

Estate Planning Goals

Clients

		IMPORTANCE				
		Least				Most
		1	2	3	4	5
1.	I want to get my estate in order and create a consistent and comprehensive estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I want to plan for elderly parents' disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I want to preserve the privacy of my estate and my family from business competitors, creditors, dishonest persons or curiosity seekers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I want to reduce estate and death taxes to the lowest possible level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I want to avoid probate and minimize settlement expenses for myself and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I want to plan for disability of myself or my spouse and avoid the expense, publicity, and loss of control of court conservatorship proceedings if I am disabled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I want to avoid unnecessary placement in a nursing home by providing instructions for in-home health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I want to protect my children from the possibility of failed marriages by designing a plan whereby the children can control the property I leave them, if they wish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I want my estate plan to protect the assets of my minor or disabled children or grandchildren, so that my family can avoid having the court take control of their property under conservatorship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I want to disinherit one or more children or other family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I want to plan for my grandchildren.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I want to plan the transfer and survival of the family business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I have one or more pets that should be protected and cared for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I want to control all of my own assets while I am alive and healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I want to save 100% of the estate tax on my life insurance so that all life insurance passes to my heirs estate tax-free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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|--|--------------|---|---|---|---|---|
| 16. I want to create a special trust for charity to which I can transfer some of my assets that will give me a lifetime income. | __ Yes __ No | 1 | 2 | 3 | 4 | 5 |
| 17. I want to control which of my family or loved ones will make decisions for me in the event of my incapacity, including healthcare decisions, life support decisions. | __ Yes __ No | 1 | 2 | 3 | 4 | 5 |
| 18. I want to avoid contests and disputes upon my death. | __ Yes __ No | 1 | 2 | 3 | 4 | 5 |
| 19. I may wish to protect our children's inheritance in the event my surviving spouse chooses to remarry after my death. | __ Yes __ No | 1 | 2 | 3 | 4 | 5 |
| 20. I want to plan for a child with disabilities or special needs, such as medical or learning disabilities. | __ Yes __ No | 1 | 2 | 3 | 4 | 5 |
| 21. I want to plan for children from previous marriage so that they are treated fairly in my estate plan. | __ Yes __ No | 1 | 2 | 3 | 4 | 5 |
| 22. I wish to give specific assets to certain charities | __ Yes __ No | 1 | 2 | 3 | 4 | 5 |
| 23. I want my estate plan to be valid in every state, and to allow me to decide which state law will apply if I later decide to move. | __ Yes __ No | 1 | 2 | 3 | 4 | 5 |

I have other goals and objectives for my estate plan not mentioned above, and they are:

Please review and list the top three goals in order of importance to you.

1 _____.

2 _____.

3 _____.

Estate planning should be done with the client's goals and objectives in mind. If your estate planning does not meet your legally obtainable goals and objectives, it is an inadequate plan, and it has been a poor bargain, regardless of its low cost. Remember, proper estate planning is of vital importance, and will profoundly and inevitably effect everything in this world that you own, and every person in this world that you love. Our firm is dedicated to making certain that your plan is prepared thoughtfully and professionally.

Special Circumstances:

Answer separately for both husband and wife:

Husband Wife

Number of prior marriages:

_____ .

Do you have a pre-marital agreement?

_____ .

Paying or receiving child support:

_____ .

Number of years of post-secondary education:

_____ .

- Have you ever filed bankruptcy? _____ .
- Supporting or caring for a parent? _____ .
- Past history of heart attack, stroke, physical disability, chronic
illness, or other condition that resulted in an absence from work
(other than by reason of pregnancy, labor or delivery) for more than
10 days: _____ .
- Any reason you might be uninsurable at "standard" ratings? _____ .
- Ever been declined for insurance? _____ .
- Number of living parents: _____ .
- Does your usual activity require multi-state travel? _____ .
- Does your usual activity require international travel? _____ .
- Years of military service: _____ .
- Do you regularly attend religious or spiritual services? _____ .
- Do you make regular gifts to one or more charities? _____ .
- Number of living siblings: _____ .
- Have you or your spouse ever had a will? _____ .
- Have you or your spouse ever had a Living Trust? _____ .
- Do you presently have a Designation of Patient Advocate in effect? _____ .
- Have you given anyone a General Power of Attorney? _____ .
- Have you given anyone a Limited Power of Attorney? _____ .
- Have you or your spouse ever signed a pre or post marital agreement? _____ .
- Do you own or operate a family business? _____ .
- Have you or your spouse ever filed a federal or state gift tax return? _____ .
- Are there any charities or causes which you would like to support? _____ .

If you have answered .YES. to any of these questions or have any SPECIAL concerns, please share any details, which you think would be helpful.