

STEP**1****SIMPLE BACKGROUND INFORMATION**

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

Husband or Client 1 Information

Full Legal Name _____
(Name most often used to title property and accounts)

Name on your driver's license _____ Prefer to be called _____
(Other names used to title property and accounts)

Birth date _____ Age: _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ Yes it is okay to communicate with me via my E-mail address.

Never Married Married Widowed Divorced: if yes date _____ **US Citizen? Yes No**
Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Wife or Client 2 Information

Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____ Prefer to be called _____
(Other names used to title property and accounts)

Birth date _____ Age: _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ Yes it is okay to communicate with me via my E-mail address.

Never Married Married Widowed Divorced: if yes date _____ **US Citizen? Yes No**
Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Do you have any Pets? Yes No

Date of Marriage _____ Existing Pre- or Postnuptial Agreement? Yes No Date: _____

STEP**2****CONCERNS & ANXIETIES**

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks which concern you, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

If the responses in this section are different as to Client 1 and 2, please indicate those differences.

Level of Concern (if any)**Tax Concerns****None Low Medium High**

Risk of the IRS "inheriting" half the estate when we die.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of capital gains taxes paid on the sale of property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary income taxes being paid on investment assets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Concerns

Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse or to mismanagement of the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that parents, who may need financial assistance, are not provided for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability Concerns

Risk of loss of control over your assets in event of your disability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peaceably and without pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of an unnecessary conservatorship over an incapacitated adult child in order to make health care decisions for that child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Creditor Concerns

Risk of lawsuits against you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of loss of your assets to a nursing home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that a co-owner's creditor may seize the property you co-own jointly, in order to satisfy the debt of the co-owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post-Death Concerns

Risk of unnecessary costs and delays associated with the estate passing through probate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that the person(s) charged with managing your affairs after you've passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of private matters unnecessarily being made public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP**3****“INDIVIDUAL” BENEFICIARIES**

Identify all individual beneficiaries you would like to inherit from your estate (e.g., children). Also identify other individuals who you may wish to be a beneficiary of your estate, if any. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes.

Beneficiary 1 Relationship to Client : _____ Special Needs: Medical Educational Financial
 Full Legal Name _____ DOB _____
 Address _____ City _____ State _____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
 Children (name and age): _____

Beneficiary 2 Relationship to Client : _____ Special Needs: Medical Educational Financial
 Full Legal Name _____ DOB _____
 Address _____ City _____ State _____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
 Children (name and age): _____

Beneficiary 3 Relationship to Client : _____ Special Needs: Medical Educational Financial
 Full Legal Name _____ DOB _____
 Address _____ City _____ State _____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
 Children (name and age): _____

Beneficiary 4 Relationship to Client : _____ Special Needs: Medical Educational Financial
 Full Legal Name _____ DOB _____
 Address _____ City _____ State _____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
 Children (name and age): _____

Beneficiary 5 Relationship to Client : _____ Special Needs: Medical Educational Financial
 Full Legal Name _____ DOB _____
 Address _____ City _____ State _____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
 Children (name and age): _____

Are you concerned with your beneficiaries'/children's ability to get along with one another? Yes No

STEP**4****REMOTE CONTINGENT BENEFICIARIES**

Remote Contingent Distribution applies if you and all prior named beneficiaries were involved in a common accident. Those listed here would benefit only if your other beneficiaries could not. You can list an individual or several individuals, a charity, or several charities. Also note whether you would like the benefits to pass to the children of the contingent beneficiary or to lapse (be distributed amongst the other beneficiaries listed here) should the beneficiary you named predecease you.

Contingent Beneficiary 1 Relationship to Client : _____ Special Needs: Medical Educational Financial

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married _____

Children (name and age): _____

If predeceased, assets should be distributed: To heirs Lapse (to other beneficiaries)

Contingent Beneficiary 2 Relationship to Client : _____ Special Needs: Medical Educational Financial

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married _____

Children (name and age): _____

If predeceased, assets should be distributed: To heirs Lapse (to other beneficiaries)

Contingent Beneficiary 3 Relationship to Client : _____ Special Needs: Medical Educational Financial

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married _____

Children (name and age): _____

If predeceased, assets should be distributed: To heirs Lapse (to other beneficiaries)

Contingent Beneficiary 4 Relationship to Client : _____ Special Needs: Medical Educational Financial

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married _____

Children (name and age): _____

If predeceased, assets should be distributed: To heirs Lapse (to other beneficiaries)

Contingent Beneficiary 5 Relationship to Client : _____ Special Needs: Medical Educational Financial

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married _____

Children (name and age): _____

If predeceased, assets should be distributed: To heirs Lapse (to other beneficiaries)

STEP**5****POTENTIAL “CHARITABLE” BENEFICIARIES**

Many, but not all, of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Whether it is your church, college, social club, or favorite philanthropy, you may have the same desires. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non-profit organizations for discussion purposes.

