



**GORDON
FISCHER
LAW FIRM**

ESTATE PLAN QUESTIONNAIRE

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PURPOSE OF FORM

Thank you for considering Gordon Fischer Law Firm, P.C. for your estate planning needs. The information you provide in this questionnaire will be used to help you organize your personal and financial information so I can properly assess your current situation and evaluate what documents are appropriate for you. Whether you need just a simple will or a more complicated estate plan, the information requested in this form is essential for me to give you proper advice and recommendations.

Please complete this form to the best of your ability. After completing this form, please contact me to discuss next steps. Completion and return of the form acknowledges your agreement to the terms and engagement of Gordon Fischer Law Firm, P.C. as your attorney.

PRIVACY AND CONFIDENTIALITY. Information you provide will be kept confidential unless you authorize or request its release to others. Because of this attorney-client confidentiality, non-clients, as a general rule, are not permitted to be present during your initial consultation, particularly if the non-client is someone who may be mentioned in your will and/or other documents. If you feel having someone else with you is essential, please let me know and we can discuss.

If you are unmarried, or if you are married but wish to implement an estate plan separately from your spouse, simply fill out one side of this form.

If you are married and wish to implement a joint estate plan with your spouse, please read the section below entitled "Information For Married Couples" before completing this form.

FEES. You will find the fee schedule at the end of this form.



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INFORMATION FOR MARRIED COUPLES

If you are married, please note you have the option of hiring separate attorneys for your estate planning needs. Though the goals of most married persons are the same when it comes to wills, trusts, and estate planning, some married individuals (especially individuals who have children from prior marriages) have differing views on the ownership of property and beneficiaries, and naming executors, trustees, and guardians. Likewise, some married individuals have private information they do not wish to share with their spouse — information that may be essential to the estate planning process that would have to be disclosed to the attorney and, therefore, disclosed to the spouse if I am representing both spouses. Additionally, sometimes married individuals have “awkward” questions they wish to ask the attorney — questions they would not be comfortable asking in the presence of their spouse, such as how a divorce might affect their estate plan.

By obtaining separate attorneys, you would be able to: (1) share in confidence any secrets or private information with your attorney that may be important to the estate planning process; (2) ask in confidence whatever questions you may have; and (3) receive completely confidential advice and counsel. If represented jointly, you will be waiving and losing all three of the above rights with respect to your spouse. If you decide to obtain separate attorneys, this firm would be pleased to represent either one of you separately. If you are married and decide you would like this firm to represent both of you, please sign below and then complete this form jointly (please **do not** fill out two separate forms).

CLIENT

SPOUSE

By signing here, we acknowledge we have the right to obtain separate attorneys, but after careful consideration we waive that right to have you represent both of us in connection with our estate planning needs; we understand that we are waiving the rights described above with respect to each other.

INVENTORY CHECKLIST

YOU	SPOUSE
Name:	Name:
Work Phone: May we leave you messages?	Work Phone: May we leave you messages?
Home Phone: May we leave you messages?	Home Phone: May we leave you messages?
Mobile Phone:	Mobile Phone:
Home Address:	Home Address:
Email Address: Shall we use this address to send your draft documents?	Email Address: Shall we use this address to send your draft documents?
Name of Business/Employer: Work Address:	Name of Business/Employer: Work Address:
Place of Birth:	Place of Birth:
Date of Birth:	Date of Birth:
Social Security Number:	Social Security Number:
Have you ever used any other name? Where? Why?	Have you ever used any other name? Where? Why?
Are you a citizen of the United States?	Are you a citizen of the United States?
Marital Status: If currently married, date of marriage: Name of current spouse: Prior spouse(s): <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased – date	Marital Status: If currently married, date of marriage: Name of current spouse: Prior spouse(s): <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased – date
Name(s) of your Professional Advisors: Address: Phone Number: Email Address:	Name(s) of your Professional Advisors: Address: Phone Number: Email Address:

INVENTORY CHECKLIST CONTINUED

YOU	SPOUSE
Name(s) of your Accountant: Address: Phone Number: Email Address:	Name(s) of your Accountant: Address: Phone Number: Email Address:
Name(s) of your Bank, Credit Union: Address: Phone Number: Email Address:	Name(s) of your Bank, Credit Union: Address: Phone Number: Email Address:
Name(s) of your Financial Advisor: Address: Phone Number: Email Address:	Name(s) of your Financial Advisor: Address: Phone Number: Email Address:
Name(s) of your Insurance: Address: Phone Number: Email Address:	Name(s) of your Insurance: Address: Phone Number: Email Address:
Do you have a will? If so, when executed:	Do you have a will? If so, when executed:
Do you have a financial power of attorney appointed? If so, when executed:	Do you have a financial power of attorney appointed? If so, when executed:
Do you have a medical power of attorney? If so, when executed:	Do you have a medical power of attorney? If so, when executed:
Is your total net worth in excess of \$5 million; or have you made substantial gifts during life? (Additional information may be necessary to consider tax planning options.)	Is your total net worth in excess of \$5 million; or have you made substantial gifts during life? (Additional information may be necessary to consider tax planning options.)

