities.

If you anticipate using a living trust as a part of your estate plan to take full advantage of such a trust and ensure that probate can be avoided and privacy achieved, it will be necessary to “fund” the trust once it has been established. This means that title to your assets should be transferred out of your personal name and into you and your spouse’s names acting as trustees of your living trust. We will prepare letters of instruction to your banks, brokerages and life insurance companies along with deeds and other documents for you to sign to accomplish these transfers readily and easily at the same time your estate planning documents are signed. To prepare these necessary documents, please return with this questionnaire or bring with you to your first appointment the following information:

1. Complete legal descriptions on all real property. A copy of your deed or title insurance policy is preferred and if not available, a copy of your most recent property tax notice.
2. Names, addresses and account numbers on all bank accounts, investment accounts, annuities, etc.
3. Name, address and policy numbers on all life insurance policies.

4. Documents reflecting your ownership interests in a closely-held corporation, partnership, limited liability company or other investment.

If it is more convenient for you, simply bring your original documents and we will make copies of everything at your appointment.