



**CONDON**  
WEALTH MANAGEMENT, INC.

## Confidential Estate Planning Questionnaire

THE PURPOSE OF THIS DOCUMENT IS TO HELP YOU CONSIDER IMPORTANT ISSUES IN YOUR ESTATE PLAN AND PROVIDE AN OPPORTUNITY TO BE BETTER PREPARED BEFORE MEETING WITH AN ATTORNEY. PLEASE COMPLETE THIS MATERIAL AS THOROUGHLY AS POSSIBLE. WE WILL PROVIDE A COPY FOR YOUR ATTORNEY BEFORE YOUR FIRST MEETING. IF YOU HAVE ANY QUESTIONS, PLEASE CALL US.

**WHEN YOU RETURN THE INFORMATION, PLEASE INCLUDE:**

1. Copy of your present wills, Health Care Proxies, and powers of attorney if any.
2. Copy of any trust in which you have an interest.

# ABOUT YOU

Please write all names **EXACTLY** as you want them to appear in legal documents. Please **print** all information. If you need more space, add pages. **Do not leave any spaces blank.** If it does not apply to you, please write "N/A". Please be clear. Thank you.

FULL LEGAL NAME: \_\_\_\_\_

OTHER ALIASES, if any: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

What is Your Marital Status?      Married      Divorced      Widowed      Single

If Married, Date of Marriage \_\_\_\_\_

Do you have a prenuptial agreement in place (circle)?      Yes      No

SPOUSE'S FULL LEGAL NAME: \_\_\_\_\_

OTHER ALIASES, if any: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## CHILDREN and BENEFICIARIES

**ALL CHILDREN:** Please list living children [minors or adults] and their addresses. If you need more space, attach additional pages. Legally adopted children are considered the same as your natural born children. Even if you wish to exclude a child, the child must be listed. We will exclude any child you request later in this form. If you have no children, write "NONE."

### Names of Living Children of THIS Marriage (or of Single Person):

Full Names of Children Address, City, and State	Gender M/F	Date of Birth	Marital Status (M/S/D)	# of Children	Bene- ficiary?  Y N
1					Y N
2					Y N
3					Y N
4					Y N
5					Y N
6					Y N
7					Y N
8					Y N

**Names of Children of PREVIOUS Marriage(s):**

Full Names of Children Address, City, and State	Gender M/F	Child of H or W	Date of Birth	Marital Status (M/S/D)	# of Children	Bene- ficiary?
1						Y N
2						Y N
3						Y N
4						Y N
5						Y N
6						Y N

**GUARDIAN FOR MINOR CHILDREN:** If any of your children are now under age 18, please name a guardian for them. The natural parent has the "first right" to the children. But, if both natural parents have died, a guardian must be appointed for the minor children. Name one or more persons to be the guardian of your minor children. This may be the same person you choose as your successor trustee. If you have no minor children, write "NONE."

PRIMARY GUARDIAN OF MINOR CHILDREN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

SUCCESSOR GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

**Other Beneficiaries:**

Full Names of Beneficiary and Address, City, & State	Gender M/F	Date of Birth	Marital Status (M/S/D)	# of Children	Percentage
1					
2					
3					
4					
5					
6					

If you want to specifically EXCLUDE anyone, list them here:

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## SUCCESSOR TRUSTEES

After you (if husband and wife, after both of you) have passed away, someone must be appointed to pay your debts and deliver your assets to the people you direct to receive those assets. With a Will, this person is called the Personal Representative or the Executor/Executrix. In a Living Trust, this person is called the Successor Trustee. A husband and wife are generally co-trustees of their Living Trust. When one spouse dies, the surviving spouse continues on as the sole trustee. When the surviving spouse dies, the Successor Trustee takes over. As soon as the job is done, the Living Trust ends. Who do you want to be the Successor Trustee of your Trust? This person may also be the Personal Representative of your Pour-Over Will and the agent in your Financial Durable Power of Attorney. This is recommended to give unified management to your estate plan so that it will be handled quickly and efficiently. You may name co-successor trustees, although this is not usually recommended. The successor trustee is a job -- not an honor.

NAME OF PRIMARY SUCCESSOR TRUSTEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

NAME OF SECONDARY SUCCESSOR TRUSTEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

## HEALTH CARE AGENT

Please name the people you want to make medical decisions for you if you are unable to do so. (Your attending physician or medical plan cannot be your health care agent.) Physicians will not deal with a committee. **Do NOT name "co-agents."** Select only one person in each blank.

**MARRIED COUPLES:** Typically, you will name your **spouse** as the primary health care agent. If your spouse is not able to act (same accident, for example) we need to know the name of someone who can make medical decisions for you.

ALTERNATE HEALTH CARE AGENT:

For the Husband: \_\_\_\_\_ For the Wife: \_\_\_\_\_

**SINGLE PERSONS:**

PRIMARY HEALTH CARE AGENT: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

## POWERS OF ATTORNEY

Please name the people you want to make financial decisions for you if you are unable to do so.

**MARRIED COUPLES:** Typically, you will name your **spouse** as Power of Attorney. If your spouse is not able to act (same accident, for example) we need to know the name of someone who can make decisions for you.

Alternate Powers of Attorney:

For the Husband: \_\_\_\_\_ For the Wife: \_\_\_\_\_

**SINGLE PERSONS:**

PRIMARY POA: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_