



Trailhead Estate Planning

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(423) 228-7029
trailheadep.com

Estate Planning Questionnaire

These questions pertain to the persons named below for whom we are planning. I ask a lot of questions on this form because we need a lot of information about you for our planning for you. Do your best, but don't worry if some of the information you need to complete this form is not available to you. If a question is inapplicable to you, skip to the next applicable question.

Please call me if you have any questions or concerns about completing this form.

Date: _____

How did you hear about me? _____

1. Personal Information

	Spouse 1	Spouse 2
Name	_____	_____
Address	_____	(Same as Spouse? Y/N) _____
	_____	_____
County:	_____	_____
Date of Birth	_____	_____
Phone	_____	_____
SSN	_____	_____
Email	_____	_____
U.S. Citizen?	Y / N	Y / N
Veteran?	Y / N	Y / N

Marriage Information

Date and place of marriage: _____

2. Children (Attach additional sheets if necessary.)

Name: _____ D/O/B: _____ Age: _____ Predeceased? D/O/D: _____ Address: _____ _____ Email: _____ Telephone: _____ Spouse: _____ Children: _____ _____ Financial Trouble? Y / N Marital Trouble? Y / N Medical Trouble? Y / N Disabled? Y / N Benefits received? SSI / SSDI / Medicaid Other: _____	Name: _____ D/O/B: _____ Age: _____ Predeceased? D/O/D: _____ Address: _____ _____ Email: _____ Telephone: _____ Spouse: _____ Children: _____ _____ Financial Trouble? Y / N Marital Trouble? Y / N Medical Trouble? Y / N Disabled? Y / N Benefits received? SSI / SSDI / Medicaid Other: _____
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Do you have any dependents (that is, someone who depends on you, in whole or in part, for their support)? No Yes: Who? _____

3. Advisors

Do you have the following advisors? (Attach additional pages if necessary.)

Accountant? <input type="checkbox"/> No <input type="checkbox"/> Yes: Who? _____ Company: _____ Phone/email: _____ When was the last time you reviewed your books/tax situation? _____ When was the last time you and your accountant talked? _____
Relationship Banker? <input type="checkbox"/> No <input type="checkbox"/> Yes: Who? _____ Company: _____ Phone/email: _____ When was the last time you and your relationship banker reviewed your accounts and what the bank can do for you? _____ When was the last time you and your relationship banker talked? _____
Financial Advisor/Planner? <input type="checkbox"/> No <input type="checkbox"/> Yes: Who? _____ Company: _____ Phone/email: _____ When was the last time you and your financial advisor/planner reviewed your investments, portfolio, risk tolerance, and goals? _____ When was the last time you and your financial advisor/planner talked? _____
Insurance Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes: Who? _____ Company: _____ Phone/email: _____ When was the last time you reviewed your insurance portfolio, policy performance, risk analysis, and goals? _____ When was the last time you and your insurance agent talked? _____

Do your advisors know about what your other advisors are doing for you? _____

4. Resources

A. Monthly Income

Source	Spouse 1	Spouse 2	Notes
Wages	_____	_____	
	_____	_____	
Rental	_____	_____	
Social Security:	_____	_____	
Pension:	_____	_____	
Other:	_____	_____	
Total:	_____	_____	

B. Real Property

(Attach additional sheets as necessary.)

<p style="text-align: center;">Personal Residence</p> <p>Address of property: _____</p> <p>Names as they appear on Deed: _____</p> <p>Date Acquired: _____</p> <p>Purchase Price: _____</p> <p>Current Value: _____</p> <p>Tax-Appraised Value: _____</p> <p>Mortgage Company: _____</p> <p>Mortgage outstanding: _____</p>	<p style="text-align: center;">Other Real Property</p> <p>Address of property: _____</p> <p>Names as they appear on Deed: _____</p> <p>Date Acquired: _____</p> <p>Purchase Price: _____</p> <p>Current Value: _____</p> <p>Tax-Appraised Value: _____</p> <p>Mortgage Company: _____</p> <p>Mortgage outstanding: _____</p>
<p style="text-align: center;">Other Real Property</p> <p>Address of property: _____</p> <p>Names as they appear on Deed: _____</p> <p>Date Acquired: _____</p> <p>Purchase Price: _____</p> <p>Current Value: _____</p> <p>Tax-Appraised Value: _____</p> <p>Mortgage Company: _____</p> <p>Mortgage outstanding: _____</p>	<p style="text-align: center;">Other Real Property</p> <p>Address of property: _____</p> <p>Names as they appear on Deed: _____</p> <p>Date Acquired: _____</p> <p>Purchase Price: _____</p> <p>Current Value: _____</p> <p>Tax-Appraised Value: _____</p> <p>Mortgage Company: _____</p> <p>Mortgage outstanding: _____</p>

C. Other Assets

(Attach additional pages if necessary.)

