

**SANDRA L. CLAPP & ASSOCIATES, P.A.**

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

Please supply the following information, using another sheet if necessary. If you are not certain about your response to a specific item, leave that item blank.

Date: \_\_\_\_\_

**I. FAMILY INFORMATION**

A. Client #1 FULL Name: \_\_\_\_\_

U.S. Citizen? Yes [ ] No [ ]

Client #2 FULL Name: \_\_\_\_\_

U.S. Citizen? Yes [ ] No [ ]

Other or former names in which assets of either person may be titled:

\_\_\_\_\_

B. Address and phone numbers: Home: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone for Client #1: \_\_\_\_\_

Cell Phone for Client #2: \_\_\_\_\_

Home email address: \_\_\_\_\_

Business (Client #1): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Client #1 email address: \_\_\_\_\_

Business (Client #2): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Client #2 email address: \_\_\_\_\_

C. Client #1's occupation: \_\_\_\_\_

Client #2's occupation: \_\_\_\_\_

D. Birth Date (Client #1): \_\_\_\_\_, 19\_\_ Birth Date (Client #2): \_\_\_\_\_, 19\_\_

E. Date of Marriage: \_\_\_\_\_, \_\_\_\_\_

Is there a prenuptial or antenuptial agreement currently in effect? Yes [ ] No [ ]

If yes, please provide a copy.

F. Children of this marriage (attach additional sheet if necessary):

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (if adult): \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (if adult): \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (if adult): \_\_\_\_\_

Do you wish your estate plan to anticipate possible future children and to include planning for them? Yes [ ] No [ ]

G. **Prior Marriages:** If applicable, give name of former spouse(s) of Client # 1 and Client # 2, date(s) of the marriage(s), and list the name and birth date of the children, if any, of such prior marriages.

Name of Client # 1's Prior Spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Children of Client # 1's Prior Marriage:

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (if adult): \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (if adult): \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (if adult): \_\_\_\_\_

Name of Client # 2's Prior Spouse: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_

Children of Client # 2's prior marriage:

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone (if adult): \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone (if adult): \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone (if adult): \_\_\_\_\_

(1) Have any children of such prior marriages been adopted by either Client #1 or Client #2? Yes [ ] No [ ]  
If yes, please state which children have been adopted and by whom.  
Client #1 adopted: \_\_\_\_\_  
Client #2 adopted: \_\_\_\_\_

(2) Are there any obligations to former spouse of children in prior marriage?  
For Client # 1: Yes [ ] No [ ] For Client # 2: Yes [ ] No [ ]  
If yes, please attach a copy of divorce decree and property settlement agreement.  
Are you required to provide for these children after death? Yes [ ] No [ ]  
If so explain how: \_\_\_\_\_

H. Do you or your spouse have any children who are deceased? Yes [ ] No [ ]

Deceased Children:

First Name	MI	Last Name	Birth Date	Date of Death
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I. Do you or your spouse: Client # 1 Client # 2

(1) Have beneficial interests in trusts created by either of you or by others? If so, Yes [ ] No [ ] Yes [ ] No [ ]  
please submit a copy of the Will or Trust creating the trust.

(2) Previously executed estate planning documents of any nature? If so, please provide a copy. Yes [ ] No [ ] Yes [ ] No [ ]

J. How long have you lived in Idaho? \_\_\_\_\_

K. Have you made gifts to any individual exceeding \$10,000 (before 2002), \$11,000 (2002-2005), \$12,000 (2006-2008), \$13,000 (2009-2012), \$14,000 (2013-2015) in any calendar year?  
 Client # 1: Yes [ ] No [ ] Client # 2: Yes [ ] No [ ]  
 If yes, attach a copy of federal gift tax return.

**II. ASSET SUMMARY**

Please insert your estimate of the current market values of your assets in the appropriate column indicating record of ownership (how title is held).

A. <u>Assets:</u>	<u>Client # 1</u>	<u>Client # 2</u>	<u>Joint/Community</u>
(1) Checking accounts	_____	_____	_____
(2) Savings accounts, CDs, money market accounts	_____	_____	_____
(3) Residence (gross value)	_____	_____	_____
(4) Other real estate in state of residence (gross values)	_____	_____	_____
(5) Real estate in other states (gross values)	_____	_____	_____
(6) Household furnishings and personal effects	_____	_____	_____
(7) Automobiles	_____	_____	_____
(8) Stocks and bonds	_____	_____	_____
(9) Accounts/notes receivable	_____	_____	_____
(10) Business interests	_____	_____	_____
(11) Insurance (insert total face amount from page 6)	_____	_____	_____
(12) Employee death benefits (include retirement plans, profit sharing	_____	_____	_____

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plans, and other employee benefit plans)

**BENEFICIARY:** \_\_\_\_\_

(13) Individual Retirement Accounts (IRAs) \_\_\_\_\_

**BENEFICIARY:** \_\_\_\_\_

(14) Other\* \_\_\_\_\_

**Total Assets:** \_\_\_\_\_

\*Include any artwork, jewelry, cameras, silver, collections, objects of particular value not listed in other categories, oil or gas royalties, or other sources of income.

**B. Liabilities Over \$5,000:**

	<u>Client # 1</u>	<u>Client # 2</u>	<u>Joint/Community</u>
(1) Current balance of mortgages on residence	_____	_____	_____
(2) Current balance of mortgages on other real estate	_____	_____	_____
(3) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. Business Interests:**

(1) Please identify by name and nature any business interest reflected above:

\_\_\_\_\_

(2) Is the business interest restricted (i.e., buy-sell agreement, stock redemption agreement, right of first refusal)? Yes [ ] No [ ]  
If yes, please provide a copy of the applicable document.

