

LESLIE A. ERWIN, P.C.

ATTORNEY AT LAW

ESTATE PLANNING QUESTIONNAIRE

Your full name: _____

Spouse full name: _____

Child(ren):

| Child(ren)'s Full Name | Age | Natural / Adopted / Step |
|------------------------|-----|--------------------------|
| | | |
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If there are minor children, please indicate the guardian's name below in priority order:

| | Name | Address | Phone No. | Email |
|--------------------|------|---------|-----------|-------|
| Guardian | | | | |
| Successor Guardian | | | | |
| Backup Guardian | | | | |

Specifics About Your Estate

Do any of your beneficiary(ies) receive special government assistance or benefits ___ Yes ___ No

Do you own a small business(es)? _____ Do you own real property in multiple states? _____

Do you want to be _____ buried or _____ cremated?

Do you have a prepaid plan? If so, what are the details? _____

General List of Assets: ___ Real Property ___ Vehicle ___ Bank Account ___ Investments
(Check all that apply.) ___ Jewelry ___ Antiques ___ Other (List below.)

Do you have an existing estate plan that needs to be updated? _____ If so, please specify the documents you currently have in place and the date those documents were signed: ___ - ___ - ___

___ Last Will and Testament ___ Healthcare Directive ___ Power of Attorney ___ Trust

Other: _____

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Advance Healthcare Directive

Legal document allowing you to make your medical care preferences known ahead of time.

| | Name | Address | Phone No. | Email |
|-----------------|------|---------|-----------|-------|
| Agent | | | | |
| Successor Agent | | | | |
| Backup Agent | | | | |

Power of Attorney

Legal document allowing an agent to make financial decisions for you, while still in life.

| | Name | Address | Phone No. | Email |
|-----------------|------|---------|-----------|-------|
| Agent | | | | |
| Successor Agent | | | | |
| Backup Agent | | | | |

Trust

If you are including a Trust in your estate plan, then we need the following information.

| | Name | Address | Phone No. | Email |
|-------------------|------|---------|-----------|-------|
| Trustee | | | | |
| Successor Trustee | | | | |
| Backup Trustee | | | | |

Distribution ____ % at age ____; then ____ % at age ____; then ____ % at age ____.

Trustee shall distribute ____ % of trust value per annum to Guardian of minor beneficiary(ies).

Trustee shall have discretion to distribute to beneficiary(ies), to provide for items checked below:

| | | |
|--|--------------------------|----------------------------|
| Education <i>(vocational, college, graduate, professional, public or private)</i> | | |
| - Must maintain passing grades | <input type="checkbox"/> | Down Payment on First Home |
| Reasonable Transportation | <input type="checkbox"/> | First Wedding |
| Maintenance in Life and Health | <input type="checkbox"/> | Emergency Medical |
| Other: | <input type="checkbox"/> | Other: |

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Your Professional Contacts

Only provide the information for the professional that you give Leslie A. Erwin, P.C. permission to speak with regarding your estate plan.

| | Name | Address | Phone No. | Email |
|-------------------|------|--------------------------------------|-----------|-------|
| CPA | | | | |
| Insurance Agent | | | | |
| | | <i>Do you have an umbrella plan?</i> | | |
| Financial Planner | | | | |

Please sign and date: _____

Specific Bequests

List of specific items that you desire to be given to a particular individual.

| Beneficiary(ies) | Item Description |
|------------------|------------------|
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