These are your retirement plans, such as IRAs, 401(k)s, 403(b)s, and the like.

<p>Asset Type _____</p> <p>Company _____</p> <p>Value _____</p> <p>How is it titled? _____</p> <p>Primary beneficiary? _____</p> <p>Contingent beneficiar(ies)? _____</p>	<p>Asset Type _____</p> <p>Company _____</p> <p>Value _____</p> <p>How is it titled? _____</p> <p>Primary beneficiary? _____</p> <p>Contingent beneficiar(ies)? _____</p>
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These are your **bank accounts, CD's, annuities, stocks, bonds, mutual funds, money market accounts**, and the like.

Asset Type _____ Company _____ Value _____ How is it titled? _____ TOD/POD designation? _____	Asset Type _____ Company _____ Value _____ How is it titled? _____ TOD/POD designation? _____
Asset Type _____ Company _____ Value _____ How is it titled? _____ TOD/POD designation? _____	Asset Type _____ Company _____ Value _____ How is it titled? _____ TOD/POD designation? _____
Asset Type _____ Company _____ Value _____ How is it titled? _____ TOD/POD designation? _____	Asset Type _____ Company _____ Value _____ How is it titled? _____ TOD/POD designation? _____

A. List all life insurance. (Attach additional pages if necessary.)

Company Name: _____ Type (e.g. term) _____ Owner _____ Insured _____ Death Benefit (face value): _____ Cash surrender value: _____ Loan against policy (if any) _____ Primary Beneficiary _____ Contingent beneficiar(ies) _____	Company Name: _____ Type (e.g. term) _____ Owner _____ Insured _____ Death Benefit (face value): _____ Cash surrender value: _____ Loan against policy (if any) _____ Primary Beneficiary _____ Contingent beneficiar(ies) _____
Company Name: _____ Type (e.g. term) _____ Owner _____ Insured _____ Death Benefit (face value): _____ Cash surrender value: _____ Loan against policy (if any) _____ Primary Beneficiary _____ Contingent beneficiar(ies) _____	Company Name: _____ Type (e.g. term) _____ Owner _____ Insured _____ Death Benefit (face value): _____ Cash surrender value: _____ Loan against policy (if any) _____ Primary Beneficiary _____ Contingent beneficiar(ies) _____

B. Personal Property.

List large items of personal property you own (cars, boats, RVs, farm equipment, etc.) or any valuable collections (antiques, coins and stamps, guns, etc.):

Personal Property (Item)	Value	Current Owner

5. Money You Owe (non-mortgage debt)

Who owes this debt?	Creditor's Name	Amount Owed

	Total	_____

6. Gifts and Transfers

Have you made any sizable gifts or transfers, greater than \$1500.00? Y / N

If yes, please furnish the indicated information for each gift or transfer:

7. Information About Your Health

Spouse 1	Spouse 2
1. If any, what medical or health problems do you currently have?	1. If any, what medical or health problems do you currently have?
2. If any, what medical problems have you had in the past?	2. If any, what medical problems have you had in the past?

8. Other “big-picture” concerns.

- Are either of you in a high risk (liability) profession? Y / N
- Are either of you worried about other potential creditors? Y / N
- Are either of you worried about the costs of long-term care? Y / N
- Are you worried about gift and estate taxes? Y / N
- Are you worried about capital gains taxes? Y / N
- Do you want to keep your estate plan out of the public record at your death? Y / N
- Do you want someone to manage your assets for you prior to death? Y / N
- Are you worried about protecting your children’s inheritance until they can handle it? Y / N

9. Estate Planning

Place an “X” in the box that applies. Please bring the existing documents with you to our meeting.

Do you have any of the following documents?	Spouse 1	If so, what year did you make it?	Spouse 2	If so, what year did you make it?
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Revocable Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: The following sections are to be completed for each of you. Please read all the choices before selecting one. (If you aren’t sure what you want to do, you don’t have to make any choices right now.)

We will discuss what tools match your “big-picture” goals with your choices listed below.

Spouse 1:

Do you want to leave any specific money or property to any individual, or to a charity?

