

# ESTATE PLAN

## *Questionnaire*

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Congratulations on beginning this important first step of smart estate planning! I will use this information to craft a thorough and legally sound plan that is exactly in line with your needs.



# OVERVIEW

Thank you for considering Gordon Fischer Law Firm, P.C. for your estate planning needs. Everyone needs an estate plan and the personal and financial information you provide in this questionnaire will be paramount in crafting your individualized, legally sound plan. It will allow me to properly assess your estate and determine what documents are most appropriate for you. This information will help us meet general goals for your estate plan including avoiding probate, preparation in case of incapacitation, and minimizing estate taxes. It will also help you meet your individual personal goals for your assets, heirs, and legacy.

This estate plan questionnaire is the first of six key documents most lowans need. The other main documents are:

## 1. Will

The will is the bedrock document of every estate plan, and it's a little more complicated than other documents. With your will, you'll be answering three major questions:

- a. Who do you want to have your stuff? A will provides orderly distribution of your property at death according to your wishes. Your property includes both tangible and intangible things. (An example of tangible items would be your coin collection. An example of an intangible asset would be stocks.)
- b. Who do you want to be in charge of carrying out your wishes as expressed in the will? The "executor" is the person who will be responsible for making sure the will is carried out as written.
- c. Who do you want to take care of your kids? If you have minor children (i.e., kids under age 18), you'll want to designate a legal guardian(s) who will take care of your children until they are adults.

## 2. Health care power of attorney

Health care power of attorney designates someone to handle your health care decisions for you if you become unable to make those decisions for yourself. This essentially gives another person the power to make decisions on your behalf. For example, if you don't want to be kept alive with machines, you can clearly outline that in your power of attorney for healthcare. But, keep in mind that power of attorney for healthcare isn't just about end-of-life decisions—it can cover any medical situation.

## 3. Financial power of attorney

Under financial power of attorney your designated agent has the power to make decisions and act on your behalf when it comes to your finances. This gives them the authority to pay bills, settle debts, sell property, or anything else that needs to be done if you become incapacitated and unable to do this yourself. It might be obvious by now, but I'll say it just in case: choosing an agent for a power of attorney requires that you think long and hard about who would be best suited for the job and who you trust.

#### **4. Disposition of personal property**

Now, let's get to the disposition of the personal property. This is where you get specific about items you want particular people to have. If you're leaving everything to one or two people, then you may not need to fill this out. But, if you know you want your niece Suzie to have a specific piece of jewelry, and your nephew Karl to have that bookshelf he loved, then you'd say so in this document.

#### **5. Disposition of final remains**

This document is where you get to tell your loved ones exactly how you want your body to be treated after you pass away. If you want a marching band and fireworks shooting your ashes into the sky (that's a thing, by the way), then this is where you make it known. It can be as general as simply saying "I want to be cremated," or it can be specific and include details of plots you've already purchased or arrangements you've already made.

#### **Additional Options**

Most lowans need the six main documents, but estate plans can (and should) be personalized to you. That means if you have a high net worth estate we'll probably need to consider a trust. If you have a child with special needs we'll look into a certain type of trust for their long-term continued care. If you have a pet we may want to think about an animal care trust to provide for your furry best friend if something were to happen to you.

## **FORM COMPLETION**

Please complete this form in pen or on your computer to the best of your ability and return it to me. (Don't forget to sign in the space provided on the final page!) After you are finished with the questionnaire please either email it to [Gordon@gordonfischerlawfirm.com](mailto:Gordon@gordonfischerlawfirm.com) or mail to my office at 325 E. Washington Street, Suite 100, Iowa City, Iowa 52240.

*Completion and return of the form acknowledges your agreement to the engagement of Gordon Fischer Law Firm, P.C. as your attorney.*

## **PRIVACY & 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.

## **MARRIED COUPLES**

If you are married, please note you have the option of hiring separate attorneys for your estate planning needs. 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, then each spouse should complete and return this Estate Plan Questionnaire.

# PERSONAL INVENTORY CHECKLIST

## Basics

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

Have you ever used any other names? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" what is the name, where was it used, and why?

\_\_\_\_\_  
\_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Are you a citizen of the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Social security #: \_\_\_\_\_

## Phone Numbers

Preferred phone #(s): \_\_\_\_\_

May I leave you messages? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Email Address

Preferred email: \_\_\_\_\_

May I send draft documents via email? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Employment

Name of employer/business:

\_\_\_\_\_

Work address: \_\_\_\_\_

# ESTATE PLANNING HISTORY

Do you currently have a will or trust? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when was it executed? \_\_\_\_\_

Do you currently have a health care power of attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when was it executed? \_\_\_\_\_

Do you currently have a financial power of attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when was it executed? \_\_\_\_\_

# PROFESSIONAL ADVISORS

For the execution of your estate plan, I may need to coordinate with your other professional advisors. If more space is needed feel free to attach additional pages.

