Karpel Law Firm
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Estate Planning Questionnaire

Date: _____

SECTION I: PERSONAL INFORMATION

1. HUSBAND INFORMATION		
First Name:	Middle Initial:	Last Name:
Date of Birth:	Place of Birth:	SSN:
U.S. Citizen ☐ Yes ☐ No (If No, please fill out last page addendum)		
Other Names Known by:		
Are you presently employed? ☐ Yes ☐ No If Yes, for how long?		
Occupation (former if retired):		
Employer:		
Business Address:		
Office Phone:	Email Addr:	
Cell Phone:	Fax No.:	

2. WIFE INFORMATION		
First Name:	Middle Initial:	Last Name:
Date of Birth:	Place of Birth:	SSN:
U.S. Citizen ☐ Yes ☐ No (If No, please fill out last page addendum)		
Other Names Known by:		
Are you presently employed? ☐ Yes ☐ No If Yes, for how long?		
Occupation (former if retired):		
Employer:		
Business Address:		
Office Phone:	Email Addr:	
Cell Phone:	Fax No.:	

All information provided on this form will be treated as privileged and confidential.

3. HOME ADDRESS		
Street:		
City:	State:	Zip Code:
Country (if not USA):	County:	Home Phone:
Other Residences:		

SECTION II: GENERAL QUESTIONS

1.	Do you have an existing Will? ☐ Husband ☐ Wife ☐ Both ☐ Neither If Yes, please provide a copy
2.	Do you have an existing Trust? ☐ Husband ☐ Wife ☐ Both ☐ Neither If Yes, please provide a copy
3.	Date and place of current marriage: Date: Place:
4.	Do you currently have a prenuptial agreement? ☐ Yes ☐ No If Yes, please attach a copy. Have the spouses ever entered into any agreements with each other concerning the status of their property as separate, community, or quasi-community? Date: Description and Agreed Status of Property:
5.	Have you previously been married? **Husband:** ☐ Widowed ☐ Divorced ☐ No **Wife:** ☐ Widowed ☐ Divorced ☐ No If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available.
6.	Please indicate your state of domicile _____ and the date established _____. If you spend more than a nominal amount of time in another state or country, please identify.
7.	Have you given away cash or assets in excess of the annual gift tax exclusion to anyone in a single year? (Annual exclusion was $3,000 until 1982, then $10,000; has risen to $16,000 with modest future increases.) ☐ Yes ☐ No If Yes, list amounts by years below or on the reverse side: Year _____ Amount: $_____ ☐ Husband ☐ Wife ☐ Both Year _____ Amount: $_____ ☐ Husband ☐ Wife ☐ Both Year _____ Amount: $_____ ☐ Husband ☐ Wife ☐ Both
8.	Are you receiving or will you receive an annuity? ☐ Yes ☐ No If Yes, to whom will the payments be made? _____ How long will payments be made? ☐ Life ☐ Fixed Term ☐ Joint Lives If Fixed Term, for how long? _____ Amount of each payment? $ _____
9.	Have either of you ever filed a gift tax return (IRS Form 709)? ☐ Yes ☐ No (If Yes, please provide a copy of the last one filed with the IRS)

10.	Have either of you ever filed a corporate or partnership tax return? ☐ Yes ☐ No (If Yes, please provide a copy of the last one filed with the IRS)	
11.	Do either of you have any interest under a Will or Trust of another person, including a power of appointment? ☐ Yes ☐ No If Yes, please supply a copy of the document if available.	
12.	Are either of you a Trustee of any Trust? ☐ Husband ☐ Wife ☐ Both ☐ Neither	
13.	Have you received, or do you expect to receive, any inheritances? ☐ Husband ☐ Wife ☐ Both ☐ Neither	
14.	Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the US? ☐ Yes ☐ No	
15.	Do you have relatives dependent upon you for support? ☐ Yes ☐ No If Yes, give names and relationships:	
16.	Please list any specific items or amounts that you wish to give to any individuals or organizations at your death: (Check here if attaching separate sheet ☐)	
	Name: Address:	Item or Amount: Relation:
	Name: Address:	Item or Amount: Relation:
	Name: Address:	Item or Amount: Relation:
17.	All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to Spouse? Yes ☐ No ☐ If No, or if Spouse is deceased, to: ☐ Living children ☐ Other (specify):	
18.	Are either of you self-employed or a member of a partnership or small business subject to any buy/sell arrangements? ☐ Yes ☐ No If Yes, please supply a copy of any pertinent documents.	
19.	Do either of you hold stock in a closely-held corporation? ☐ Yes ☐ No ☐ Sub-S If Yes, attach details of any stock redemption agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable.	
20.	Do either of you have any medical issues we should be aware of for planning purposes? ☐ Husband ☐ Wife ☐ Both ☐ Neither	
21.	Do you have long term care insurance? ☐ Husband ☐ Wife ☐ Both ☐ Neither Do you have disability insurance? ☐ Husband ☐ Wife ☐ Both ☐ Neither Do you have an umbrella policy? ☐ Yes ☐ No	

