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Personal Information

Full Legal Name: _____

Nicknames/Aliases: _____

Spouse's Full Legal Name: _____

Spouse's Nicknames/Aliases: _____

If Widowed, Date of Spouse's/Partner's Death: _____

Your Date of Birth (MM/DD/YYYY): ____ / ____ / _____

Spouse's Date of Birth (MM/DD/YYYY): ____ / ____ / _____

Your Birthplace: City _____ State _____

Spouse's Birthplace: City _____ State _____

Are you a U.S. Citizen? Yes No Is your Spouse? Yes No

Are you a Veteran? Yes No Is your Spouse? Yes No

Primary Home Address:

City _____ State _____ Zip _____ County _____

Your Social Security Number: _____

Spouse's Social Security Number: _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Email Address _____

Your Employer _____ Occupation _____

Spouse's Employer _____ Occupation _____

Have you ever worked for the government? Yes No

Has your spouse ever worked for the government? Yes No

Are you married now? Yes No

If Yes, Date (MM/DD/YYYY) of Marriage: ____ / ____ / _____

Place of Marriage: City _____ State _____ County _____

Have you been married previously? Yes No

Has your spouse been married previously? Yes No

Your Children

Please provide the following information for all your children (living and deceased):

Full Legal Name: Child of: Birth Date: Married to: City/State:

Did you legally adopt any of your children? Yes No

Have any of your children predeceased you (i.e., Already passed away)? Yes No

If yes, please list their names: _____

Your Grandchildren

Please provide the following information for all your grandchildren and great-grandchildren:

Full Legal Name: Child of: Birth Date: City/State:

Other Beneficiaries

Please provide the following for all other intended beneficiaries under your will:

Full Legal Name: Relationship: Birth Date: City/State:

Your Executor

Who do you want to handle your estate/financial affairs upon your death? Please list in order or priority.

- 1) _____ Relationship: _____
- 2) _____ Relationship: _____
- 3) _____ Relationship: _____

Your Trustee (If Applicable)

Do you wish to create a Trust for a minor or other beneficiary? Yes No

If Yes, who do you want to be the Trustee for any Trusts created under your will? Please list in order of priority.

1) _____ Relationship: _____

2) _____ Relationship: _____

3) _____ Relationship: _____

Disinheriting

Do you have any relatives whom you specifically do not want to receive anything from your estate?

Name	Relationship
1) _____	_____
2) _____	_____
3) _____	_____

Disabilities

Does anyone in your family, or any of your other beneficiaries, have any special needs due to physical or mental disability?

Name	Relationship	Disability
_____	_____	_____
_____	_____	_____
_____	_____	_____

Beneficiaries

Please briefly describe how you would like your property to be distributed after your death. (We will discuss this in greater detail at your conference)

Guardian for Minor Children

If you have minor children (Under 18 years of age) and you and your spouse become unable to take care of them, or you and your spouse are deceased, who would you want to be Legal Guardians of your children? Please provide at least two (2) people (full legal names), their addresses, and their home and/or cell phone numbers.

1. Name: _____ Address: _____

Phone (H): (____) _____ (C): (____) _____

2. Name: _____ Address: _____

Phone (H): (____) _____ (C): (____) _____

Visitation Rights

Do you wish for any person(s) other than your chosen Guardian(s) to have access and visitation rights with your children? Yes No

If yes, please list such person(s)'s full legal name(s):

Financial Power of Attorney

Who do you want to handle your financial affairs if you become incapacitated? Please provide at least two (2) people (full legal names), their addresses, and their home and/or cell phone numbers.

1. Name: _____ Address: _____

Phone (H): (____) _____ (C): (____) _____

2. Name: _____ Address: _____

Phone (H): (____) _____ (C): (____) _____

3. Name: _____ Address: _____

Phone (H): (____) _____ (C): (____) _____

Health Care Power of Attorney

If you become incapacitated and unable to make health care decisions for yourself, who do you want to make health care decisions for you? Please provide at least two (2) people (full legal names), their addresses, and their home and/or cell phone numbers.

