



ESTATE PLANNING QUESTIONNAIRE - COUPLE

This document is designed to get you a preview of the precise questions you will see to allow your financial advisor to assist in coordinating your estate plan. Please note that when you are in the software, there will be detailed tips that accompany each of the below questions, particularly the major decisions. The information used here will be submitted to EncorEstate Plans, who will prepare and review the documents based on information complete

STEP 1 – MARITAL STATUS

_____ Married _____ Domestic Partnership

STEP 2 – PERSONAL INFORMATION

Client Name 1 (as you want it to appear on documents): _____

Email: _____

Are you a U.S. Citizen? _____ Yes _____ No

Client Name 2 (as you want it to appear on documents): _____

Are you a U.S. Citizen? _____ Yes _____ No

Home Address: _____ County: _____

Do you own this home? _____ Yes _____ No

If yes, who holds current legal ownership to property? ___ Both ___ Client 1 ___ Client 2

STEP 3 – FAMILY INFORMATION

In what county will these documents be signed? _____ Not Sure or _____

Do you own any other real estate? ___ Yes _____ No

If yes, what are the addresses?

Information about Living Children:

Child 1 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Is the child disinherited? _____ Yes _____ No



Child 2 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both _____ Client 1 _____ Client 2

Is the child disinherited? _____ Yes _____ No

Child 3 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both _____ Client 1 _____ Client 2

Is the child disinherited? _____ Yes _____ No

Child 4 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both _____ Client 1 _____ Client 2

Is the child disinherited? _____ Yes _____ No

***Please add additional children on a separate sheet

Information about Deceased Children:

Do you have any deceased children? _____ Yes _____ No If yes, please provide the following information:

Child's Name _____ Is the biological or adopted child of: ___ Both _____ Client 1 _____ Client 2

Name of the Deceased Child's Children, if any: _____

STEP 4 – BENEFICIARIES – Who is getting everything and how are they getting it? (After the surviving spouse)

Are the Beneficiaries getting equal shares? ___ Yes _____ No

Beneficiary Information

Beneficiary 1 Name: _____ Percentage or Fraction Interest: _____



Beneficiary 2 Name: _____

Percentage or Fraction Interest: _____

Beneficiary 3 Name: _____

Percentage or Fraction Interest: _____

Beneficiary 4 Name: _____

Percentage or Fraction Interest: _____

Beneficiary 5 Name: _____

Percentage or Fraction Interest: _____

For each Beneficiary, you will need to decide the following – please note the answer does not need to be the same for each:

If the beneficiary dies, would you want this share to go to: _____ Per Stirpes (generally that beneficiary's child(ren) _____ Lapse (to the other named beneficiaries _____ Other: _____

Restrictions: Do you want restrictions on the distributions to this beneficiary? ___Yes No

***For Will-Based plans, you must select No Restrictions. If you select Yes, you will be asked to do a Trust-Based estate plan as we do not do testamentary trusts within wills. However, an unfunded revocable trust-based estate plan can act just like a testamentary trust.

Specific Gifts (for charity, pets, or others in your life) – for each, please denote if it is after the a particular spouse's death or after both have died, and the amount or item:

STEP 5 – EXECUTORS, POWERS OF ATTORNEY

After one of you is unable to act (death or incapacity), would you want your spouse/partner to make financial decisions? _____ Yes (most common) _____ No

Do you want your financial agents powers limited in any way? ___Yes _____ No (most common)

Timing on power of attorney (most common is immediate for primary agent (spouse) and springing for all others:

_____ Immediate for Primary Agent only _____ Immediate for all agents _____ Springing

Who do you want to make financial decisions for you if you cannot make them for yourself? If you are married, it is assumed the spouse is first (unless otherwise indicated). Please list relationship also.

#1: _____

#2: _____

#3: _____

Do any of these agents act together? ___Yes _____ No



If yes, which ones? _____

STEP 6 – HEALTH CARE AGENTS

Would you like to include specific wishes about your health care desires? ____Yes ____No

***If Yes, please complete the Statement of Wishes attachment found in the Knowledge Baae. If No, no action is required.

Who do you want to make health care decisions for you if you cannot make them for yourself? If you are married, we generally see the spouse first. Please list the relationship also.

Client #1

#1: _____

#2: _____

#3: _____

Do any of these agents act together? ____Yes ____No

If so, which ones? _____

Client #2

#1: _____

#2: _____

#3: _____

Do any of these agents act together? ____Yes ____No

If so, which ones? _____

STEP 7 – GUARDIAN

Do you have any children under the age of 18 or expect to in the future? ____Yes ____No

If yes, who would have physical custody of any minor children?

#1: _____

#2: _____

#3: _____

Do any of these agents act together? ____Yes ____No

If so, which ones? _____