

# TURNING POINT LEGAL, PC

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## ESTATE PLANNING QUESTIONNAIRE (MARRIED PERSON)

Date: \_\_\_\_\_ County of Residence: \_\_\_\_\_

### A. PERSONAL DATA

Husband's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Primary Occupation: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Business: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Wife's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Primary Occupation: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Business: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_ No \_\_\_ Safe Deposit Box: Yes \_\_\_ No \_\_\_

If yes, where? \_\_\_\_\_ Box #: \_\_\_\_\_

**Helping Clients with these *Turning Points* in Life:**

| Elder Law | Asset Protection | Medicaid & Nursing Home Placement | Medicaid Application | Estate Planning | Wills & Trusts |  
| Estate & Trust Administration | Guardianship & Conservatorship | Family Law | Probate | Real Estate | Deeds & Closings | Business Law |

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**B. REFERRAL**

**By whom were you referred to this office?**

Name/Business: \_\_\_\_\_

**C. CHILDREN** (If any child is adopted or not a child of your present marriage, please place an asterick beside that child's name)

	<u>Name</u>	<u>Birthdate</u>
Oldest Child	_____	_____
Second Child	_____	_____
Third Child	_____	_____
Fourth Child	_____	_____

1. Does the Husband have any children by a previous marriage? Yes \_\_\_\_ No \_\_\_\_
2. Does the Wife have any children by a previous marriage? Yes \_\_\_\_ No \_\_\_\_
3. Are all of the children in good health? Yes \_\_\_\_ No \_\_\_\_
4. Are any of the children blind or disabled? Yes \_\_\_\_ No \_\_\_\_
5. Do any of the children receive SSI or other government assistance? Yes \_\_\_\_ No \_\_\_\_

**D. GRANDCHILDREN/OTHER DEPENDENTS**

	<u>Name</u>	<u>Birthdate</u>
First Grandchild/ Dependent	_____	_____
Second Grandchild/ Dependent	_____	_____
Third Grandchild/ Dependent	_____	_____
Fourth Grandchild/ Dependent	_____	_____

**E. DISPOSITION INTENTIONS**

**1. Spouse and Children**

Do you wish to provide first for your spouse and secondarily for your children? Yes \_\_\_\_ No \_\_\_\_

Do you wish to treat all of your children equally? Yes \_\_\_\_ No \_\_\_\_

After your spouse's death, at what or ages do you want distribution(s) to your children? \_\_\_\_\_

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**2. Grandchildren**

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes \_\_\_ No \_\_\_

Do you wish to treat all of your grandchildren equally? Yes \_\_\_ No \_\_\_

At what age(s) do you want distribution(s) to your grandchildren? \_\_\_\_\_

**F. WILL NOMINATIONS** (Select in order of preference who you wish to serve in the following capacities. Select Guardians only if you have minor children.)

Husband's Personal

Representative 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Trustee 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Guardian 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Wife's Personal

Representative 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Trustee 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Guardian 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**G. POWER OF ATTORNEY NOMINATIONS** (Select in order of preference who you wish to serve as your Attorney in Fact.)

Husband's Agent 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Wife's Agent 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**H. HEALTH CARE PROXY NOMINATIONS** (Select in order of preference who you wish to serve as your Health Care Proxy to make decisions for you when you are unable to communicate your wishes.)

Husband's Proxy 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Wife's Proxy 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

***(PLEASE WRITE THE ADDRESS, RELATION, AND PHONE NUMBERS OF YOUR HEALTH CARE PROXIES ON THE BACK OF THIS PAGE.)***

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**I. PROFESSIONAL ADVISERS**

Accountant: \_\_\_\_\_  
(Name) (Address) (Phone Number)

Financial Adviser: \_\_\_\_\_  
(Name) (Address) (Phone Number)

Insurance Agent: \_\_\_\_\_  
(Name) (Address) (Phone Number)

**J. INSURANCE POLICIES**

<u>Insured's Name</u>	<u>Company Name and Policy Number</u>	<u>Face Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**K. RETIREMENT BENEFITS**

<u>Account Owner</u>	<u>Company Name and Type of Account</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**L. MONTHLY INCOME**

Husband \$ \_\_\_\_\_  
Wife \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

Other Income/Inheritance: \_\_\_\_\_  
\_\_\_\_\_

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**M. ASSET/LIABILITY SUMMARY** (List total for each category. If more than one piece of property or account, list each individual item on back.)

<b><u>ASSETS</u></b>	<b><u>JOINT</u></b>	<b><u>HUSBAND</u></b>	<b><u>WIFE</u></b>
Home- Value	\$ _____	\$ _____	\$ _____
Personal Effects	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Bank Accounts	\$ _____	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____	\$ _____
Marketable Securities	\$ _____	\$ _____	\$ _____
Non-Marketable Securities	\$ _____	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Cash	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS</b>	\$ _____	\$ _____	\$ _____
<b><u>LIABILITIES</u></b>	<b><u>JOINT</u></b>	<b><u>HUSBAND</u></b>	<b><u>WIFE</u></b>
Mortgages Payable	\$ _____	\$ _____	\$ _____
Credit Card Debt	\$ _____	\$ _____	\$ _____
Vehicle Loans	\$ _____	\$ _____	\$ _____
Bank Loans	\$ _____	\$ _____	\$ _____
IRS Debt	\$ _____	\$ _____	\$ _____
Other Debts	\$ _____	\$ _____	\$ _____
<b>TOTAL LIABILITIES</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL EQUITY</b>	\$ _____	\$ _____	\$ _____

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**N. MILITARY STATUS**

1. Are you a veteran?

\_\_\_\_\_

2. If so, what were your dates of service?

\_\_\_\_\_