

ESTATE PLANNING QUESTIONNAIRE

BOLT HOFFER BOYD

L A W F I R M

3340 NORTHDAL BLVD NW, SUITE 130, COON RAPIDS, MN 55448

PHONE: (763) 208-3707 FAX: (763) 208-3607

WWW.BOLTHOFFER.COM

PERSONAL INFORMATION

Husband's Full Legal Name _____
(Husband's name as it appears on most legal documents)

Also Known As _____
(Husband's name as it appears on any other documents)

Birth Date _____ Social Security # _____ US Citizen _____

Home Street Address _____

City _____ State _____ Zip Code _____ County _____

Cell Phone _____ Work Phone _____ Home Phone _____

Employer _____ Position _____

E-Mail _____

Please check the box if you would like us to communicate with you via E-mail

Wife's Full Legal Name _____
(Wife's name as it appears on most legal documents)

Also Known As _____
(Wife's name as it appears on any other documents)

Birth Date _____ Social Security # _____ US Citizen _____

Home Street Address _____

City _____ State _____ Zip Code _____ County _____

Cell Phone _____ Work Phone _____ Home Phone _____

Employer _____ Position _____

E-Mail _____

CHILDREN AND FAMILY MEMBERS

*(Please provide the following information for each child of yours,
whether biological, adopted, step or other)*

Child's Full Legal Name	Date of Birth	Address and Phone Numbers
		Home: _____ Cell: _____
		Home: _____ Cell: _____
		Home: _____ Cell: _____
		Home: _____ Cell: _____
		Home: _____ Cell: _____
		Home: _____ Cell: _____

KEY ADVISORS

*(Estate Planning often times requires a team approach.
Please provide the following information for key advisors in your life.)*

Relationship	Address	Phone Number
Attorney Name: _____ Type: _____		
Financial Planner Name _____		
Accountant Name _____		
Life Insurance Agent Name _____		
Other _____ Name _____		

PLANNING FOR INCAPACITY

What happens at the point that you can no longer make decisions for yourself? Planning for Incapacity allows you to determine who will make legal, financial, medical, or other decisions, at the point that you no longer can. Trusts, Powers of Attorney, and Health Care Directives, are used to help plan for incapacity, so you can determine how decisions should be made if you are incapacitated.

POWER OF ATTORNEY

Attorney-in-Fact

(This person is allowed to make financial, legal, or other non-medical decisions on your behalf.)

Choice	Full Legal Name	Relationship to You	Address
<u>Husband</u> 1 st Choice			
<u>Husband</u> 2 nd Choice			
<u>Husband</u> 3 rd Choice			
<u>Wife</u> 1 st Choice			
<u>Wife</u> 2 nd Choice			
<u>Wife</u> 3 rd Choice			

Husband

Do you want your attorney-in-fact to be able to make gifts to him or herself? Yes No

Do you want your power of attorney to remain effective if you become incapacitated?
Yes No

Do you want to require your attorney-in-fact to provide regular accountings to you?
Yes No

If "Yes": Monthly Quarterly Annually

Wife

Do you want your attorney-in-fact to be able to make gifts to him or herself? Yes No

Do you want your power of attorney to remain effective if you become incapacitated?
Yes No

Do you want to require your attorney-in-fact to provide regular accountings to you?
Yes No

If "Yes": Monthly Quarterly Annually

HEALTH CARE DIRECTIVE

Health Care Agent

(This person is responsible for carrying out your wishes with respect to medical decisions.)

Choice	Full Legal Name	Relationship to You	Address & <u>Phone Numbers</u>
<u>Husband</u> 1 st Choice			
<u>Husband</u> 2 nd Choice			
<u>Husband</u> 3 rd Choice			
<u>Wife</u> 1 st Choice			
<u>Wife</u> 2 nd Choice			
<u>Wife</u> 3 rd Choice			

A Health Care Directive allows you not only to appoint a Health Care Agent (above), but also to provide specific instructions regarding your wishes if you are no longer able to speak for yourself. Please take some time to review the topics below and provide your general wishes, along with any other specific medical care wishes that should be addressed.

<u>Situation</u>	<u>Husband's Wishes</u>	<u>Wife's Wishes</u>
My medical care preferences (doctors, clinics, hospitals)...		
My Health Care Facility preferences (Visiting Nurses, Home Hospice, Assisted Living, Nursing Homes)...		
If I have a reasonable chance of recovery...		

My thoughts on experimental medications and treatments and clinical study participation...		
My thoughts on pain medication are...		
My thoughts on artificial hydration and nutrition are...		
If I am in a Terminal Condition...		
If I am in a Vegetative State....		
I wish to be an organ donor... Yes or No (if yes, is it stated on your driver's license?)		
My thoughts on cremation or burial...		
I request the following funeral arrangements...		
My other requests are ...		