

THE EDWARDS' LAW OFFICES

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Estate Planning

Estate Planning is not just for the rich, wealthy, or the elderly. Virtually every responsible (competent) individual over the age of eighteen (18) should have at minimum a "simple will" to appoint someone to manage their estate, distribute their property, and raise a minor child if any, when they die. However, others may need more, i.e., "living trust", "power of attorneys", and "living will" for additional protection should they become "incapacitated or disabled and when they die.

Still, others may simply need to update an existing "Plan" (one that is three (3) years old or older) to because of changes in state and federal tax laws or changes in their circumstances, i.e., marriage, divorce, death of a spouse or loved one, childbirth, financial and property changes, a child turning 18, etc. Whatever the situation, The Edwards' Law Offices is here to assist. (Note: We do not give tax advice.)

This Form: This form collects preliminary and personal information for planning and drafting of recommended documents. It is not a contract for legal services. Completing it does not evidence a commitment by us to render legal services, which requires a signed legal service agreement and a retainer fee (deposit). However, we look forward to evaluating the scope of our potential representation of you after you complete and return this form.

When completing this form, please understand that incomplete or inaccurate data may materially harm our ability to counsel you and prepare estate planning documents.

Our Pricing: We generally charge a flat fee for our "Estate Planning" services because we believe that it is the best pricing method. Moreover, our pricing approach allows our clients to plan to pay their attorneys' fees. However, their final fee depends on their "estate planning" needs and the complexity of their case.

Also, because we understand that some clients cannot pay their attorney's fee in a single payment (lump sum), we offer a payment plan.

Complete and return this confidential questionnaire. Please do not leave any question unanswered. Type N/A if the question does not apply to you .

Notice: This is not a contract or commitment to provide legal services.

CLIENT INFORMATION
[Strictly Confidential]

Address: _____

City: _____

County: _____

State: _____ Zip Code: _____

Home Phone : _____

I. HUSBAND

Husband's Legal Name: _____

Other Names used by Husband: _____

Husband Cell Phone: _____

Husband's Home Phone: _____

Husband E-Mail: _____

Husband Date of Birth: _____

Husband Social Security No.: _____

Husband's Driver License Number and Issuing State: _____

Is Husband a US citizen? Yes: _____ No: _____ If no, what is

husband Nationality? _____

Husband Employment: _____

Husband Work #: _____

Do you have children? _____

Is your father living? _____

Is your mother living? _____

Do you have any living siblings? _____

Name and residence of husband's living father: _____

Name and residence of husband' living mother: _____

Name of husband's living siblings, sex, and residence:

II. WIFE

Wife's Legal Name: _____

Other Names used by Wife: _____

Wife Cell Phone: _____

Wife E-Mail: _____

Wife Date of Birth: _____

Wife Social Security No.: _____

Is wife a US citizen? _____

If no, what is the wife's nationality? _____

Wife Employment: _____

Wife Work #-: _____

Do you have children? _____

Is your father living? _____

Is your mother living? _____

Do you have any living siblings? _____

Name of wife's living father: _____

Name of wife/' living mother: _____

Name of wife's living siblings, sex, and residence:

III. PRIOR MARRIAGES

A. **Husband ?**_____

If yes, state the name of husband prior spouse: _____

If yes, how did the husband's prior marriage terminated (death/divorce)? _____

If yes, what date did the husband's prior marriage terminated: _____

B. **Wife?**_____.

If yes, state the name of the wife's prior spouse: _____

If yes, how did the wife's prior marriage terminated(death/divorce)? _____

If yes, what date did the wife's prior marriage terminated: _____

IV. ABOUT CHILDREN

A. **WERE CHILDREN BORN OF THIS MARRIAGE?** _____

If yes , state the legal name, age or date of birth, and sex of each child of this marriage:

B. **WERE CHILDREN ADOPTED DURING THE MARRIAGE?** _____

If yes state the legal name, age or date of birth, and sex of each child that was adopted:

C. **ARE THERE CHILDREN NOT OF THIS MARRAGE?** _____

If yes, state the legal name, date of birth or age, and sex of each child not-of this marriage.

HUSBAND :

WIFE:

D. TREATMENT OF CHILDREN FROM DIFFERENT MARRIAGES - Treat all children as if they were the children of this marriage? _____

E. DECEASED CHILDREN – For each deceased child, state his or her legal name, date of death, legal names of deceased child’s off-spring’s age or date of birth, and off-spring’s sex:

1. Husband:

2. Wife:

3. Joint:

VI. OTHER SPECIFICS – Please answer Y(yes) or N(no), (X), or check mark.

Specifics	Husband	Wife
1. Do you have any relatives-other than children-who depend on you for all or part of their support?		
2. Do you have heirs with physical disabilities or learning or educational disabilities?		
3. Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?		
4. Do you wish to disinherit any of your children or grandchildren or any other close relative?		
5. Do you have an existing Marital Property Agreement?		
6. Do either of you expect to inherit substantial assets (\$100,000 +)?		
7. Do you have existing Wills?		
8. Do you have any existing trusts?		
9. Have you ever filed a Federal Gift Tax Return?		
10. Should the surviving spouse have the power to control the distribution of the entire estate after the first death?		
11. Do you want any assets to pass to your children before the second spouse's death?		
12. If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?		
13. Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?		
14. Do you desire to leave a gift to a religious, educational, or other charitable organization?		
15. If you are married, upon the death of your spouse, will your children become your sole beneficiaries		
16. If all your children and their issue predecease you, the contingent disposition clause provides that the heirs (i.e., parents, siblings, nephews, nieces) of the Husband and Wife shall each receive ½ of the trust estate. Would you like this type of disposition		

VII. ABOUT DECISION MAKERS – Provide The following information about the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate including their names, addresses. Relationship to you, telephone number, and order of preference. The answers for husband and wife may be identical.