(3) Did you personally guarantee any liability of the business, including, without limitation leases, bank loans, secured assets? Yes [ ] No [ ]  
If yes, please state the amount guaranteed? \_\_\_\_\_

**D. Qualified/Retirement Assets:**

Please describe the nature of your retirement assets identified above (type of plan, restrictions, value in each account, beneficiaries): \_\_\_\_\_

\_\_\_\_\_

**E. Bank Information:**

(1) Safety Deposit Box Number: \_\_\_\_\_  
Location—Branch and Address: \_\_\_\_\_

(2) Primary Bank: \_\_\_\_\_  
Address of Primary Bank: \_\_\_\_\_

**III. INSURANCE**

**A. On Client # 1's Life:**

<u>Company Name</u>	<u>Death Benefit</u>	<u>Owner</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**B. On Client # 2's Life:**

<u>Company Name</u>	<u>Death Benefit</u>	<u>Owner</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total: \$ \_\_\_\_\_

**IV. FIDUCIARIES**

**A.** Which person(s) or bank would you like to serve as your Personal Representative(s) and as Trustee(s) of any trust which constitutes a part of your estate plan? (Your Personal Representative need not be the same person or bank as your Trustee.)

	<u>Personal Representative</u>	<u>Trustee</u>
Client #1 1 <sup>st</sup> Choice: Name:	_____	_____
Address:	_____	_____
	_____	_____
Client #1 2 <sup>nd</sup> Choice: Name:	_____	_____
Address:	_____	_____
	_____	_____

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Client #2 1<sup>st</sup> Choice: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Client #2 2<sup>nd</sup> Choice: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**B.** Who would you want to look after your minor children if something were to happen to both of you? The Guardian (the person with whom the children will live) and the Conservator (the person who will have control of the assets for the children outside of a trust) may be the same or may be different.

Guardian 1<sup>st</sup> Choice: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Guardian 2<sup>nd</sup> Choice: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Conservator 1<sup>st</sup> Choice: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Conservator 2<sup>nd</sup> Choice: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**V. DISPOSITION OF ESTATE**

**A. General Thoughts:**

(1) Specific Gifts: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Gift: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Gift: \_\_\_\_\_

(2) Charities: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Gift: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gift: \_\_\_\_\_

(3) Balance of Estate: \_\_\_\_\_

(4) General Objectives: \_\_\_\_\_  
\_\_\_\_\_

**B.** Are there any special circumstances that should be considered, including disabled heirs, minor children, persons to be excluded from documents, or care of parents?

Yes [ ] No [ ]

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**C.** Do you have any particular concerns or issues we should address?

Yes [ ] No [ ] If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## **VI. ADVISORS**

**A. Accountant:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**B. Financial Advisor:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**C. Insurance Agent:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## **VII. HEALTH CARE**

**A. Living Will:**

Do you have a living will (statutory death directive when terminal or vegetative)?

Yes [ ] No [ ]



Which of the following do you want in case of terminal illness or an incurable injury, disease, illness, or condition certified to be terminal by a medical doctor who has examined you, where the application of life-sustaining procedures of any kind would serve only to artificially prolong artificial life, where death is imminent whether or not life-sustaining procedures are utilized, or where you have been diagnosed as being in a persistent vegetative state and you are unable to communicate your instructions?

- (1) Client # 1:  All treatment or care to keep me alive  
 Nutrition and hydration (no mechanical devices or procedures)  
 Nutrition only (whether artificial or nonartificial)  
 Hydration only (whether artificial or nonartificial)  
 Withdrawal of all medical treatment and care, including hydration and nutrition
- (2) Client # 2:  All treatment or care to keep me alive  
 Nutrition and hydration (no mechanical devices or procedures)  
 Nutrition only (whether artificial or nonartificial)  
 Hydration only (whether artificial or nonartificial)  
 Withdrawal of all medical treatment and care, including hydration and nutrition

**B. Health Care Power of Attorney:**

Please identify the person(s) who you would designate to make health related decisions and carry out the wishes in your living will for you if you are not able to communicate your desires?

- (1) Client # 1: Primary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home)  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (work)
- Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home)  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (work)
- (2) Client # 2: Primary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home)  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (work)

Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home)  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (work)

**VIII. PROPERTY MANAGEMENT**

**A.** Have you signed a general or limited power of attorney relating to administration of your assets during your lifetime? Yes [ ] No [ ] If yes, to whom? \_\_\_\_\_

\_\_\_\_\_  
If yes, was the power of attorney recorded in any government office? Yes [ ] No [ ]

**B.** Who would administer your property during lifetime (for example, during incapacity)?

Client # 1's First Choice:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home)  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (work)

Client # 1's Second Choice:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home)  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (work)

Client # 2's First Choice:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home)  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (work)

Client # 2's Second Choice:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home)  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (work)

**C.** Do you presently have a revocable trust? Yes [ ] No [ ]

**D.** Are you interested in discussing a trust for administration of assets? Yes [ ] No [ ]

Organ Donation. Please let us know your choice regarding organ donation and we will include this choice in your living will and health care power of attorney:

- \_\_\_\_\_ Desire to donate my organs and/or tissues for transplantation purposes only.
- \_\_\_\_\_ Desire to donate my organs and/or tissues for transplantation, therapy, research or educational purposes.
- \_\_\_\_\_ Desire to donate only my \_\_\_\_\_.  
(Insert specific organs and/or tissues for transplantation, therapy, research or education.)
- \_\_\_\_\_ **DO NOT** desire to donate my organs or tissues for transplantation, therapy, research or education.