KEY CONTACTS

Using the next two pages (and, if necessary, additional sheets), please identify all your children and all other individuals who you will be naming either as beneficiaries or guardians or fiduciaries (i.e., executors, trustees, or agents under a medical or financial power of attorney) — in other words, everyone you mention anywhere else in this intake form. Please also fill in each person’s relationship to you using the following relationship codes:

CHILDREN:

CB=Child of Both | **HC**=Husband’s Child | **WC**=Wife’s Child | **ACB**=Adopted Child of Both
HAC=Husband’s Adopted Child | **WAC**=Wife’s Adopted Child | **DCC**=Deceased Child w/ Children
DCN=Deceased Child w/ No Children

SIBLINGS:

HB=Husband’s Brother | **HS**=Husband’s Sister | **WB**=Wife’s Brother | **WS**=Wife’s Sister

OTHER:

HN=Husband’s Niece/Nephew | **WN**=Wife’s Niece/Nephew | **F**=Friend | **G**=Godchild

Name: Relationship: Age: Address: City/State/Zip: Home Phone:	Name: Relationship: Age: Address: City/State/Zip: Home Phone:
Name: Relationship: Age: Address: City/State/Zip: Home Phone:	Name: Relationship: Age: Address: City/State/Zip: Home Phone:
Name: Relationship: Age: Address: City/State/Zip: Home Phone:	Name: Relationship: Age: Address: City/State/Zip: Home Phone:
Name: Relationship: Age: Address: City/State/Zip: Home Phone:	Name: Relationship: Age: Address: City/State/Zip: Home Phone:

EXECUTORS FOR YOUR WILL

Please indicate below who you would like to serve as executor of your will. Though generally not recommended, you may choose to have co-executors. Naming co-executors creates a built-in balancing of powers, but at the same time may cause more difficult administration of the estate because the signature of both executors will be required for every estate transaction. If you nominate co-executors, then you must also indicate whether either co-executor may act alone in the event the other nominated co-executor is unable or unwilling to act as a co-executor.

SPOUSE PRIMARY EXECUTOR?	SPOUSE PRIMARY EXECUTOR?
Primary Executor(s) (after spouse, if applicable). Name(s): If naming co-executors, may either act as sole executor if the other one is unable or unwilling?	Primary Executor(s) (after spouse, if applicable). Name(s): If naming co-executors, may either act as sole executor if the other one is unable or unwilling?
Alternate Executor(s) (after Primary). Name(s): If naming co-executors, may either act as sole executor if the other one is unable or unwilling?	Alternate Executor(s) (after Primary). Name(s): If naming co-executors, may either act as sole executor if the other one is unable or unwilling?

TRUSTEES FOR YOUR TRUST

Your trustee has the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of any trusts that are created. Trustees may be family members or financial institutions/trust companies (if qualified to act) or other individuals. Though not generally recommended, you may choose to have co-trustees. Naming co-trustees creates a built-in balancing of powers, but at the same time may cause more difficult administration of the trust. If you wish to select co-trustees, you may want to choose them for how well their strengths complement one another.

Primary Trustee(s) (after spouse, if applicable). Name(s): If naming co-trustees, may either act as sole executor if the other one is unable or unwilling?	Primary Trustee(s) (after spouse, if applicable). Name(s): If naming co-trustees, may either act as sole executor if the other one is unable or unwilling?
Alternate Trustee(s) (after Primary). Name(s): If naming co-trustees, may either act as sole executor if the other one is unable or unwilling?	Alternate Trustee(s) (after Primary). Name(s): If naming co-trustees, may either act as sole executor if the other one is unable or unwilling?

RESIDUARY ESTATE

Please indicate below how your residuary estate (everything left after payment of bills, taxes and special gifts) should be distributed upon your death. Your residuary estate is comprised of the liquidated value of all your financial assets remaining in your trust or estate after satisfaction of your specific monetary bequests listed above. Unless you request otherwise, the share of a deceased beneficiary will be distributed to that beneficiary’s living children in equal shares.

<input type="checkbox"/> All to my spouse or if my spouse predeceases me, then to my children in equal shares.	<input type="checkbox"/> All to my spouse or if my spouse predeceases me, then to my children in equal shares.
<input type="checkbox"/> All to my children, in equal shares.	<input type="checkbox"/> All to my children, in equal shares.
<input type="checkbox"/> All to the charities designated below, in equal shares.	<input type="checkbox"/> All to the charities designated below, in equal shares.
<input type="checkbox"/> As described below or on the attached sheet.	<input type="checkbox"/> As described below or on the attached sheet.