Name of Charity or Non-Profit Organization**Address**

1 _____

2 _____

3 _____

4 _____

STEP**6****PEOPLE WHO ADVISE YOU**

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant may need to be consulted relative to income tax matters.

Name**Telephone**

Auto/Home Insurance Agent _____

Tax Advisor (CPA, EA, etc.) _____

Family Attorney _____

Life Insurance Agent _____

Financial Advisor _____

Stock Broker _____

Banker _____

Other Advisor _____

APPOINTMENTS—PEOPLE TO ASSIST YOU

One of the most important aspects of any estate plan is the “appointment” of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. In this Section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

GUARDIANS

Who do you nominate to serve as guardian for your minor children (if any) if you were both incapacitated or deceased?

Permanent Guardian #1: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Permanent Guardian #2: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Permanent Guardian #3: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Temporary Guardian #1: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Temporary Guardian #2: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Temporary Guardian #3: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

POWER OF ATTORNEY

If you were incapacitated for any period of time, who would you choose to handle your financial affairs (Power of Attorney)?

Husband's Primary Agent: _____

Husband's Secondary Agent: _____

Husband's Third Agent: _____

Wife's Primary Agent: _____

Wife's Secondary Agent: _____

Wife's Third Agent: _____

ADVANCE HEALTH CARE DIRECTIVE AND HIPPA AGENTS

If you were incapacitated for any period of time, who would you choose to make health care decisions for you

Husband's Agent #1: Relationship to Client : _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Husband's Agent #2: Relationship to Client : _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Husband's Agent #3: Relationship to Client : _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Wife's Agent #1: Relationship to Client : _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Wife's Agent #2: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Wife's Agent #3: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

SUCCESSOR TRUSTEES/ EXECUTORS

If you were deceased, who would you choose to administratate and distribute your estate (**your Successor Trustees and Executors**)?

Trustee #1: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Trustee #2: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Trustee #3: *Relationship to Client :* _____

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

STEP**8****ASSET ASSESSMENT**

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. The “character” is relevant in assessing the manner by which the asset can transfer. (If necessary, approximate current total values).

REAL ESTATE AND BUSINESS INTERESTS

PROPERTY ADDRESS OR NAME OF CORPORATION OR LLC	VALUE
	\$
	\$
	\$

BANK ACCOUNTS/ BROKERAGE ACCOUNTS

NAME OF BANK	OWNER	ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT
				\$
				\$
				\$
				\$
				\$
				\$

RETIREMENT ACCOUNTS

NAME OF PLAN PROVIDER	OWNER	TYPE	ACCOUNT NUMBER	AMOUNT
				\$
				\$
				\$
				\$
				\$
				\$

LIFE INSURANCE/ OTHER

NAME OF INSURANCE CARRIER	OWNER	TYPE	POLICY NUMBER	AMOUNT
				\$
				\$
				\$
				\$
				\$
				\$

ABOUT YOUR GOALS & OBJECTIVES

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used but rather on the outcomes to be achieved.

About Your Goals & Objectives

Goals	Consequences if Goal Isn't Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Affirmation: We understand that Geiger Law Office, P.C. (the "Firm") will need to rely on the information we supply to develop an estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1: _____

DATE: _____

Client 2: _____

DATE: _____

Additional Documentation

Document Request. In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentation:

1. Copies of existing planning documents, such as wills, trusts, powers of attorney, health care directives.
2. Copies of all deeds to real estate owned by you.
3. A list of all bank account and investment accounts numbers.
4. A copy of all LLC or Corporate stock certificates owned by you.
5. Copies of any stock or bond certificates owned by you.
6. Retirement Plan account numbers
7. Insurance policy numbers
8. Pre or Postnuptial Agreement (if applicable).
9. Long-term care policies (if any).

Congratulations on completing this questionnaire.