PREGENZER
BAYSINGER
WIDEMAN
& SALE, PC

2424 Louisiana Blvd. NE, Suite 200
Albuquerque, NM 87110
505-872-0505

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
PERSONAL INFORMATION

CLIENT

Legal Name: ____

Also known as: ____

Home Address: ____

____

Home Phone: ___________________ Cell: __________________

E-mail: ____

Birth Date: __________________ SS# _____________________

Citizenship: ____

Previous Marriage(s): Yes ____ No ____

Employment Information:

Position: ____

Employer: ____

Address: ____

Phone: ___________________ Fax: ________________________

E-mail: ____

Date Completed: ________________

YOUR CONCERNS

Please rate the following as to how important they are to you:

(***H*** *high concern,* ***M*** *moderate concern,* ***L*** *low concern,* ***0*** *no concern, or* ***N/A*** *not applicable*)

Description	**Level of Concern**
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability	________
Providing for and protecting children	________
Providing for and protecting grandchildren	________
Planning for a child or family member with disabilities or special needs	________
Disinheriting a family member	________
Providing for charities at the time of death	________
Plan for the transfer and survival of a family business	________
Minimizing or reducing estate taxes	________
Avoiding probate	________
Avoiding guardianship and conservatorship in case of a disability	________
Minimizing the risk of will contests or other disputes upon death	________
Protecting assets from nursing home costs	________
Protecting children's inheritance from bad relationships, financial problems, and addictions	________
Maintaining Retirement Plan benefits, such as Individual Retirement Accounts, for future generations	________
Providing that your death shall not be unnecessarily prolonged by artificial means or measures	________

Other Concerns (Please list below):

____

____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving social security, disability, or other governmental benefits? *Describe* ____	____	____
Have you been diagnosed with a chronic or life threatening disease?	____	____
Do you have a specific diagnosis? If yes, please describe ______________________________ ____	____	____
Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy of divorce or property settlement agreement.*	____	____
Have you signed a pre- or post-nuptial contract? *Please furnish a copy.*	____	____
Have you been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy.*	____	____
Have you ever filed a federal or state gift tax return? *Please furnish copies of these returns.*	____	____
Have you completed previous will, trust, or estate planning documents? *Please furnish copies of these documents.*	____	____
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*	____	____
Do any of your children or grandchildren have financial problems, relationship problems, drug or alcohol problems, and/or spending problems? *If so, please explain below.*	____	____
Are you currently the beneficiary of anyone else's trust? *If so, please explain below. Indicate if you are serving as trustee of a trust not created by you.*	____	____
Do you provide primary or other major financial support to adult children or others?	____	____

ADDITIONAL RELEVANT INFORMATION

____

____

____

CHILDREN
(Use full legal name.)

Child 1

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children
______________________	______	___	________________	_________

Address: ____________________________ Home Phone: ____________ Cell Phone: ____________

Comments: ____

Child 2

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children
______________________	______	___	________________	_________

Address: ____________________________ Home Phone: ____________ Cell Phone: ____________

Comments: ____

Child 3

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children
______________________	______	___	________________	_________

Address: ____________________________ Home Phone: ____________ Cell Phone: ____________

Comments: ____

Additional Information on your children:

Do you have any deceased children? Yes ____ No ____

If yes, please provide date of death and indicate if your deceased child was survived by any children. Please provide name(s), age(s):

____

Do you have any minor foster children? Yes ____ No ____ If yes, who? ______________________

Are all of your children/grandchildren in good health? Yes ____ No ____ If no, explain: ______________________

Are any of your children/grandchildren blind or disabled? Yes ____ No ____ If yes, explain: ______________________

Are any of your children/grandchildren receiving SSI, Medicaid or any other form of government benefits? If yes, please list: Yes ____ No ____

____

____

____

<u>DEPENDENTS OR BENEFICIARIES OTHER THAN YOUR CHILDREN</u> (If a charity, disregard birth date and relationship)

Beneficiary 1 Name	**Birth Date**	**Relationship**
______________________________	______________	________________

Address:

____

Comments: ____

Beneficiary 2 Name **Birth Date** **Relationship**

______________________________ ___________ ____________

Address:

____

Comments: ____

Beneficiary 3 Name **Birth Date** **Relationship**

______________________________ ___________ ____________

Address:

____

Comments: ____

PETS: Do you have pets? Yes ____ No ____ If yes, explain: ________________________________

Do you want to provide for them after your death? Yes ____ No ____

If so, who do you want to care for your pets: ____

Do you want to leave money for the care of your pets? Yes ____ No ____ If yes, what amount? $__________

What do you want done with any amount remaining after your pets have died? ___________________

ADVISORS **Name** **Telephone**

Accountant: ____ __________________

Financial Advisor: _____________________________________ __________________

ESTATE PLANNING APPOINTMENTS

WILL: **PERSONAL REPRESENTATIVE**: (Upon your death, who do you want to settle your estate?)

