



The Law Office of  
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**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**  
**PERSONAL INFORMATION**

**CLIENT**

**CLIENT**

**Spouse 1** Legal Name: \_\_\_\_\_

**Spouse 2** Legal Name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Also known as: \_\_\_\_\_

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

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

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

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

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Previous Marriage(s): Yes  No

Previous Marriage(s): Yes  No

**Employment Information:**

**Employment Information:**

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

**YOUR CONCERNS**

Please rate the following as to how important they are to each of you:

*(H high concern, M moderate concern, L low concern, 0 no concern, or N/A not applicable)*

**Description**

**Level of Concern**

**SP1**

**SP2**

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability

\_\_\_\_\_

\_\_\_\_\_

Providing for and protecting spouse

\_\_\_\_\_

\_\_\_\_\_

Providing for and protecting children

\_\_\_\_\_

\_\_\_\_\_

Providing for and protecting grandchildren

\_\_\_\_\_

\_\_\_\_\_

Planning for a child or family member with disabilities or special needs

\_\_\_\_\_

\_\_\_\_\_

Disinheriting a family member

\_\_\_\_\_

\_\_\_\_\_

Providing for charities at the time of death

\_\_\_\_\_

\_\_\_\_\_

Plan for the transfer and survival of a family business

\_\_\_\_\_

\_\_\_\_\_

Minimizing or reducing estate taxes

\_\_\_\_\_

\_\_\_\_\_

Avoiding probate

\_\_\_\_\_

\_\_\_\_\_

Addressing concerns related to multiple marriages

\_\_\_\_\_

\_\_\_\_\_

Avoiding guardianship and conservatorship in case of a disability

\_\_\_\_\_

\_\_\_\_\_

Minimizing the risk of will contests or other disputes upon death

\_\_\_\_\_

\_\_\_\_\_

Protecting assets from nursing home costs

\_\_\_\_\_

\_\_\_\_\_

Protecting children's inheritance from bad relationships, financial problems, and addictions

\_\_\_\_\_

\_\_\_\_\_

Maintaining Retirement Plan benefits, such as Individual Retirement Accounts, for future generations

\_\_\_\_\_

\_\_\_\_\_

Providing that your death shall not be unnecessarily prolonged by artificial means or measures

\_\_\_\_\_

\_\_\_\_\_

Other Concerns (Please list below):

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT FAMILY QUESTIONS**

*(Please check "Yes" or "No" for your answer)*

Yes    No

Are either of you receiving social security, disability, or other governmental benefits?

\_\_\_\_\_

Describe \_\_\_\_\_

Have either of you been diagnosed with a chronic or life threatening disease?

\_\_\_\_\_

Do either of you have a specific diagnosis? If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Is either of you making payments pursuant to a divorce or property settlement order? *Please furnish a copy of divorce or property settlement agreement.*

\_\_\_\_\_

Have either of you signed a pre- or post-nuptial contract? *Please furnish a copy.*

\_\_\_\_\_

Have either of you been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy.*

\_\_\_\_\_

Have either of you completed previous will, trust, or estate planning documents? *Please furnish copies of these documents.*

\_\_\_\_\_

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*

\_\_\_\_\_

Do any of your children or grandchildren have financial problems, relationship problems, drug or alcohol problems, and/or spending problems? *If so, please explain below.*

\_\_\_\_\_

Are either of you currently the beneficiary of anyone else's trust? *If so, please explain below. Indicate if you are serving as trustee of a trust not created by you.*

\_\_\_\_\_

Do you provide primary or other major financial support to adult children or others?

\_\_\_\_\_

**ADDITIONAL RELEVANT INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_