

**FORT LAW FIRM, LLC  
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**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

(fill out as much as possible)

**I. PERSONAL INFORMATION**

**A. HUSBAND**

|                         |  |
|-------------------------|--|
| Full Name               |  |
| Home Address            |  |
| State of Residence      |  |
| Country of Citizenship  |  |
| Home Phone              |  |
| Cell Phone              |  |
| Email Address           |  |
| Date of Birth           |  |
| Social Security Number  |  |
| Occupation              |  |
| Business Name & Address |  |
| Business Phone          |  |

**B. WIFE**

|                         |  |
|-------------------------|--|
| Full Name               |  |
| Home Address            |  |
| State of Residence      |  |
| Country of Citizenship  |  |
| Home Phone              |  |
| Cell Phone              |  |
| Email Address           |  |
| Date of Birth           |  |
| Date of Marriage        |  |
| Social Security Number  |  |
| Occupation              |  |
| Business Name & Address |  |
| Business Phone          |  |

**C. CHILDREN OR DEPENDENTS**

| NAME, DATE OF BIRTH, NAME OF SPOUSE | ADDRESS, PHONE NUMBER | SSN | NAMES OF CHILD'S CHILDREN |
|-------------------------------------|-----------------------|-----|---------------------------|
| 1.                                  |                       |     |                           |
| 2.                                  |                       |     |                           |
| 3.                                  |                       |     |                           |
| 4.                                  |                       |     |                           |

**D. SPECIAL NEEDS OR CIRCUMSTANCES OF ANY FAMILY MEMBERS**

Family Member  
Special Need,  
Circumstance

|  |
|--|
|  |
|  |

**E. OTHER CONSIDERATIONS**

Has Husband been previously married?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date of end of marriage \_\_\_\_\_ . Reason \_\_\_\_\_

Has Wife been previously married?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does either spouse have children from an earlier marriage/relationship?

Yes \_\_\_\_\* No \_\_\_\_\_ \*Provide detail: \_\_\_\_\_

**II. PERSONS, ENTITIES TO CARRY OUT ESTATE PLAN**

**A. GUARDIAN(S) OF ANY MINOR CHILDREN**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |

**B. ALTERNATE GUARDIAN(S) OF ANY MINOR CHILDREN**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |

**C. EXECUTOR OF HUSBAND'S WILL (indicate, usually, spouse or provide info)**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |

**D. ALTERNATE EXECUTOR OF HUSBAND'S WILL (if spouse predeceases or is unable to serve)**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |

**E. EXECUTOR OF WIFE'S WILL (indicate, usually, spouse or provide info)**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |

**F. ALTERNATE EXECUTOR OF WIFE'S WILL (if spouse predeceases or is unable to serve)**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |

**G. OTHER CONSIDERATIONS**

Indicate whether husband wishes to have entire estate pass to surviving spouse.

Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate whether husband wishes to have estate pass to children if not survived by a spouse.

Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate whether wife wishes to have entire estate pass to surviving spouse.

Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate whether wife wishes to have estate pass to children if not survived by a spouse.

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer above is no for either spouse, to whom do you wish your estate to pass to if you are not survived by a spouse?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you want to be cremated? Husband \_\_\_\_\_ Wife \_\_\_\_\_

**H. TRUSTEE**

If it is desirable or necessary to leave assets in trust after death, identify trustee(s) (if married, trustee if spouse does not serve, or after spouse's death)

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |

**I. ALTERNATE TRUSTEE**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |

**J. OTHER TRUST CONSIDERATIONS**

For married couples with more than one child, indicate your preference as to the following alternatives:

[ ] Separate shares should be established for each of our children after we are deceased and each share should receive the same dollar amount; or

[ ] Estate funds after we are deceased should be held together as one fund for the benefit of all our children until our youngest child has had the opportunity to graduate from college. Until such time, the Trustee may make disproportionate expenditures among my children on the basis of need.

If a child/beneficiary should predecease Grantors, should the child's share go to their issue (per stirpes) or to the remaining named beneficiaries equally (per capita)? Circle one.