1st Choice ______________________________ __________ ______________________________
Name Relation City, State

2nd Choice ______________________________ __________ ______________________________
Name Relation City, State

3rd Choice ______________________________ __________ ______________________________
Name Relation City, State

TRUST: **TRUSTEE**: (Upon your death or incapacity while living, who do you want carrying out your instructions for distribution to and, if desired, management of property for your beneficiaries?)

1st Choice ______________________________ __________ ______________________________
Name Relation City, State

2nd Choice ______________________________ __________ ______________________________
Name Relation City, State

3rd Choice ______________________________ __________ ______________________________
Name Relation City, State

GUARDIAN & CONSERVATOR OF MINOR OR DISABLED CHILDREN: (If you have any minor or disabled children at the time of your deaths, who would you want to be responsible for them?)

1st Choice ______________________________ __________ ______________________________
Name Relation City, State

2nd Choice ______________________________ __________ ______________________________
Name Relation City, State

3rd Choice ______________________________ __________ ______________________________
Name Relation City, State

DURABLE POWER OF ATTORNEY: (Who would you want to act as your agent for legal or financial decisions during your life if you are unable to do so?)

1st Choice ______________________________ ________ Address ______________________________
Name Relation ______________________________
Phone ________________________

2nd Choice ______________________________ ________ Address ______________________________
Name Relation ______________________________
Phone ________________________

3rd Choice ______________________________ ________ Address ______________________________
Name Relation ______________________________
Phone ________________________

DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND ADVANCE HEALTH-CARE DIRECTIVE: (Who would you want to act as your agent for medical treatment and end-of-life decisions?)

1st Choice ______________________________ ________ ______________________________
Name Relation City, State
Phone ______________________

2nd Choice ______________________________ ________ ______________________________
Name Relation City, State
Phone ______________________

3rd Choice ______________________________ ________ ______________________________
Name Relation City, State
Phone ______________________

DECISIONS REGARDING BURIAL/CREMATION:

Is it your wish to be buried or cremated? Buried ____ Cremated ____

Do you have a prepaid plan? Yes ____ No ____
If yes, with whom have you made arrangements? ______________________________

Is it your wish to donate any of your organs? Yes ____ No ____
If yes, with whom have you made arrangements? ______________________________

FINANCIAL STATEMENT

Estimated Current Values

Primary Home How is it titled? ______________________________ $____________
Mortgage Balance: $______________

Other Real Estate:
Address: ______________________ How is it titled? ______________________ $____________
Mortgage Balance: $______________

Address: ______________________ How is it titled? ______________________ $____________
Mortgage Balance: $______________
TOTAL $____________

Cash, Bank Accounts, CD's, Treasury Notes, etc.:

Financial Institution: ______________________ Type of Account: ______________________ $____________
Held Jointly? Yes ____ No ____ If yes, with whom? ______________________
Payable on Death Designation: ______________________________

Financial Institution: ______________________ Type of Account: ______________________ $____________
Held Jointly? Yes ____ No ____ If yes, with whom? ______________________
Payable on Death Designation: ______________________________

Financial Institution: ______________________ Type of Account: ______________________ $____________
Held Jointly? Yes ____ No ____ If yes, with whom? ______________________
Payable on Death Designation: ______________________________

TOTAL $____________

Stocks, Bonds, Securities:

Financial Institution: ___________________________________ Type of Account: ____________________________ $______________
Held Jointly? Yes ____ No ____ If yes, with whom? ____
Payable on Death Designation: ____

Financial Institution: ___________________________________ Type of Account: ____________________________ $______________
Held Jointly? Yes ____ No ____ If yes, with whom: ____
Payable on Death Designation: ____

Financial Institution: ___________________________________ Type of Account: ____________________________ $______________
Held Jointly? Yes ____ No ____ If yes, with whom? ____
Payable on Death Designation: ____
TOTAL $______________

Life Insurance Death Benefits: Indicate type of insurance by the following codes: GT-Group Term, IT-Individual Term, W-Whole Life, U-Universal, A-Accidental Death, O-Other.

