

8/28/2015

# BLEVINS LAW

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## ESTATE PLANNING QUESTIONNAIRE

This form is intended to provoke thought and conversation during the estate planning process. You are not required to complete it. An attorney will gladly meet with you at any time during the planning process. However, you may wish to use it as a planning tool as you prepare for your meeting. Please call us at 859-985-5410 when you are ready to schedule an appointment.

As a reminder, a Will is not a legally binding document until after your death. So, it can be changed from time to time as children age, guardian/trustee selections change, etc. So, consider your current circumstances as you think through it and know that you can make changes as life evolves.

Finalizing a will is a gift you give to those who will handle your estate. Thank you for trusting us to assist you with such an import gift to those who will handle your estate.

1. Please bring copies of any **current Will or Trust** you may have drafted, established or created or which has been established for you.
2. Please provide **basic personal information** with the correct and formal spelling of your names.

Legal Name	Birthplace	Date of Birth
Street Address		Telephone
City	State	Zip Code
daytime phone		

3. Please select **an Executor** and an alternate Executor to carry out the terms of your Will. The Executor is the person responsible to the Court and your heirs to properly dispense and distribute your estate in accordance with your Will.

a. Executor: 1) \_\_\_\_\_

Alternate: \_\_\_\_\_

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Questions 4-5 purposefully deleted if no minor children.

**6. Who shall receive your property under the Will?**

All property to: \_\_\_\_\_

If not surviving, then to \_\_\_\_\_

**7. SPECIAL GIFTS: Describe in detail any gifts of specific items (ex. jewelry, antiques) including whether you wish to discuss *charitable giving plan* to non-profit, church, foundations, etc.**

To Whom	Address	Relationship	Item or Amount

**8. ASSETS: You should review the ownership of your assets to determine the current status of ownership and your preference for whether the title is held jointly or individually. The attorney will discuss the effect of each of these on your estate. Please bring copies of any items you wish for attorney to review.**

- a) Real Estate
- b) Automobiles
- c) Stocks
- d) Bonds
- e) Bank Accounts
- f) CD's
- g) Savings Accounts
- h) Value in other Estates or Trusts
- i) 401K
- j) IRA
- k) Collections or Antiques
- l) Other:

**9. MISCELLANEOUS: The following circumstances may affect your estate. If any of these items apply to you, please circle so that you can ask the attorney to review your circumstances.**

- a. **LIFE INSURANCE:** Life Insurance policy beneficiary designations should be reviewed as part of your estate plan. Please confirm that those beneficiaries meet your desires. Additionally, these may need to be changed if trusts are created for minor children. Please advise attorney if you wish for them to discuss this with you.

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- b. **GIFTS:** Have you ever filed a Gift Tax Return? Do you ever make a gift of greater than \$12,000 to any one individual in any one year?
- c. **TRUSTS:** Have you ever created a Trust? Supply copies if so.
- d. Do you have a power of appointment in any Trust?
- e. **TAX PLANNING:** Do expect a substantial inheritance? If so, we may wish to plan a meeting with an estate tax planning specialists.
- f. Do you have any pension or employee benefits for which you are eligible?
- g. **BUSINESS ASSETS:** Are you a member of a partnership or self-employed? Do you own stock in a closely-held corporation?
- h. **MARITAL OBLIGATIONS:** Do you have any continuing obligations under a divorce decree. If so, please bring copy of the Property Settlement Agreement or Court Order.
- i. Do you have **Pre-nuptial or Post-nuptial Agreements?**
- j. **CITIZENSHIP:** Are you both US Citizens? \_\_\_\_\_
- k. **DOMICILE:** Do you spend a nominal amount of time each year in any other state?  
\_\_\_\_\_
- l. **INTENTIONAL OMISSION:** Are there other known children that you will intentionally omit from your Will? Yes No

**10. OTHER INFORMATION. Please use this space to provide any other information, questions, special wishes or desires for your Estate that we need to discuss including any directives regarding funeral services or cremation.**

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**12. Do you have a **Power of Attorney?****

- \_\_\_ Yes, I already have one. I do not need advice in this area. Bring copy.
- \_\_\_ Yes, I already have one but I'd like an Attorney to review it at this time.
  
- \_\_\_ No, please prepare one for me.  
I select the following persons to be my Attorney(s)-in-Fact: \_\_\_\_\_  
Alternate: \_\_\_\_\_
- \_\_\_ No, I need to discuss this with the Attorney.

**13. Do you have a **Living Will or Health Care Power of Attorney?****

- \_\_\_ Yes, I already have one. I need do not need advice in this area. Bring Copy.
- \_\_\_ Yes, I already have one but I'd like an Attorney to review it at this time.
  
- \_\_\_ No, please prepare one for me.  
I select the following persons to be my Attorney(s)-in-Fact: \_\_\_\_\_  
Alternate: \_\_\_\_\_
- \_\_\_ No, I need to discuss this with the Attorney.