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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

**Please continue if you'd like**  
**My Funeral Service**

Or, I am leaving it to \_\_\_\_\_ to make these decisions after I am gone.

The funeral home I request is \_\_\_\_\_

Type of casket \_\_\_\_\_

I desire the use of a pall on my casket (white cloth covering for the coffin) \_\_\_\_\_

I request a religious funeral service \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_

With afternoon \_\_\_\_\_ and/or evening \_\_\_\_\_ visiting

Service to be conducted by \_\_\_\_\_

Suggestions for organ music \_\_\_\_\_

Suggestions for hymns \_\_\_\_\_

Names of musicians \_\_\_\_\_

Scripture passages to be read \_\_\_\_\_

Prose/poetry \_\_\_\_\_

Names of readers \_\_\_\_\_

Favorite prayers to be offered \_\_\_\_\_

Active Pallbearers \_\_\_\_\_

Honorary Pallbearers \_\_\_\_\_

My body should be buried in \_\_\_\_\_ Cemetery

I have a burial lot \_\_\_\_\_ Number \_\_\_\_\_ Location \_\_\_\_\_

Grave Marker \_\_\_\_\_

Memorial gifts can be sent to \_\_\_\_\_

Additional directives for my funeral and burial \_\_\_\_\_

I request only a memorial service \_\_\_\_\_

At \_\_\_\_\_

I request only a graveside service \_\_\_\_\_

Please describe \_\_\_\_\_

I wish my body to be cremated. See below

**Cremation Provisions for Wills**

***Clause 1 – Ashes to be disposed of in an appropriate manner chosen by executor***

I hereby direct that my body be cremated and that my ashes be disposed of in such manner as my executor or executors shall, in their discretion, deem appropriate.

***Clause 2 – Ashes to be interred at a cemetery***

Subject to the desires of my \_\_\_\_\_ [husband, wife, domestic partner], if [s]he survives me, it is my wish that my body be cremated, that there be no lavish or large funeral or burial services for me, and that there be no service to unveil any monument that may be erected over my burial site.

***Clause 3 – Ashes to be disposed of in an appropriate manner chosen by spouse***

I hereby direct that my body be cremated and that my ashes be disposed of as my \_\_\_\_\_ [husband, wife, domestic partner], if [s]he survives me, shall deem fitting, but if [s]he does not survive me, then as \_\_\_\_\_ deems fitting. I request that my funeral service be private, simple and without ostentation.

***Clause 4 – Funeral guidelines; ashes to be interred in a mausoleum***

It is my will, and I so direct, that my remains shall be cremated and that my ashes shall be placed in an urn, which shall be inscribed with my name and the dates of my birth and death. I further desire that a funeral service be conducted at \_\_\_\_\_ [name of funeral home, church, synagogue, mosque, or other place], located at \_\_\_\_\_, with the urn and ashes present. If possible, I would like the funeral service to be performed by \_\_\_\_\_, assuming s/he is available. Following the service, I direct that the urn shall be placed in the mausoleum of my family in the cemetery of \_\_\_\_\_, located at \_\_\_\_\_.

***Clause 5***

I have left a memorandum, in writing, with my executor stating that I desire my body to be cremated. I now direct my executor or his/her successor, in order to defray the expenses of such cremation, to expend a sum not to exceed \$\_\_\_\_\_.

**Clause 6 – Ashes to be scattered in a cemetery**

I direct that my body be prepared for cremation at as little expense as possible, then cremated and the ashes placed in a paper box and, during the summer of or immediately following my death, taken, without any unnecessary preparation or trouble, to \_\_\_\_\_ Cemetery, and scattered in that cemetery in such a way as to allow the ashes to fall on our family burial lot where \_\_\_\_\_ [for example, “my father, mother, sister and brother are buried”], and on any other lots where relatives of mine are buried. I do not desire to have any marker erected for me. After my ashes have been scattered as above directed, I desire to have the paper box in which they are brought to the cemetery covered with kerosene and burned.

**Clause 7 – Ashes to be scattered at sea**

I direct that my body be prepared for cremation at as little expense as possible, then cremated and the ashes placed in a paper box. At a convenient time during the summer following my death, I request that \_\_\_\_\_ [insert, for example: “my eldest son, John” or “my executor” or “my partner, Barbara”] take my ashes to \_\_\_\_\_ [for example, “Martha’s Vineyard, MA” or “the beach at San Monica, CA.”] There, I request \_\_\_\_\_ to hire a boat and sail out into open waters. The boat having reached a suitable distance from shore, I request \_\_\_\_\_ to scatter all of my ashes into the sea. After my ashes have been scattered, I desire to have the paper box set afire and the remnants tossed into the sea.

**Clause 8 – Ashes to be scattered on a mountaintop or similar locale**

I direct that my body be prepared for cremation at as little expense as possible, then cremated and the ashes placed in a paper box. At a convenient time during the summer following my death, I request that \_\_\_\_\_ [insert, for example: “my eldest son, John” or “my executor” or “my partner, Barbara”] take my ashes to \_\_\_\_\_ [for example, “Grand Canyon National Park” or “the Adirondacks, in New York State.”] There, I request \_\_\_\_\_ to scatter my ashes in a suitable place, such as \_\_\_\_\_ [for example, a hilltop overlooking the mountains in the distance]. After my ashes have been scattered as above directed, I desire to have the paper box set afire and its ashes scattered at or near the spot where my ashes were scattered.

- See more at: <https://www.lexisnexis.com/legalnewsroom/estate-elder/b/estate-elder-blog/archive/2012/09/20/model-will-provisions-pertaining-to-cremation.aspx?Redirected=true#sthash.k3Oq4MDj.dpuf>