## Accountant(s)

Name:

Address:

Phone:

Email:

Name:

Address

Phone:

Email:

## Lawyer(s)

Name:

Address:

Phone:

Email:

Name:

Address:

Phone:

Email:

## Bank/Credit Union(s)

Name:

Address:

Phone:

Email:

Name

Address:

Phone:

Email:

## Financial Advisor

Name:

Address:

Phone:

Email:

## Insurance Agent

Name:

Address:

Phone:

Email:

## KEY CONTACTS

Using the following pages (and, if necessary, additional sheets), please identify all your children and all other individuals who you will be naming either as beneficiaries, 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 on this form as an executor, beneficiary, designated representative, and the like.

Please also fill in each person's relationship to you using the following relationship codes:

### CHILDREN & GRANDCHILDREN:

(If you have a minor child—under age 18—include their birthdate in contact info.)

**C**=Child | **AC**=Adopted Child | **SC**= Stepchild | **DCC**=Deceased Child w/ Children  
**DCN**=Deceased Child w/ No Children | **GC**=Grandchild | **GGC**=Great-grandchild

### SIBLINGS:

**B**=Brother | **S**= Sister

**OTHER:** **F**= Father | **M**= Mother | **A**= Aunt | **U**= Uncle | **Ni**= Niece | **Ne**= Nephew |  
**Fr**=Friend | **G**=Godchild

Name:

Name:

Name:

Relationship:

Relationship:

Relationship:

Age:

Age:

Age:

Address:

Address:

Address:

Phone:

Phone:

Phone:

Email:

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Name:

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# EXECUTOR(S) OF WILL OR TRUSTEE (S) FOR TRUST

Please indicate below who you would like to serve as executor of your will or as the trustee for your trust. Don't worry right now if you uncertain if a trust is right for you; we can discuss your situation and I'll provide you with all the info you need to decide.

The executor is the person who's responsible for making sure the will is implemented as written. Needless to say, this is a very important position, and you want to name someone you can trust completely, and you know to be responsible and competent.

Similarly, a 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.

You may choose to have co-executors, though this is generally not recommended. 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 do 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.

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Primary executor(s) name(s):

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If naming co-executors, may either act as sole executor if the other one is unable or unwilling? \_\_\_\_\_ Yes \_\_\_\_\_ No

Alternative executor(s) names:

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**OR**

Primary trustee(s) name(s):

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If naming co-trustees, may either act as sole trustee if the other one is unable or unwilling? \_\_\_\_\_ Yes \_\_\_\_\_ No

Alternative trustee(s) names:

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## 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.

All to my children, in equal shares

All to the charities, designated below in space provided, in equal shares

Other, described as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONTINGENT BENEFICIARIES

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

Other heirs/family, indicate in the space provided below

Charities, indicate in the space provided below

Other, described as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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, 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, or in the event the co-guardians were to separate or divorce.

Primary guardian(s) name(s):

1. \_\_\_\_\_  
2. \_\_\_\_\_

Are 1 and 2 co-guardians?  Yes  No

If 1 is unable/unwilling, may 2 act as sole guardian?  Yes  No

If 2 is unable/unwilling, may 1 act as sole guardian?  Yes  No

If 1 & 2 separate or divorce, who should become guardian?  1  2

Optional: Additional alternate guardian(s) name(s):

1. \_\_\_\_\_  
2. \_\_\_\_\_

## DISTRIBUTION PLAN OPTIONS

Indicate which type of trust, if any, you prefer:

\_\_\_ Living trust: This type of trust will be created while you're living and may be either revocable or irrevocable. In a revocable trust, the grantor can retain control of the property, if the grantor so wishes, and the terms of the trust may be changed, or even cancelled. An irrevocable trust can't be modified or terminated without the permission of the beneficiary.

\_\_\_ Testamentary trust: A testamentary trust is a type of trust contained in a last will and testament that provides for the distribution of all or part of an estate. It's established at the time of your death to last until a certain period of time in the future, such as death of a spouse or children reaching certain ages.

\_\_\_ No trust

\_\_\_ Other, or want more information

If you are interested in some kind of trust, continue on to "Trust Delayed Distributions" as well as "Trust Termination & Age-Based Distributions." If not, continue on to "Special Monetary Gifts."