SECTION II: GENERAL QUESTIONS

22.	Please check any of the following states in which you have lived or acquired property together (if applicable): Arizona ☐ Idaho ☐ Nevada ☐ Texas ☐ Wisconsin ☐ California ☐ Louisiana ☐ New Mexico ☐ Washington ☐ None ☐
23.	Do either of you own any property in a foreign country? ☐ Yes ☐ No If Yes, which country?
24.	Do you own any real estate in joint names acquired before 1977? ☐ Yes ☐ No
25.	Who will serve as Executor for you? Each Spouse for the other? ☐ Yes ☐ No; If no, or to name co-executors, use space below. Name: _____ ☐ Co-executor ☐ Successor City/State: _____ ☐ Male ☐ Female ☐ Corp ☐ Group Relation: _____ Name: _____ ☐ Co-executor ☐ Successor City/State: _____ ☐ Male ☐ Female ☐ Corp ☐ Group Relation: _____ Name: _____ ☐ Co-executor ☐ Successor City/State: _____ ☐ Male ☐ Female ☐ Corp ☐ Group Relation: _____
26.	Who will serve as Trustee for you? Each Spouse for the other? ☐ Yes ☐ No As Co-Trustee ☐ If No, or to name co-fiduciaries, use space below. Name: _____ ☐ Male ☐ Female ☐ Corp ☐ Group City/State: _____ Relation: _____ Alternate (if above person(s) unable to serve): _____ ☐ Male ☐ Female ☐ Corp ☐ Group City/State: _____ Relation: _____
27.	Who will serve as guardian of your minor children (if applicable)? Name: _____ Relation: _____ City/State: _____ ☐ Male ☐ Female ☐ Couple Successor (if above person(s) unable to serve): _____ ☐ Male ☐ Female ☐ Couple City/State: _____ Relation: _____

28.	Who will serve as Agent under a durable power of attorney (if desired)? Each Spouse for the other? ☐ Yes ☐ No; If No, or to name another, use space below Name: _____ Relation: _____ Address: _____ City: _____ State: _____ Zip: _____ ☐ Male ☐ Female Alternate (if above person(s) unable to serve): _____ Relation: _____ Address: _____ City: _____ State: _____ Zip: _____ ☐ Male ☐ Female
29.	Who will serve as Health Care Surrogate/Agent (person to make medical decisions)? Each Spouse for the other? ☐ Yes ☐ No If No, or to name an alternate if Spouse is unable to serve, use space below Name: _____ Relation: _____ ☐ Male ☐ Female Work Phone: _____ Cell/Other Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Alternate (if above person(s) unable to serve): _____ Relation: _____ ☐ Male ☐ Female Work Phone: _____ Cell/Other Phone: _____ Address: _____ City: _____ State: _____ Zip: _____
30.	Do you want a Living Will to address end of life issues? ☐ Husband ☐ Wife ☐ Both ☐ Neither
31.	Do you wish to be cremated? ☐ Husband ☐ Wife ☐ Both ☐ Neither If Yes, please provide details of the disposition of your ashes, directing if they are to be scattered or preserved in one location.
32.	Are you an organ donor? Husband ☐ Yes ☐ Yes, but only as listed below ☐ No Specify if needed: _____ Wife ☐ Yes ☐ Yes, but only as listed below ☐ No Specify if needed: _____

33.	Are you concerned that any of your beneficiaries will not behave responsibly with money that you give them? ☐ Yes ☐ No
34.	Do you have any children or grandchildren attending private school, college, or graduate school? ☐ Yes ☐ No
35.	Do you have any relative who regularly incurs significant medical bills? ☐ Yes ☐ No
36.	Is there any member of your family disabled or receiving medical benefits from State or Federal government? ☐ Yes ☐ No
37.	Do you wish to discuss the impact of Assisted Reproductive Technology on your estate plan? ☐ Yes ☐ No
38.	Do you have pets for which you would like to make special provisions (such as custodial or financial arrangements)? ☐ Yes ☐ No
39.	How did you first learn about our firm?