DELAYED DISTRIBUTIONS

If you have minor children, or if you wish to delay final distribution of your estate until your children (or other beneficiaries) have reached what you feel will be an adequate level of maturity, choose from three types of delayed distribution options explained below.

How Assets Are To Be Held: Please read the explanations after each of the following three options and then select one of the three options that best meets your wishes with regard to how trust assets should be held:

<p>Option 1 - Separate Trust Funds for Each Beneficiary: This option calls for each beneficiary's inheritance to be held by the trustee in a separate fund for each beneficiary. Whatever is left in each beneficiary's trust fund, if anything, will be distributed to that beneficiary when he or she attains the age(s) indicated later in this form. This option ensures that all of your beneficiaries are treated equally, regardless of needs.</p>	<p>Option 2 - Single Trust Fund for Multiple Beneficiaries: This option calls for the entire inheritance to be held by the trustee in a single trust fund for the benefit of multiple beneficiaries. The trustee may make unequal distributions during the term of the trust if a beneficiary needs additional assistance. Whatever is left in the trust, if anything, will be distributed equally when your youngest beneficiary attains the age(s) indicated later in this form. This option will allow the trustee to accommodate a particular beneficiary's needs by distributing more of the inheritance to that beneficiary during the term of the trust. (Recommended with younger beneficiaries.)</p>	<p>Option 3 - No Trust: Beneficiary's inheritance may be made directly to the beneficiary or a court-appointed conservator, if beneficiary is a minor / incapacitated. Funds will be distributed directly to the beneficiary at the age of 18.</p>
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TRUST TERMINATION AND AGE-BASED DISTRIBUTIONS

Select the age or milestone at which the trust is to terminate (along with any interim age-based distributions), at which time your beneficiaries receive their inheritances outright and can use the funds in any way they choose.

<input type="checkbox"/> All at age 23	<input type="checkbox"/> All at age 23
<input type="checkbox"/> All at age 25 (default age if nothing checked)	<input type="checkbox"/> All at age 25 (default age if nothing checked)
<input type="checkbox"/> All at age 30	<input type="checkbox"/> All at age 30
<input type="checkbox"/> 1/2 at age 23, remainder at 25	<input type="checkbox"/> 1/2 at age 23, remainder at 25
<input type="checkbox"/> 1/2 at age 25, remainder at 30	<input type="checkbox"/> 1/2 at age 25, remainder at 30
<input type="checkbox"/> __ at age 23, 1/2 of remainder at 25, balance at 30	<input type="checkbox"/> __ at age 23, 1/2 of remainder at 25, balance at 30
<input type="checkbox"/> __ at age 25, 1/2 of remainder at 30, balance at 35	<input type="checkbox"/> __ at age 25, 1/2 of remainder at 30, balance at 35
<input type="checkbox"/> __ at age __, 1/2 of remainder at __, balance at __	<input type="checkbox"/> __ at age __, 1/2 of remainder at __, balance at __
<input type="checkbox"/> Immediately (all my beneficiaries are currently over 18)	<input type="checkbox"/> Immediately (all my beneficiaries are currently over 18)
<input type="checkbox"/> Other (please specify on attached sheets)	<input type="checkbox"/> Other (please specify on attached sheets)

GUARDIANS FOR MINOR CHILDREN

If you have minor children (under age 18), you must designate in your will a guardian or co-guardians to raise the children in the event of the death of both parents. If you name a married couple as co-guardians, you also need to indicate whether you would want one of the co-guardians to act as sole guardian in the event that the other co-guardian is unable or unwilling to act as a co-guardian; you must also indicate whether you would want one of the co-guardians to serve as sole guardian if the couple were to separate or divorce.

Guardian(s):
1. Name:
2. Name:
If 1 unable or unwilling, may 2 act as sole guardian?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If 2 unable or unwilling dies, may 1 act as sole guardian?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If 1 & 2 separate or divorce, who should become guardian?
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> neither
(optional) Additional alternate guardian(s):

CONTINGENT BENEFICIARIES

If there are no named beneficiaries surviving, where would you like the remainder of your estate to go?

<input type="checkbox"/> Other heirs / family? <input type="checkbox"/> Charities <input type="checkbox"/> One-half to each spouse's heirs <input type="checkbox"/> Other:

DISABILITY PLANNING

Planning for your disability is an integral part of the estate planning process. The General Financial Power of Attorney and Medical Power of Attorney should always be completed as part of your overall estate plan.