Beneficiary	Item/Amount
_____	_____
_____	_____

Rank how you want the balance of your property to be divided on your death and in what percentage. Leave a line blank if you not want that distribution. If you give two groups the same rank, that indicates you wish to split the property between the groups at that rank level (e.g. two groups ranked #2 with 50% each will split all your property if the #1 ranked beneficiary predeceased).

We'll talk about **how** your beneficiaries receive this property at our meeting.

- #__ __% to my spouse.
- #__ __% to my children, divided equally.
- #__ __% to my spouse's children, divided equally.
- #__ __% to my grandchildren, divided as if inherited from their parents.
- #__ __% to my grandchildren, divided equally, regardless of family size.
- #__ __% to friends and family named below.
- #__ __% to charities/causes named below.
- #__ __% in a different manner than the above options.

Names/Notes for above: _____

Rank whom you want to serve as your executor. If you want two people to serve at the same time, rank them at the same level. Co-executors' decisions will be joint, and therefore it is not recommended to have more than two serving at a time. If you want someone to always serve with a co-executor, check the "not solo" box next to that person's name.

#__	Name: _____	Address: _____	Phone: _____
<input type="checkbox"/> Not Solo	Relationship: _____	_____	Email: _____
#__	Name: _____	Address: _____	Phone: _____
<input type="checkbox"/> Not Solo	Relationship: _____	_____	Email: _____
#__	Name: _____	Address: _____	Phone: _____
<input type="checkbox"/> Not Solo	Relationship: _____	_____	Email: _____
#__	Name: _____	Address: _____	Phone: _____
<input type="checkbox"/> Not Solo	Relationship: _____	_____	Email: _____

Attach additional sheets if necessary.

Rank whom you want to serve as trustee, if needed. If you want two or more people to serve at the same time, rank them at the same level. Co-trustees' decisions will be by majority, so more than two may serve at a time, but too many trustees will make administration difficult. If you want someone to always serve with a co-trustee, check the "not solo" box next to that person's name.

#____ <input type="checkbox"/> Not Solo	Name: _____ Relationship: _____	Address: _____ _____	Phone: _____ Email: _____
#____ <input type="checkbox"/> Not Solo	Name: _____ Relationship: _____	Address: _____ _____	Phone: _____ Email: _____
#____ <input type="checkbox"/> Not Solo	Name: _____ Relationship: _____	Address: _____ _____	Phone: _____ Email: _____
#____ <input type="checkbox"/> Not Solo	Name: _____ Relationship: _____	Address: _____ _____	Phone: _____ Email: _____
#____ <input type="checkbox"/> Not Solo	Name: _____ Relationship: _____	Address: _____ _____	Phone: _____ Email: _____

Attach additional sheets if necessary.

Decision Making

Health Care

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care (that is, to be your health care advocate)? **Please list and rank the individuals you trust to be your health care advocate.** If you want more than one advocate, please indicate whether this person can act independently or if the decision must be made by majority. Again, too many individuals named at the same time can make administration difficult. If you want someone to always serve with a co-agent, check the "not solo" box next to that person's name.

#____ <input type="checkbox"/> Not Solo	Name: _____ Relationship: _____	Address: _____ _____	Phone: _____ Email: _____
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#____ <input type="checkbox"/> Not Solo	Name: _____ Relationship: _____	Address: _____ _____	Phone: _____ Email: _____

Quality of Life. Which of the following conditions would you be willing to live with if you had adequate comfort care and pain management?

<input type="checkbox"/>	<input type="checkbox"/>	Permanent unconsciousness. You are totally unaware of people or your surroundings and have little chance of ever waking.
Acceptable Unacceptable		
<input type="checkbox"/>	<input type="checkbox"/>	Permanent confusion. You are unable to remember, understand, or make decisions, and you do not recognize loved ones or have a clear conversation with them.
Acceptable Unacceptable		
<input type="checkbox"/>	<input type="checkbox"/>	Dependent in all activities of daily living. You are no longer able to communicate clearly or move and are completely dependent on others for feeding, bathing, dressing, and walking with no chance to recover through rehabilitation or other treatment.
Acceptable Unacceptable		
<input type="checkbox"/>	<input type="checkbox"/>	End-Stage Illness. You have an illness that reached its final stages despite full treatment, and you are no longer able to communicate your wishes.
Acceptable Unacceptable		

If your quality of life becomes unacceptable under one of the scenarios above, do you want any of the following treatments?