A. EXECUTOR OF WILL: The executor is the person you appoint through a will to gather assets and distribute your estate and to bring any assets that were not put into the trust through a court process. Whenever a trust is prepared, a “pour-over will” is also prepared. It is called a pour-over will because it picks up any assets that you may have forgotten to put into the trust, and it pours them into your trust. But to do this, the forgotten assets must go through a court process. Who would you like to be the first and second (and third) choice as executor(s) for your will(s)? If not listed previously, please give addresses and phone numbers.

1. HUSBAND’S EXECUTOR AND SUCCESSORS

Name of Executor	Address of Executor	Relationship of Executor	Telephone

2. WIFE’S EXECUTOR AND SUCCESSORS

B. SUCCESSOR TRUSTEE OF HUSBAND AND WIFE’S LIVING TRUST (S-Trustee)-If you make a Living Trust, you are generally the Trustee(s) of your trust. The successor trustee(s) is/are the person(s) who will manage the trust assets for you if you become incapacitated or if you pass away. For a couple, if one person passes away or becomes incapacitated, then the other person would usually take over as trustee. But if both people are incapacitated or pass away, the successor trustee(s) takes over. Who would you like to be your successor trustee(s)? Two people can be co-trustees. You may have a first and second (and third) choice. (Please list names, addresses, telephone numbers for each trustee and successor trustee)

Name of S-Trustee	Address of S- Trustee	Relationship	Telephone

:

C. GUARDIAN OF A MINOR(Guardian): The guardian of the person takes care of the child’s physical needs and manages any money and things of valued that the child inherits after the parents pass away. Who would you like to nominate as the guardian of the person and the guardian of the estate for your child/children? (Please list name, address, telephone number.) the name of the person(s) that you want to raise a child that is under 18, if any, if both spouses die

Name of guardian	Guardian Address	Telephone	Relationship

D. DURABLE FINANCIAL POWER OF ATTORNEY(DPAFP) – The Durable Power of Attorney for Finances and Property (DPAFP) enables an “agent” to make financial and property decisions for you if you become incapacitated. If you would like to have a Durable Power of Attorney for Finances & Property form completed, please list your choice of agents-may be identical for husband and wife:

1. HUSBAND’S DFPA:

Name of POA	Address of POA	Telephone	Relationship

2. WIFE'S DFPA:

E. ADVANCE HEALTH CARE DIRECTIVE -The Advance Health Care Directive enables an “agent” under a Durable Power of Attorney for Health Care to make health care decisions for you in the event that you become incapacitated. If you would like to select an agent, please list the address, home phone number and work phone number for your agents (if not listed elsewhere in this questionnaire- may be the identical for husband and wife:

1. HUSBAND'S HCPOA :

Name of HCPOA	Address of HCPOA	Telephone	Relationship

2. WIFE'S HCPOA:

F. REGARDING POWER OF ATTORNEYS: Choice of immediately effective or “springing” DFPA.
The DFPA can be drafted so that it will either go into effect immediately or “spring” into effect when you are incapacitated.

Please indicate when you would like the DPAF to spring into effect if you become incapacitated	Husband	Wife
I want my DFPA to spring into effect only if I become incapacitated.		
I want my DPAFP to take effect immediately after signing		

XIII. DIVISION OF THE ESTATE. In general, state how you want your estate distributed among your beneficiaries after the death of both of you-include any special gifts of real estate , money, etc., - may be identical:

IX. CONCERNS- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

X. BURIAL WISHES – SELECT THE APPROPRIATE ANSWER

A, HUSBAND

At my death, I wish to be cremated/ buried:_____

If cremated I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

[] I have not made final arrangements.

[] I have made final arrangements at:

B. WIFE

At my death, I wish to be cremated/ buried:_____.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

[] I have NOT made final arrangements.

[] I have made final arrangements at:

XI. ESTIMATED* VALUE OF ESTATE

Type of Asset	Husband's Separate Property-\$	Wife's Separate Property-\$	Join/Community Property-\$
Real Estate-less loan			
Securities-stocks, bonds, mutual fund			
Cash Type Assets -cash, annuities, bank accts			
Business Interest-			
Retirement Plans-IRA, 401k, etc.			
Vehicles-autos, boats, cycles, etc.			
Personal-jewelry, furniture, antiques			
Total			

* Use best guess; this can be a "ballpark" estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

XII.LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "H" husband; "W" wife; or "S" survivor
- "Owner" will be "C" community property; "H" husband or "W" wife
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "H" husband; "W" wife; "C" child, "O" other

Company	Insured (H/W/C)	Owner (H/W/C)	Cash Value (\$Estimate)	Face Value (\$Estimate)	Beneficiary (H/W/C/O)