1. Name: _____ Address: _____

Phone (H): (____) _____ (C): (____) _____

2. Name: _____ Address: _____

Phone (H): (____) _____ (C): (____) _____

3. Name: _____ Address: _____

Phone (H): (____) _____ (C): (____) _____

Certain Powers of Health Care Agent

With respect to **Life-Prolonging Measures**, if you are incapacitated and you have an *incurable or irreversible condition that will result in death within a relatively short period of time* you direct your above-named Health Care Agent to: (Choose one of the following options)

_____ Have Discretion to determine whether to provide life-prolonging treatment

_____ Withhold or Withdraw life-prolonging treatment

_____ Direct for my life to be prolonged to the greatest extent possible

With respect to **Life-Prolonging Measures**, if you are incapacitated and *you are unconscious, and to a high degree of medical certainty, you will not regain consciousness*, you direct your above-named Health Care Agent to: (Choose one of the following options)

- Have Discretion to determine whether to provide life-prolonging treatment
- Withhold or Withdraw life-prolonging treatment
- Direct for my life to be prolonged to the greatest extent possible

With respect to **Life-Prolonging Measures**, if you are incapacitated and you *suffer from advanced dementia or other condition resulting in the substantial loss of cognitive ability and that loss, to a high degree of medical certainty, is not reversible*, you direct your above-named Health Care Agent to: (Choose one of the following options)

- Have Discretion to determine whether to provide life-prolonging treatment
- Withhold or Withdraw life-prolonging treatment
- Direct for my life to be prolonged to the greatest extent possible

Choose any and all of the following powers that you grant your chosen Health Care Agent:

- He/She may authorize an autopsy
- He/She may consent to the donation of all or any of your tissue or organs for transplantation or therapy
- He/She may donate your body for anatomical study
- He/She may direct the disposition of your remains

Already Existing Will/Trust

Do you presently have a will? Yes No

If Yes, what year was it created? _____

****If Yes, please bring a copy of such will to your conference.**

Do you presently have a Trust? Yes No

If Yes, what year was it created? _____

If Yes, is the Trust Revocable or Non-Revocable? _____

****If Yes, please bring a copy of the Trust creating documents to your conference.**

Inheritance or Other Benefits

Do you anticipate receiving an inheritance? Yes No

Are you the Beneficiary, Trustee, or Settlor of any Trust? Yes No

Safe Deposit Box

Do you have a safe deposit box? Yes No

Bank/Branch _____

Other Professionals

If applicable, please provide the names of your CPA and/or Financial Planner:

Financial Summary

If married, do you or your spouse have property owned separately? Yes No

If Yes, what is the value of your separately owned property? _____

Spouse's? _____

If married, do you and your spouse jointly own property? Yes No

If Yes, what is the value of the jointly owned property? _____

What is your annual income? _____ Spouse's annual income? _____

1. Do you own a home or any other real estate?

Address	City/State	Approximate Value	Mortgage

2. Do you own any vehicles, boats, etc.?

Description	Approximate Value	Amount Owned

3. Do you have any Checking or Savings Accounts?

Name of Bank	Owner(s)	Named Beneficiary (If Applicable)

4. Do you own any IRA, 401K, 403b, TSP, or Pension Plans?

Company	Account No.	Beneficiary or Beneficiaries	Approximate Value

5. Do you own any Life Insurance Policies and/or Annuities

Company	Policy No.	Beneficiary or Beneficiaries	Death Benefit

6. Do you personally own any Stocks or Bonds?

Company	Owner	Number of Shares	Tax (Cost) Basis	Fair Market Value

7. Do you receive any government financial benefits such as Welfare, Medicaid, Medicare, or Social Security?

Program	Approximate Value	?	?

8. Do you have any non-publicly traded business interests (such as partnerships, limited liability companies, closely held corporations, royalty rights, etc.)?

Entity Name	Ownership Interest	Is there a Buy-Sell Agreement in Effect?	Desired Distribution of Ownership Interest?

Funeral Arrangements

Do you have any special requests regarding funeral arrangements, burial plot plans, cremation, or the disposition of remains?

Gifts

Have you made any substantial gifts during your lifetime (Gifts of \$10,000 or greater in either cash or other assets)? Yes No

If Yes, please provide the approximate value of the gift and a brief description of whether it was made through cash or some other asset:

Other Information

Is there any other information that has not already discussed above that you feel is necessary to bring to our attention in your estate planning process? *(The more information we are given, the better we can achieve your goals as a client)*

CONFIDENTIAL

In order for our firm to properly advise you in preparing your estate plan, please take time to fill out this questionnaire to the best of your knowledge. All information provided will be maintained in a strictly confidential manner in accordance with the law. We understand that you may not know exact amounts or every detail of every asset, but we ask that you estimate values as accurately as you can. If extra space is needed for you to provide all information you think is necessary, please attach additional sheets.

Communication is essential for formulating any estate plan. As such, please do not hesitate to contact us with any questions you have.

In addition, below is a checklist of items that, if applicable, we ask that you bring to your conference. Bringing these items with you would be beneficial for our office to provide the best estate plan legally possible to achieve your goals.

Checklist

- Any will already in existence.
- Any Trust creating documents for an already existing trust.
- Any Financial Power of Attorney documents already in existence.
- Any Health Care Power of Attorney documents already in existence.