SECTION III: BENEFICIARY INFORMATION

Names of living children as they are to appear in your documents (attach additional pages if necessary)

1.	Name of Child: _____ Child of: ☐ Both ☐ Husband ☐ Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: ☐ Male ☐ Female Nationality of child: _____
Married? ☐ Yes ☐ No		If Yes, please provide name of child's spouse:
Grandchildren? ☐ Yes ☐ No		If Yes, please provide names and ages below:
Names:		Ages:

2.	Name of Child: _____ Child of: ☐ Both ☐ Husband ☐ Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: ☐ Male ☐ Female Nationality of child: _____
Married? ☐ Yes ☐ No		If Yes, please provide name of child's spouse:
Grandchildren? ☐ Yes ☐ No		If Yes, please provide names and ages below:
Names:		Ages:

3.	Name of Child: _____ Child of: ☐ Both ☐ Husband ☐ Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: ☐ Male ☐ Female Nationality of child: _____
Married? ☐ Yes ☐ No		If Yes, please provide name of child's spouse:
Grandchildren? ☐ Yes ☐ No		If Yes, please provide names and ages below:
Names:		Ages:

4.	Name of Child: _____ Child of: ☐ Both ☐ Husband ☐ Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: ☐ Male ☐ Female Nationality of child: _____
Married? ☐ Yes ☐ No If Yes, please provide name of child's spouse:		
Grandchildren? ☐ Yes ☐ No If Yes, please provide names and ages below:		
Names:		Ages:

5.	Name of Child: _____ Child of: ☐ Both ☐ Husband ☐ Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: ☐ Male ☐ Female Nationality of child: _____
Married? ☐ Yes ☐ No If Yes, please provide name of child's spouse:		
Grandchildren? ☐ Yes ☐ No If Yes, please provide names and ages below:		
Names:		Ages:

6.	Name of Child: _____ Child of: ☐ Both ☐ Husband ☐ Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: ☐ Male ☐ Female Nationality of child: _____
Married? ☐ Yes ☐ No If Yes, please provide name of child's spouse:		
Grandchildren? ☐ Yes ☐ No If Yes, please provide names and ages below:		
Names:		Ages:

Do you have any children who have predeceased you? ☐ **Yes** ☐ **No** If yes, list information below:	
Name of deceased child: _____ Child of: ☐ Both ☐ Husband ☐ Wife	
Gender: ☐ Male ☐ Female Date of death? _____	
Married at death? ☐ Yes ☐ No If Yes, please provide name:	
Grandchildren? ☐ Yes ☐ No If Yes, please provide names and ages below:	
Names:	Ages:

SECTION III: BENEFICIARY INFORMATION

Do you have any children or grandchildren who are adopted? ☐ **Yes** ☐ **No**

Other Persons or Institutions to be Named in Your Documents (and not listed above):

	Names as you would like them to appear on your documents	City and State/Country	Relationship (if any);
1.			
2.			
3.			
4.			
5.			
6.			

SECTION IV: FINANCIAL INFORMATION

Assets (Estimate Current Fair Market Value)	Amount	Titled in Whose Name	Community Property or Separate Property
1. Principal Residence		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
2. Other Real Estate		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
3. Mineral Interests		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
4. Checking Account(s)		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
5. Savings Account(s)		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
6. Certificates of Deposit(s)		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
7. TOD/POD Accounts		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
8. Brokerage Account(s)			
		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
9. Other Securities		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
10. Business Interests		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
11. Notes Receivable		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
2. Personal Effects & Furnishings		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
13. Automobiles		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
14. Other		☐ Husband ☐ Wife ☐ Joint	☐ Community Property ☐ Separate Property
Total Assets	$ 0		

Liabilities	Husband's Name Only	Wife's Name Only	Owed Jointly
Home Mortgage			
Other Mortgages			
Other Loans			
Total Liabilities	$ 0	$ 0	$ 0

Net Assets	$ 0	$ 0	$ 0

Profit Sharing, IRA, Pension Plans, 401k, Etc.