<input type="checkbox"/>	<input type="checkbox"/>	CPR (Cardiopulmonary Resuscitation). Attempt to cause your heart to beat again and restore breathing when you have an unacceptable quality of life condition.
May Use Do Not Use		
<input type="checkbox"/>	<input type="checkbox"/>	Life Support. Continuous use of equipment to help the lungs, heart, kidneys, or other organs continue to function when you have an unacceptable quality of life condition.
May Use Do Not Use		
<input type="checkbox"/>	<input type="checkbox"/>	Treatment of New Conditions. Use of surgery, antibiotics or other treatments to address a new condition, but which will not help the main unacceptable quality of life condition.
May Use Do Not Use		
<input type="checkbox"/>	<input type="checkbox"/>	Tube Feeding/IV fluids. Use of tubes to deliver food/nutrition and water to your stomach or a vein when you have an unacceptable quality of life condition.
May Use Do Not Use		

Do you want to be an organ donor? No | Yes | Don't know

When health care decisions must be made on your behalf, do you want your agent to take your religious preference into account? No | Yes. What preferences? _____

Funeral/Burial arrangements (attach additional sheets if necessary)

Have you discussed your final arrangements with your religious/spiritual advisor or funeral director? <input type="checkbox"/> No <input type="checkbox"/> Yes, my arrangement is as follows: _____

Is this a prepaid funeral or burial? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you discussed your final arrangement wishes with any family? <input type="checkbox"/> No <input type="checkbox"/> Yes. Whom? _____

Legal and Financial

If you were unable to carry out your financial business, who would you want to take care of your legal, business, personal, and financial affairs? **Please list and rank the individuals you trust to take care of your legal, business, personal, and financial affairs.** If you want more than one agent (“attorney-in-fact”), please indicate whether this person can act independently or if the decision must be made by majority. Again, too many individuals named at the same time can make administration difficult. If you want someone to always serve with a co-agent, check the “not solo” box next to that person’s name.

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Do you want these persons (your attorneys-in-fact) to be able to make gifts of your property, if they believed that was necessary for tax reasons or to protect your assets?

Yes No Don't know

If YES, what restrictions, if any, would you place on their authority to make gifts of your property (such as to family members only, certain charities, etc.)?

- No restrictions, I trust my attorney-in-fact to make the right decision.
 My restrictions are: _____

Spouse 2:

Do you want to leave any specific money or property to any individual, or to a charity?

Beneficiary	Item/Amount
_____	_____
_____	_____

Rank how you want the balance of your property to be divided on your death and in what percentage. Leave a line blank if you not want that distribution. If you give two groups the same rank, that indicates you wish to split the property between the groups at that rank level (e.g. two groups ranked #2 with 50% each will split all your property if the #1 ranked beneficiary predeceased).

We'll talk about **how** your beneficiaries receive this property at our meeting.

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- #__ __% to friends and family named below.
- #__ __% to charities/causes named below.
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Acceptable Unacceptable		
<input type="checkbox"/>	<input type="checkbox"/>	Permanent confusion. You are unable to remember, understand, or make decisions, and you do not recognize loved ones or have a clear conversation with them.
Acceptable Unacceptable		
<input type="checkbox"/>	<input type="checkbox"/>	Dependent in all activities of daily living. You are no longer able to communicate clearly or move and are completely dependent on others for feeding, bathing, dressing, and walking with no chance to recover through rehabilitation or other treatment.
Acceptable Unacceptable		
<input type="checkbox"/>	<input type="checkbox"/>	End-Stage Illness. You have an illness that reached its final stages despite full treatment, and you are no longer able to communicate your wishes.
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May Use Do Not Use		
<input type="checkbox"/>	<input type="checkbox"/>	Life Support. Continuous use of equipment to help the lungs, heart, kidneys, or other organs continue to function when you have an unacceptable quality of life condition.
May Use Do Not Use		
<input type="checkbox"/>	<input type="checkbox"/>	Treatment of New Conditions. Use of surgery, antibiotics or other treatments to address a new condition, but which will not help the main unacceptable quality of life condition.
May Use Do Not Use		
<input type="checkbox"/>	<input type="checkbox"/>	Tube Feeding/IV fluids. Use of tubes to deliver food/nutrition and water to your stomach or a vein when you have an unacceptable quality of life condition.
May Use Do Not Use		

Do you want to be an organ donor? No | Yes | Don't know

When health care decisions must be made on your behalf, do you want your agent to take your religious preference into account? No | Yes. What preferences? _____

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Yes No Don't know

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- No restrictions, I trust my attorney-in-fact to make the right decision.
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