

**FORT LAW FIRM, LLC  
413 NORTH MAIN STREET  
FINDLAY, OHIO 45840**

**Jeffrey E. Fort**  
419-356-3984  
[jfort@fortlaw.com](mailto:jfort@fortlaw.com)  
fax: 419-422-1122

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

**I. PERSONAL INFORMATION**

**A. HUSBAND**

Full Name	
Home Address	
State of Residence	
Country of Citizenship	
Home Phone	
Cell Phone	
Email Address	
On-line Accounts (ex: Apple photos, Google documents)	
User Name	
Password	
Other Security Codes	
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	
On-line Accounts (ex: Apple photos, Google documents)	
User Name	

Password  
 Other Security Code  
 Date of Birth  
 Date of Marriage  
 Social Security Number  
 Occupation  
 Business Name & Address


Business Phone

**C. CHILDREN OR DEPENDENTS**

NAME, DATE OF BIRTH	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**

Have you been previously married?

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

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

Has your spouse been previously married?

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

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

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

**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**

Full Name(s) &  
Relationship  
Address


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

Full Name(s) &  
Relationship

--

Address

--

**E. EXECUTOR OF WIFE’S WILL**

Full Name(s) &  
Relationship  
Address


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

Full Name(s) &  
Relationship  
Address


**G. OTHER CONSIDERATIONS**

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

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

Indicate whether husband/wife wishes to have estate pass to children if not survive by a spouse.

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

If the answer above is no. 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. SECOND ALTERNATE TRUSTEE**

Full Name(s) &  
Relationship  
Address


**K. TRUST PROTECTOR**

Full Name(s) &  
Address


**L. ALTERNATE TRUST PROTECTOR**

Full Name(s) &  
Address


**M. SECOND ALTERNATE TRUST PROTECTOR**

Full Name(s) &  
Address


**N. 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. DURABLE GENERAL POWER OF ATTORNEY**

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

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

Full Name(s) & Relationship Address	
Phone number	

**B. FOR POWER OF ATTORNEY HUSBAND – FIRST ALTERNATE AGENT (not required)**

Full Name(s) & Relationship Address	
Phone number	

**C. FOR POWER OF ATTORNEY HUSBAND – SECOND ALTERNATE AGENT (not required)**

Full Name(s) & Relationship Address	
Phone number	

**D. FOR POWER OF ATTORNEY WIFE -- AGENT**

Full Name(s) & Relationship Address	
Phone number	

**E. FOR POWER OF ATTORNEY WIFE – FIRST ALTERNATE AGENT (not required)**

Full Name(s) &  
Relationship  
Address

--

--

Phone number

--

**F. FOR POWER OF ATTORNEY WIFE – SECOND ALTERNATE AGENT (not required)**

Full Name(s) &  
Relationship  
Address

--

--

Phone number

--

**IV. HEALTH CARE**

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

**A. FOR HEALTH CARE POWER OF ATTORNEY HUSBAND -- AGENT**

Full Name(s) &  
Relationship  
Address

--

--

Phone number

--

**B. FOR HEALTH CARE POWER OF ATTORNEY HUSBAND – FIRST ALTERNATE AGENT (not required)**

Full Name(s) &  
Relationship  
Address

--

--

Phone number

--



**C. FOR HEALTH CARE POWER OF ATTORNEY HUSBAND – SECOND ALTERNATE AGENT (not required)**

Full Name(s) &  
Relationship  
Address


Phone number

**D. FOR HEALTH CARE POWER OF ATTORNEY WIFE-- AGENT**

Full Name(s) &  
Relationship  
Address


Phone number

**E. FOR HEALTH CARE POWER OF ATTORNEY WIFE – FIRST ALTERNATE AGENT (not required)**

Full Name(s) &  
Relationship  
Address


Phone number

**F. FOR HEALTH CARE POWER OF ATTORNEY WIFE – SECOND ALTERNATE AGENT (not required)**

Full Name(s) &  
Relationship  
Address


Phone number

**G. FOR LIVING WILL HUSBAND -- 1<sup>ST</sup> PERSON TO BE CONTACTED (not required)**

Full Name(s) &  
Relationship  
Address


Phone number

**H. FOR LIVING WILL HUSBAND – 2ND PERSON TO BE CONTACTED (not required)**

Full Name(s) &  
Relationship  
Address

--

--

Phone number

--

**I. FOR LIVING WILL HUSBAND – 3RD PERSON TO BE CONTACTED (not required)**

Full Name(s) &  
Relationship  
Address

--

--

Phone number

--

**J. FOR LIVING WILL WIFE – 1<sup>ST</sup> PERSON TO BE CONTACTED (not required)**

Full Name(s) &  
Relationship  
Address

--

--

Phone number

--

**K. FOR LIVING WILL WIFE – 2ND PERSON TO BE CONTACTED (not required)**

Full Name(s) &  
Relationship  
Address

--

--

Phone number

--

**L. FOR LIVING WILL WIFE – 3RD PERSON TO BE CONTACTED (not required)**

Full Name(s) &  
Relationship  
Address

--

--

Phone number

--

**G. OTHER CONSIDERATIONS**

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

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

#### IV. 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
<b>Total Real Estate</b>				

\*Titling abbreviations: IND for Individual, JTWR0S 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
<b>Total Personal Property</b>			

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

Business Interests				
Name of Business	Titling	Ownership %	Entity Type*	Fair Market Value
<b>Total Business Interests Value</b>				

- 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, JTWR0S 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