Company Name: _________________________________ Address: ____
Policy No. _____________________ Code: _____ Insured: ________________________ Owner: ______________________________________
Primary Beneficiary: ___________________________ Contingent Beneficiary(ies): ____
Cash Value: $______________________ Loan Amount: $______________________ Death Benefit: $____________________

Company Name: _________________________________ Address: ____
Policy No. ____________________ Code: _____ Insured: _______________________ Owner: ______________________________________
Primary Beneficiary: ___________________________ Contingent Beneficiary(ies): ____
Cash Value: $______________________ Loan Amount: $______________________ Death Benefit: $____________________

Company Name: _________________________________ Address: ____
Policy No. ____________________ Code: _____ Insured: _______________________ Owner: ______________________________________
Primary Beneficiary: ___________________________ Contingent Beneficiary(ies): ____
Cash Value: $______________________ Loan Amount: $______________________ Death Benefit: $____________________

Vehicles: (Automobiles, Boats, and RVs)

Description	How Titled	Market Value	Loans
______________________________	_________________________	$_______________	$_______________
______________________________	_________________________	$_______________	$_______________
______________________________	_________________________	$_______________	$_______________

Valuable Personal Property (Jewelry, Furniture, Antiques, Collections)

Item	Owner	Market Value
____	___________________	$_____________
____	___________________	$_____________
____	___________________	$_____________
____	___________________	$_____________

Estimated Value of All Other Items Not Listed Above $______________

TOTAL $______________

Vested Pension and Profit Sharing Plans, IRA's, Thrift Plan, 401(k) Plans

Company/Plan Name: ________________________________ Address: ____
Account No. ___________________________ Participant: ______________________ Value: $___________________
Primary Beneficiary: _________________________________ Contingent Beneficiary(ies): ____

Company/Plan Name: ________________________________ Address: ____
Account No. ___________________________ Participant: ______________________ Value: $___________________
Primary Beneficiary: _________________________________ Contingent Beneficiary(ies): ____

Company/Plan Name: ________________________________ Address: ____
Account No. ___________________________ Participant: ______________________ Value: $___________________
Primary Beneficiary: _________________________________ Contingent Beneficiary(ies): ____

Company/Plan Name: ________________________________ Address: ____
Account No. ___________________________ Participant: ____________________ Value: $___________________
Primary Beneficiary: _________________________________ Contingent Beneficiary(ies): ____

Company/Plan Name: ________________________________ Address: ____
Account No. ___________________________ Participant: _____________________ Value: $___________________
Primary Beneficiary: _________________________________ Contingent Beneficiary(ies): ____

Company/Plan Name: _________________________________ Address: ____
Account No. ___________________________ Participant: _____________________ Value: $___________________
Primary Beneficiary: __________________________________ Contingent Beneficiary(ies): ____

Company/Plan Name: _________________________________ Address: ____
Account No. ___________________________ Participant: _____________________ Value: $___________________
Primary Beneficiary: __________________________________ Contingent Beneficiary(ies): ____

<u>Closely-held (not publicly traded) Business Interests</u>

Indicate type of closely held business interest by use of the following codes:

SC - S Corporation
CC - Regular C Corporation
P - Sole Proprietorship
LLC - Limited Liability Company

GP - General Partnership
LP-L - Limited Partnership - Limited Partner Interest
LP-G - Limited Partnership - General Partner Interest

Please provide us with copies of articles of incorporation, partnership agreements, stockholders agreements, operating agreements or other restrictive agreements which govern transfers of these business interests during life or at death.

Legal Name of Business: ____ Type: ________ Value: $__________________________
Nature of Business: ____ Owner Percentage: _______ %
Number of Other Owners: _______ Other Family Owners? Yes ____ No ____

Legal Name of Business: ____ Type: ________ Value: $__________________________
Nature of Business: ____ Owner Percentage: _______ %
Number of Other Owners: _______ Other Family Owners? Yes ____ No ____

<u>Miscellaneous Interests</u> (Notes, Mortgages, Patents, Trusts, Powers of Appointment, etc.)

<u>Item</u>	<u>Owner</u>	<u>Amount</u>
____	____________________________	$_____________
____	____________________________	$_____________
____	____________________________	$_____________

<u>Debts (Other Mortgage)</u>

Total $____________________