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ESTATE PLANNING QUESTIONNAIRE - COUPLE

This document is designed to give 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, detailed tips accompany each of the questions below, particularly the major decisions. The information used here will be submitted to EncorEstate Plans, who will prepare and review the documents based on the information completed.

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 of the 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

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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 thefollowing 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: _____

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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 tobe 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 create a Trust-Based estate plan, as we do not create 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 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 makefinancial decisions?_____Yes (most common) _____No

Do you want your financial agent's powers limited in any way?____Yes _____No (most common)

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

_____Immediate for Primary Agent only_____Immediate for all agents _____Springing

If you cannot make financial decisions for yourself, who do you want to make them for you? If you are married, the spouse is assumed to be first (unless otherwise indicated). Please list the 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 Base. If No, no action is required.

If you cannot make health care decisions for yourself, who do you want to make them for you? 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?

_____

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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?

_____