## TRUST 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 the three options for delayed distributions.

\_\_\_ Option 1: **Separate trust fund for each beneficiary.** Each beneficiary's inheritance to be held by the trustee in a separate fund. Whatever is left in each beneficiary's trust fund, if anything, will be distributed to that beneficiary when they attain the age(s) indicated in the following section. This option ensures that all of your beneficiaries are treated equally, regardless of needs.

\_\_\_ Option 2: **Single trust fund for multiple beneficiaries.** The entire inheritance will 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 in the following section. 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.)**

\_\_\_ Option 3: **No delayed distribution.** 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.

# TRUST TERMINATION & 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.

- All at age 23
- All at age 25 (default age if nothing is checked)
- All at age 30
- 1/2 at age 23, remainder at 25
- 1/2 at age 25, remainder at 30
- \_\_\_ (percentage) at age 23, 1/2 remainder at age 25, balance at 30
- \_\_\_ (percentage) at age 25, 1/2 remainder at age 30, balance at 35
- \_\_\_ (percentage) at age \_\_, 1/2 remainder age \_\_, balance at \_\_\_
- Immediately (all my beneficiaries are currently over 18)
- Other (please specify below):

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## SPECIAL MONETARY GIFTS

Using the table below, please list any special bequests you would like to make, i.e., specific amounts of money or percentages of your estate you would like to give to specific persons or institutions (including any charities) upon your death, **prior to the distribution of the majority of your estate.**

Please do not list personal effects or specific items of tangible personal property such as clothing, jewelry, furniture, furnishings, household goods, and vehicles, as these items may be disposed of by a separate statement. Regarding these personal effects, I will provide you a sample statement to fill out yourself and you can then add to or modify it at any time; simply keep an updated copy with your will.

Beneficiary	Percentage

## FINANCIAL POWER OF ATTORNEY

A 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.

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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 the executor of your will, check here:  
\_\_\_\_\_ (Skip down to “Types of Powers of Attorney.”)

If different than executor of your will, name a primary attorney-in-fact:

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If naming co-executors, may either act as sole executor if the other one is unable or unwilling? \_\_\_\_\_ Yes \_\_\_\_\_ No

Alternative attorney-in-fact name(s):

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### Types of Powers of Attorney

There are two basic types of power of attorney I can prepare for you:

- *Immediate power*—effective from the moment you sign it, without any medical certification (while immediate, you do not lose control of your affairs). Your agent may act on your behalf even if you are available and not incapacitated.
- *Springing power*—becomes effective only upon medical certification that you are unable to carry on your legal and financial 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.

\_\_\_\_\_ Immediate Power of Attorney, Effective Upon Signing (recommended)

\_\_\_\_\_ Springing Power of Attorney, Effective Only Upon Medical Certification

## HEALTH CARE POWER OF ATTORNEY

Health care power of attorney (also called a medical 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.

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If you want the same person(s) named as the executor of your will, check here:

\_\_\_\_\_

Primary medical agent name:

\_\_\_\_\_

\_\_\_\_\_

If naming co-executors, may either act as sole executor if the other one is unable or unwilling? \_\_\_\_\_ Yes \_\_\_\_\_ No

Alternative medical agent name:

\_\_\_\_\_

\_\_\_\_\_

### Living Will

Are you interested in having a living will? More information can be provided upon request. \_\_\_\_\_ Yes \_\_\_\_\_ 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 would be your children responsible and making the decisions about your final disposition equally. Of course, this could result in conflict if your children cannot agree.

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Would you like to go with the default? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please indicate your preference for the individual(s) handling disposition of remains in order or as co-decision makers:

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### Specific Disposition Instructions

If you have wishes regarding funeral/memorial arrangements, organ donation, and body disposition—burial or cremation—indicate those wishes here.

\_\_\_\_\_ Burial \_\_\_\_\_ Cremation \_\_\_\_\_ Other

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(add additional sheets if necessary)

## Certification

The undersigned hereby represents to the Gordon Fischer Law Firm, P.C. that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the estate planning recommendations made by the law firm may not be appropriate.

Signature: \_\_\_\_\_

## NEXT STEPS

Congratulations on making it to the end of this Estate Plan Questionnaire and thank you kindly for taking the time to complete it. Please email the signed form to me at [Gordon@gordonfischerlawfirm.com](mailto:Gordon@gordonfischerlawfirm.com) or mail to Gordon Fischer Law Firm, P.C. at 325 E. Washington Street, Suite 100, Iowa City, Iowa 52240. I will acknowledge receipt, review the information provided, and schedule a time with you to discuss how we'll proceed with completion. In the meantime, if you have any questions or otherwise, don't hesitate to reach out via phone at (515) 371-6077 or by email. Additionally, you can sign-up for my monthly newsletter at [www.gordonfischerlawfirm.com](http://www.gordonfischerlawfirm.com).