# REMY LAW

## ESTATE PLANNING QUESTIONNAIRE — SINGLE

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*The information you provide on this form is kept confidential and is used only to prepare your estate plan.*

## A. PERSONAL INFORMATION

### 1. Your Information

Full Name

Citizenship

Date of Birth

Occupation

Employer

Home Address

Work Address

Home Phone

Cell Phone

Work Phone

E-mail

Have you ever been known by another name? ☐ Yes ☐ No If yes, what?

### 3. Do you have children?

☐ Yes ☐ No

*If yes, complete the following:*

| Name | Date of Birth | Address | # Children | Prior Marriage? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

### 4. Do you have grandchildren?

☐ Yes ☐ No

*If yes, complete the following:*

| Name | Date of Birth | Address |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**5. Do you have dependents other than children?** ☐ Yes ☐ No

*If yes, complete the following:*

| Name | Date of Birth | Address |
|---|---|---|
| | | |
| | | |
| | | |

**6. Do you have any living parents?** ☐ Yes ☐ No

*If yes, complete the following:*

| Name | Date of Birth | Address |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## B. PLANNING AND GOALS

**1. Do you currently have a Will?** ☐ Yes ☐ No

*If yes, please attach a copy to this questionnaire.*

**2. Do you currently have a Trust?** ☐ Yes ☐ No

*If yes, please attach a copy to this questionnaire.*

**3. What are your major priorities in the event of your death, and how would you like your estate handled?**

**4. Other than minor children, do you anticipate anyone being dependent on you?** ☐ Yes ☐ No

*If yes, please explain:*

**5. Beneficiaries of your Estate / Trust:**

| Name | Date of Birth | Address |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**6. How would you like shares for each beneficiary set aside (equal shares, percentages, etc.)?**

**7. Would you want to delay or stagger distribution to your beneficiaries?** ☐ Yes ☐ No

*If yes, describe how distribution should be delayed or staggered:*

**8. Do you wish to make any charitable bequests or specific bequests?** ☐ Yes ☐ No

*If yes, please describe:*

**9. Disaster Provision**

*In the event of a disaster where you and all of your named beneficiaries pass together, or you pass without any surviving beneficiaries, we normally plan for your estate or trust property to be distributed pursuant to your intestate succession (the Michigan law family tree) and then to a charity in your name.*

**Is this how you would like your disaster provision set up?** ☐ Yes ☐ No

*If no, explain what you would like:*

**10. Have you ever made gifts to any one person in a single year that exceeded the annual gift tax exclusion amount?** ☐ Yes ☐ No

**If yes, was a U.S. Gift Tax Return (Form 709) filed?** ☐ Yes ☐ No

*If yes, please attach a copy to this questionnaire.*

**11. Do you have a power of appointment from another person's Will or trust?** ☐ Yes ☐ No

*If yes, please explain:*

**12. Do you have specific concerns requiring special attention?** ☐ Yes ☐ No

*If yes, please explain:*

## C. FIDUCIARIES

*List your choices in order. Additional choices are optional.*

### 1. Personal Representative (Executor) of your Will

| Choice | Name | Relationship | Address |
|---|---|---|---|
| 1st | | | |
| 2nd | | | |
| 3rd | | | |
| 4th | | | |
| 5th | | | |

### 2. Trustees (may be a financial institution)

| Choice | Name | Relationship | Address |
|---|---|---|---|
| 1st | | | |
| 2nd | | | |
| 3rd | | | |
| 4th | | | |
| 5th | | | |

### 3. Guardian of Minor Children

| Choice | Name | Relationship | Address |
|---|---|---|---|
| 1st | | | |
| 2nd | | | |
| 3rd | | | |
| 4th | | | |
| 5th | | | |

### 4. Attorney-in-Fact (Financial Power of Attorney)

| Choice | Name | Relationship | Address |
|---|---|---|---|
| 1st | | | |
| 2nd | | | |
| 3rd | | | |
| 4th | | | |
| 5th | | | |

### 5. Patient Advocate (Medical Decisions)

| Choice | Name | Relationship | Address |
|---|---|---|---|
| 1st | | | |
| 2nd | | | |
| 3rd | | | |
| 4th | | | |
| 5th | | | |

### 6. Are there any other facts, background or goals not detailed in this questionnaire?

## D. FINANCIAL INFORMATION

*Fill out below or attach a copy of a recent financial statement.*

### Real Property

*Please attach a copy of the deed to all real property if possible.*

### Business Interests

*List all business interests owned by you.*

Questions? Email us at George@georgeremylaw.com or call (734) 245-2556