FINANCIAL POWER OF ATTORNEY

A General Financial Power of Attorney authorizes your agent, often called “Attorney-in-Fact,” to act on your behalf and sign your name to financial and/or legal documents. This is often the same person(s) named as your executor and trustee. The Financial Power of Attorney is a very valuable tool in the event that, due to age, illness, or injury, you are unable to carry on your legal and financial affairs. Having a General Power of Attorney will generally avoid the need to go through the time-consuming, expensive, and potentially even publicly embarrassing process of establishing a legal guardian and/or conservator. Please indicate below who you want to serve as your “Attorney-in-Fact” under your Financial Power of Attorney. If you want the same person(s) named as your executor, simply check the box below.

Same as Executor <input type="checkbox"/>	Same as Executor <input type="checkbox"/>
Primary Attorney-in-Fact Name:	Primary Attorney-in-Fact Name:
First Alternate Attorney-in-Fact Name:	First Alternate Attorney-in-Fact Name:

FINANCIAL POWER OF ATTORNEY CONTINUED

Types of Powers of Attorney: There are two basic types of Power of Attorney I can prepare for you. One type is a “springing” power – one that becomes effective only upon Medical Certification that you are unable to carry on your legal and financial affairs. The other is the “immediate” power – effective from the moment you sign it, without any Medical Certification (while immediate, you do not lose control of your affairs). Please indicate your desires regarding when your power of attorney should become effective by checking one of the options. Powers of attorney can always be revoked by you at any time so long as you remain competent.

FOR YOU	FOR SPOUSE
<input type="checkbox"/> Springing Power of Attorney, Effective Only Upon Medical Certification	<input type="checkbox"/> Springing Power of Attorney, Effective Only Upon Medical Certification
<input type="checkbox"/> Immediate Power of Attorney, Effective Upon Signing (recommended)	<input type="checkbox"/> Immediate Power of Attorney, Effective Upon Signing (recommended)

MEDICAL POWER OF ATTORNEY

A Medical Power of Attorney (also called a Health Care Power of Attorney or an Advance Medical Directive) authorizes another person to make decisions with respect to your medical care in the event you are physically or mentally unable to do so, as certified by your physician. This document may include the type of provision that is commonly called a “Living Will,” allowing you to indicate your wishes concerning the use of artificial or extraordinary measures to prolong your life artificially in the event of a terminal illness or injury.

Same as Executor <input type="checkbox"/>	Same as Executor <input type="checkbox"/>
Primary Medical Agent Name:	Primary Medical Agent Name:
First Alternate Medical Agent Name:	First Alternate Medical Agent Name:

LIVING WILL

Are you interested in having a living will? (A living will is a legal statement that you do not want to be kept alive by life-support machines. More information can be provided upon request.)

FOR YOU	FOR SPOUSE
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINAL DISPOSITION

You have the option of identifying who is responsible for handling the disposition of your remains. This would involve decisions such as burial or cremation and location of burial/interment.

The default order is your spouse, then your children. This can result in conflict if there are children from a prior relationship or if your children may disagree.

Please indicate your preference, if any.

FOR YOU	FOR SPOUSE
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what individual(s): 1. Name: 2. Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what individual(s): 1. Name: 2. Name:

BASIC FEE SCHEDULE

As indicated below, flat fee packages include an office or phone consultation, initial document preparation, and supervised signing. Additional time is charged at \$200.00 per hour for attorney time. Entire balance due 30 days from receipt of draft documents whether or not signed, or upon signing, whichever is sooner. Any additional fees for other, complicated, or unusual requests will be discussed at consultation. Fees are subject to change at any time.

WILLS		
Simple Will Package (will only)	Single: \$250	Couple: \$450
Complex Will Package Includes Simple Will, General Power of Attorney, Medical Power of Attorney, and Living Will. Includes initial consultation and signing.	Single: \$450	Couple: \$700
Complex “Plus” Will Package Includes Will with Testamentary Trust Provisions; General Power of Attorney, Medical Power of Attorney, and Living Will. Includes initial consultation and signing.	Single: \$700	Couple: \$850
REVOCABLE LIVING TRUSTS		
Simple Revocable Living Trust Package Includes Simple Revocable Living Trust, Pour-Over Will, General Power of Attorney, and Medical Power of Attorney. Includes initial consultation and signing.	Single: \$1,100	Couple: \$1,300
Complex Revocable Living Trust Package Includes Complex Revocable Living Trust with Wealth Protection Provisions Pour-Over Will, General Power of Attorney, Medical Power of Attorney, and Living Will. Includes initial consultation and signing.	Single: \$1,500	Couple: \$2,200
Deed to Transfer Real Estate into Trust Fees do not include County recording charges nor local attorney’s fees for counsel in States other than Iowa.	Iowa: \$60	
Advanced Planning Other advanced planning options subject to fee quote following consultation.		