

12/16/2021

BLEVINS LAW
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ESTATE PLANNING QUESTIONNAIRE

This form is intended to provoke thought and conversation for parties 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 in order that you can address all the elements of your estate. 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. 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 handling the needs of your family.

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** including, legal formal spelling of names.

Husband's Legal Name	Birthplace	Date of Birth
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Wife's Legal Name	Birthplace	Date of Birth
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Street Address	City	State	Zip Code
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H's Daytime phone	W's Daytime Phone	Email	Date of Marriage
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CHILDRENS' NAMES

ADDRESS

BIRTHDATE

PARENT*

***If blended family, indicate which children are from this marriage, husband only, wife only, etc.**

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 heirs to properly distribute your estate in accordance with your Will *after your death*. Husband and Wife may select one another, then an alternate for when both are deceased.

a. Husband's Executor: 1) _____
Alternate: _____

b. Wife's Executor: 1) _____
Alternate: _____

4. ***Who do you wish to act as Guardian and/or Trustee of your minor children? Skip to Question 5 if you have no minor children.***

a. The Guardian(s) of Minor Children will physically care for the child:
1) _____
2) _____ (Alternate)
3) _____ (Alternate)

b. The Trustee(s) (of the Funds) for Minor Children or Grandchildren for money left for the child:
1) _____
2) _____ (Alternate)
3) _____ (Alternate)

5. ***In your own words, state any personal wishes for your minor children's funds (vehicles, college, special medical needs, age to receive, etc). If you are uncertain, the attorney will present ideas.***

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6. HUSBAND: Who shall receive your property under the Will?

All property to: _____

If not surviving, then to _____

7. WIFE: Who shall receive your property under the Will?

All property to: _____

If not surviving, then to _____

8. SPECIAL GIFTS: Describe gifts of specific items (antiques, jewelry), specific funds or whether you wish to discuss *charitable giving plan* to a non-profit, church or community.

To Whom	Address	Relationship	Item or Amount

9. 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. The following list is an example of assets:**

- a) Real Estate (bring Deeds to attorney meeting)
- b) Automobiles (bring car titles to attorney meeting)
- 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 items to bring to attorney's attention: _____

***The ownership of these items may be controlled outside of the Will. Beneficiary designations, payable on death clauses, etc., control over the Will.**

10. PLANNING: The following circumstances may affect your estate. If any of the below items apply to you, please circle "Yes" so that you can ask the attorney to review your circumstances.

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

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 do not need advice in this area.

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.

** Please bring a copy of any existing Power of Attorney that you would like for the attorney to review as part of your estate plan.

WE LOOK FORWARD TO MEETING WITH YOU SOON!

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