Age a child must attain before receiving a final distribution of his or her share of trust property: \_\_\_\_\_

If husband/wife is not survived by children or lineal descendants, indicate whether husband/wife wishes to have estate of last to die pass one-half (1/2) to husband's next of kin and one-half (1/2) wife's next of kin.

Yes \_\_\_\_\_ No \_\_\_\_\_

If "no," please list who is to receive such property:

\_\_\_\_\_

Do you wish to consider providing your heirs with additional financial security?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Via gifting programs during your lifetime? Yes \_\_\_\_\_ No \_\_\_\_\_
- Via additional life insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you considering making significant charitable contributions?

- During your lifetime? Yes \_\_\_\_\_ No \_\_\_\_\_
- After your death? Yes \_\_\_\_\_ No \_\_\_\_\_

### III. HEALTH CARE DIRECTIVES

If you would like a Living Will and Health Care Power of Attorney, please complete this Section III.

**A. FOR POWER OF ATTORNEY -- AGENT**

|                             |  |
|-----------------------------|--|
| Full Name(s) & Relationship |  |
| Address                     |  |
| Home phone number           |  |
| Cell phone number           |  |

**B. FOR POWER OF ATTORNEY – FIRST ALTERNATE AGENT (if desired)**

|                             |  |
|-----------------------------|--|
| Full Name(s) & Relationship |  |
| Address                     |  |
| Phone number                |  |

**C. FOR POWER OF ATTORNEY – SECOND ALTERNATE AGENT (if desired)**

|                             |  |
|-----------------------------|--|
| Full Name(s) & Relationship |  |
| Address                     |  |
| Phone number                |  |

**D. FOR LIVING WILL – 1<sup>ST</sup> PERSON TO BE CONTACTED (if desired)**

|                             |  |
|-----------------------------|--|
| Full Name(s) & Relationship |  |
| Address                     |  |
| Phone number                |  |

**E. FOR LIVING WILL – 2<sup>ND</sup> PERSON TO BE CONTACTED (if desired)**

|                             |  |
|-----------------------------|--|
| Full Name(s) & Relationship |  |
| Address                     |  |
| Phone number                |  |

**F. FOR LIVING WILL – 3RD PERSON TO BE CONTACTED (if desired)**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |
|  |

Phone number

**G. OTHER CONSIDERATIONS**

**Do you want to make anatomical gifts?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Provide detail if you want limit to specific body parts or for specific purposes:

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**IV. DURABLE GENERAL POWER OF ATTORNEY**

If you would like Durable General Power of Attorney, please complete this Section IV.

**A. FOR POWER OF ATTORNEY -- AGENT**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |
|  |

Phone number

**B. FOR POWER OF ATTORNEY – FIRST ALTERNATE AGENT (if desired)**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |
|  |

Phone number

**C. FOR POWER OF ATTORNEY – SECOND ALTERNATE AGENT (if desired)**

Full Name(s) &  
Relationship  
Address

|  |
|--|
|  |
|  |
|  |

Phone number



## V. FINANCIAL INFORMATION

The information below will assist us in preparing your estate plan. Please list in the appropriate column all property that you and your spouse own individually and all property that you and your spouse own jointly. Please estimate the fair market value of the property being listed. If you are completing this worksheet as a couple, and each party has significant separate property, it may be simpler to prepare two worksheets.

| Real Estate                 |          |                   |                 |           |
|-----------------------------|----------|-------------------|-----------------|-----------|
| Type of Property & Location | Titling* | Fair Market Value | Mortgage Amount | Net Value |
|                             |          |                   |                 |           |
|                             |          |                   |                 |           |
|                             |          |                   |                 |           |
|                             |          |                   |                 |           |
|                             |          |                   |                 |           |
| Total Real Estate           |          |                   |                 |           |

\*Titling abbreviations: IND for Individual, JT for joint tenancy with rights of survivorship, TE for tenancy by the entirety, and TC for tenants in common.

