

# LESLIE A. ERWIN, P.C.

ATTORNEY AT LAW

## ESTATE PLANNING QUESTIONNAIRE

Your legal name: \_\_\_\_\_ Age: \_\_\_\_\_

*As it appears on ID*

Spouse's legal name: \_\_\_\_\_ Age: \_\_\_\_\_

*As it appears on ID*

Child(ren)'s Full Name	Age	Natural / Adopted / Step / Deceased			
		<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Step	<input type="checkbox"/> Deceased
		<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Step	<input type="checkbox"/> Deceased
		<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Step	<input type="checkbox"/> Deceased
		<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Step	<input type="checkbox"/> Deceased
		<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Step	<input type="checkbox"/> Deceased
		<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Step	<input type="checkbox"/> Deceased
		<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Step	<input type="checkbox"/> Deceased

### Specifics About Your Estate

Do you own real property? \_\_\_ Yes \_\_\_ No      Do you plan to sell in the next 5 years? \_\_\_ Yes \_\_\_ No

Do you own a small business(es)? \_\_\_ Yes \_\_\_ No      Do you own real property in multiple states? \_\_\_ Yes \_\_\_ No

Do you want to be \_\_\_\_\_ buried or \_\_\_\_\_ cremated?

Do you have a prepaid plan? If so, what are the details? \_\_\_\_\_

General List of Assets: \_\_\_ Real Property \_\_\_ Vehicle \_\_\_ Bank Account \_\_\_ Investments  
(Check all that apply.) \_\_\_ Jewelry \_\_\_ Antiques \_\_\_ Other (List below.)

Do you have an existing estate plan? \_\_\_ Yes \_\_\_ No

Do you receive special government assistance or benefits? \_\_\_ Yes \_\_\_ No

Are you receiving Medicare/Medicaid? \_\_\_ Yes \_\_\_ No

If so, when was the last time you had a plan review? \_\_\_\_\_

Would you like to have your Medicare/Medicaid plan reviewed at no charge? \_\_\_ Yes \_\_\_ No

Do any of your beneficiary(ies) receive special government assistance or benefits? \_\_\_ Yes \_\_\_ No

### Special Bequests: (If applicable)

I give my primary residence to: \_\_\_\_\_

I give my jewelry to: \_\_\_\_\_

I give my vehicle to: \_\_\_\_\_

I give my \_\_\_\_\_ to: \_\_\_\_\_

I give my \_\_\_\_\_ to: \_\_\_\_\_

I give my \_\_\_\_\_ to: \_\_\_\_\_

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## Estate Plan Agents

**Executor:** Individual responsible for carrying out your wishes and desires expressed in your will.

**Advance Directive for Healthcare Agent:** Individual responsible for carrying out your healthcare decisions per your Advance Healthcare Directive.

**Financial Agent:** Individual responsible for carrying out your financial decisions per your Power of Attorney, while in life.

**Trustee:** Individual responsible for holding and managing a beneficiary's funds in Trust until such beneficiary has reached a certain age or until the Trustee deems advisable to provide to such beneficiary.

**Guardian of Minor Children or Special Needs Adult/Minor Children:** Individual that would be responsible for caring your minor child(ren) or special needs minor or adult child(ren).

Name	Address	Phone No.	Email	Role
				<input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Health Agent <input type="checkbox"/> Financial Agent <input type="checkbox"/> Other/Successor
				<input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Health Agent <input type="checkbox"/> Financial Agent <input type="checkbox"/> Other/Successor
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