



The Law Office of
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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
PERSONAL INFORMATION

CLIENT

Legal Name: _____

Also known as: _____

Home Address: _____

Home Phone: _____ Cell: _____

E-mail: _____

Birth Date: _____

Citizenship: _____

Previous Marriage(s): Yes ___ No ___

Employment Information:

Position: _____

Employer: _____

YOUR CONCERNS

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

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

Description

Level of Concern

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

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 _____

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 you receiving social security, disability, or other governmental benefits?

Describe _____

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

Do you have a specific diagnosis? If yes, please describe _____

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

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

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

Have 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 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

