



Estate Planning Questionnaire: Single

Mahe Law, Ltd.

I. PERSONAL INFORMATION

In order to prepare your estate planning documents, we need to acquire some personal information regarding you, your family and your family history. Please provide all requested information regardless of whether you believe it is relevant. If you need more spaces, please use and attached additional sheets of paper.

a. Name: _____

Other or former names: _____

b. Home Address:

Street _____ City _____
Zip _____ County _____

c. Home Phone No. _____

d. Social Security Number: _____

e. Date of Birth: _____

f. Place of Birth: _____

g. Citizenship: _____

h. Date You Became Resident of Nevada: _____

i. Prior Marriages (if any) and how they were terminated (ex. divorce):

j. Names of Children (if any):

Name DOB Spouse Address Phone #

<u>Name</u>	<u>DOB</u>	<u>Spouse</u>	<u>Address</u>	<u>Phone #</u>

k. Grandchildren (if any):

Name Date of Birth Name of Parent

<u>Name</u>	<u>Date of Birth</u>	<u>Name of Parent</u>

l. Deceased children (if any): _____

m. Living Parents: _____

n. Brothers and Sisters: _____

II. FIDUCIARIES

As part of your estate plan, you will be identifying the individuals that you want to be responsible for making decisions during your lifetime, if you are unable to do so, or after your death. Typically, the individual responsible is the same for all documents. However, please indicate the individual you desire to be responsible, and successors if your first choice is unable or unwilling to act, for the following documents:

a. Last Will and Testament:

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

b. Trust:

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

c. Guardian of Minor Children (if any):

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

d. Agents for Durable Power of Attorney for Health Care Decisions:

One of the documents we recommend you sign is a durable power of attorney for healthcare decisions. This document is effective during your lifetime and takes effect in the event you cannot make health care decisions for yourself.

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

e. Agents for Durable Power of Attorney and Nomination of Guardian:

One of the documents we recommend you sign is a durable power of attorney and nomination of guardian. This document is effective during your lifetime and takes effect in the event you cannot make financial decisions or it becomes necessary to have a guardian appointed.

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

III. DISTRIBUTION OF YOUR ESTATE

Please indicate how you would like your estate to be distributed:

IV. FINANCIAL INFORMATION

a. Location and Number of Safe Deposit Box:

b. Persons Who Have Access to Safe Deposit Box:

c. Are There Present Wills or Trusts:

(If the answer is yes, please provide copies to attorney)

Yes No

d. Accountant:

Name	
Address	
Phone No.	

e. Others who know about your affairs:

Name	
Address	
Phone No.	

Name	
Address	
Phone No.	

f. Approximate Net Worth:

What is your current approximate net worth, including death benefits from life insurance policies:

\$ _____

g. Have you made substantial gifts to children or others?

Yes No

If yes, to whom: _____

h. Real Estate:

If you own real property, please provide the following information:

How is title held:

Address:

Please furnish a copy of the deed you received when title was vested in your name(s).

I. List Bank and Investment Accounts:

Institution

Account Number

V. ADDITIONAL CONSIDERATIONS:

a. Do you have any specific requests regarding your funeral or burial (ex: cremation)?

Yes No

Explain: _____

c. Do you have any other comments you feel are pertinent which we have not requested in this questionnaire?

