

TURNING POINT LEGAL, PC

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ESTATE PLANNING QUESTIONNAIRE (SINGLE PERSON)

Date: _____ County of Residence: _____

A. PERSONAL DATA

Name: _____
(First) (Middle) (Last)

Primary Occupation: _____

Birthdate: _____ Social Security #: _____

Business: _____ Cell Phone: _____

Home Address: _____

Email Addresses: _____

Home Phone: _____ U.S. Citizen: Yes ___ No ___

Safe Deposit Box: Yes ___ No ___ If yes, where? _____ Box #: _____

B. REFERRAL

By whom were you referred to this office?

Name/Business: _____

C. CHILDREN (If any child is adopted, please place an asterick beside that child's name)

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

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 |

1. Are all of the children in good health? Yes ____ No ____
2. Are any of the children blind? Yes ____ No ____
3. Are any of the children disabled? Yes ____ No ____
4. Are any children receiving SSI or government entitlement? Yes ____ No ____

D. GRANDCHILDREN/OTHER DEPENDENTS

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

E. DISPOSITION INTENTIONS

1. Children

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

At what or ages do you want distribution(s) to your children? _____

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.)

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.)

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.)

Proxy 1) _____ 2) _____ 3) _____

(PLEASE WRITE THE ADDRESS OF HEALTH CARE PROXIES ON THE BACK OF THIS PAGE)

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 \$ _____

Other Income/Inheritance: _____

N. MILITARY STATUS

1. Are you a veteran or the surviving spouse of a veteran?

2. If so, what are the dates of service for the veteran?