| Personal Property       |          |             |                   |
|-------------------------|----------|-------------|-------------------|
| Type of Property*       | Titling* | Description | Fair Market Value |
|                         |          |             |                   |
|                         |          |             |                   |
|                         |          |             |                   |
|                         |          |             |                   |
| Total Personal Property |          |             |                   |

\* including automobiles, home furnishings, jewelry, artwork, other collectibles, etc.

| Business Interests             |         |             |              |                   |
|--------------------------------|---------|-------------|--------------|-------------------|
| Name of Business               | Titling | Ownership % | Entity Type* | Fair Market Value |
|                                |         |             |              |                   |
|                                |         |             |              |                   |
|                                |         |             |              |                   |
|                                |         |             |              |                   |
| Total Business Interests Value |         |             |              |                   |

- Entity types: SOLE for sole proprietorship, PART for partnerships, SUB C for "regular" corporations, SUB S for subchapter S corporations, LLC for limited liability companies, and LLP for limited liability partnerships.

| Bank Accounts       |          |                |              |                   |
|---------------------|----------|----------------|--------------|-------------------|
| Name of Bank        | Titling* | Account Number | Account Type | Fair Market Value |
|                     |          |                |              |                   |
|                     |          |                |              |                   |
|                     |          |                |              |                   |
|                     |          |                |              |                   |
| Total Bank Accounts |          |                |              |                   |

| Investment Accounts       |          |                |                      |                   |
|---------------------------|----------|----------------|----------------------|-------------------|
| Name of Investment Firm   | Titling* | Account Number | Beneficiary (if any) | Fair Market Value |
|                           |          |                |                      |                   |
|                           |          |                |                      |                   |
|                           |          |                |                      |                   |
|                           |          |                |                      |                   |
| Total Investment Accounts |          |                |                      |                   |

\*Titling abbreviations: IND for Individual, JT for joint tenancy with rights of survivorship, TE for tenancy by the entirety, and TC for tenants in common.

| Retirement Accounts       |       |            |             |                   |
|---------------------------|-------|------------|-------------|-------------------|
| Account Owner/Participant | Type* | Where Held | Beneficiary | Fair Market Value |
|                           |       |            |             |                   |
|                           |       |            |             |                   |
|                           |       |            |             |                   |
|                           |       |            |             |                   |
| Total Retirement Accounts |       |            |             |                   |

\* Retirement account types include IRAs, SEPs, SIMPLE plans, 401(k) plans, profit sharing plans (PSP), 403(b) plans, 457 plans and others.

| Unsecured Debts      |       |        |         |
|----------------------|-------|--------|---------|
| Borrower             | Type* | Lender | Balance |
|                      |       |        |         |
|                      |       |        |         |
|                      |       |        |         |
|                      |       |        |         |
| Total Unsecured Debt |       |        |         |

\* Unsecured debt types include credit cards, personal lines of credit, etc.

| Life Insurance (on your life)            |        |             |                |                |
|--|--------|-------------|----------------|----------------|
| Ins. Co./Policy Nr./Type*                | Owner* | Beneficiary | Loan on Policy | Net (of loans) |
|  |        |             |                |                |
|  |        |             |                |                |
|  |        |             |                |                |
|  |        |             |                |                |
| Total of Life Insurance: Net Face Amount |        |             |                |                |

\* Insurance policy types include GRP for group term, INT for individual term, WHL for individual whole life (cash value), and SWL for survivorship (second to die).

\* Policy owner: often the insured, but it can be the beneficiaries, a trust, a business or others.

| Taxable Gifts Made In Past |       |               |
|----------------------------|-------|---------------|
| Year of Gift               | Donor | Value of Gift |
|                            |       |               |
|                            |       |               |
|                            |       |               |

| Interests in Trust, Powers of Appointment, Expected Inheritances |                         |
|--|-------------------------|
| Owner  | Description of Interest |
|  |                         |
|  |                         |
|  |                         |

| Other Property Interests |       |
|--------------------------|-------|
| Description              | Owner |
|                          |       |
|                          |       |
|                          |       |