Husband

DESCRIPTION	BENEFICIARY	CURRENT VALUE	Community or Separate Property
			☐ CP ☐ SEP
			☐ CP ☐ SEP

Wife

DESCRIPTION	BENEFICIARY	CURRENT VALUE	Community or Separate Property
			☐ CP ☐ SEP
			☐ CP ☐ SEP

Husband's Total Retirement Benefits:	$ 0
Wife's Total Retirement Benefits:	$ 0
COMBINED TOTAL RETIREMENT BENEFITS:	$ 0

Life Insurance - Please bring policies to initial appointment if available

Policies Owned by Husband

Type (e.g. term, group whole life)	Face Amount of Death Benefit	Approximate Cash Value	Insured **H**usband / **W**ife / **O**ther	Primary Beneficiary	Secondary Beneficiary

Policies Owned by Wife

Type (e.g. term, group whole life)	Face Amount of Death Benefit	Approximate Cash Value	Insured **H**usband / **W**ife / **O**ther	Primary Beneficiary	Secondary Beneficiary

Husband's Total Insurance: $ 0 **Wife's Total Insurance:** $ 0

COMBINED TOTAL INSURANCE: $ 0

$ 0	+	$ 0	+	$ 0	=	$ 0
NET ASSETS		**COMBINED TOTAL RETIREMENT BENEFITS**		**COMBINED TOTAL INSURANCE**		**TOTAL**

Digital Footprints

1.	Do you have any electronic and/or digital assets of significant value, whether stored externally or on your devices? These might include digital currency, intellectual property, or literary works. ☐ Husband ☐ Wife ☐ Both ☐ Neither
2.	Do you wish to make specific gifts (or other disposition) of your digital assets? ☐ Husband ☐ Wife ☐ Both ☐ Neither
3.	Do you want some or all of your digital assets to be preserved at your death, instead of allowing the accounts and their content to be deleted? ☐ Husband ☐ Wife ☐ Both ☐ Neither
4.	Do you use an electronic service containing a list of your accounts and/or passwords? ☐ Husband ☐ Wife ☐ Both ☐ Neither
5.	Does anyone currently have access to your online accounts and/or passwords, or will they at your death? If yes, who For ☐ Husband ☐ Wife ☐ Both ☐ Neither
6.	Do you want to appoint someone to serve as your "Digital Fiduciary," i.e., to deal with your digital assets in place of the person you would normally name to handle your estate? If yes, who For ☐ Husband ☐ Wife ☐ Both ☐ Neither

SECTION V: PROFESSIONAL ADVISORS

ADVISOR	NAME AND FIRM	ADDRESS / PHONE NUMBER
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Trust Officer		
Other		

Do we have your permission to discuss your plan and personal information with these advisors?

☐ Yes ☐ No ☐ Ask Us First

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT KARPEL LAW FIRM IS RELYING ON THIS INFORMATION FOR THE ADVICE IT GIVES ME, AND IF THERE IS ANY MATERIAL CHANGE IN MY ASSET COMPOSITION, VALUES, OR OTHER PERSONAL DATA DURING THE COURSE OF REPRESENTATION, I WILL NOTIFY KARPEL LAW FIRM.

Husband's Signature _____

Wife's Signature _____

Addendum for Noncitizen Clients

Please fill out this section only if you are not a US citizen

HUSBAND INFORMATION		
First Name:	Middle Initial:	Last Name:
Country of Citizenship		
Other Nationalities		
Residency/Visa Status ☐ Permanent Resident ☐ Other		
If you have a green card, when was it obtained? When does it expire?		
Have you ever expatriated from the U.S., i.e., were you ever a US citizen or long term green card holder (8 out of 15 years) ☐ Yes ☐ No		
Have you purchased any property after 1981 and before July 14, 1988? ☐ Yes ☐ No		

WIFE INFORMATION		
First Name:	Middle Initial:	Last Name:
Country of Citizenship		
Other Nationalities		
Residency/Visa Status ☐ Permanent Resident ☐ Other		
If you have a green card, when was it obtained? When does it expire?		
Have you ever expatriated from the U.S., i.e., were you ever a US citizen or long term green card holder (8 out of 15 years) ☐ Yes ☐ No		
Have you purchased any property after 1981 and before July 14, 1988? ☐ Yes ☐ No		