HAWKINS ELDER LAW
SINGLE CLIENT ESTATE PLANNING QUESTIONNAIRE

We want to serve you effectively without wasting your time or burdening you with details.

Your responses to this questionnaire will help us serve you as quickly and effectively as possible.

1. How did you hear about Hawkins Elder Law?

☐ Newspaper ☐ Internet ☐ Family/Friends ☐ Banker ☐ Financial Advisor ☐ Accountant

☐ Nursing Home ☐ Other (please tell us)_____

2. General Information About You:

Legal Name (as shown on legal documents): _____

Mailing Address: _____

Street Address (if different): _____

E-mail: _____

Best Phone #: _____ Work ☐ Mobile ☐ Home ☐

2nd Best Phone # _____ Work ☐ Mobile ☐ Home ☐

3rd Best Phone #: _____ Work ☐ Mobile ☐ Home ☐

Date of Birth: _____

Prior Deceased Spouse? Yes ☐ No ☐ Deceased Spouse's Name: _____

Deceased Spouse's Date of Death: _____

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3. Financial Advisor's Name: _____ **Telephone**: _____

Firm Name: _____ **E-mail**: _____

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4. Tax Advisor's Name: _____ **Telephone**: _____

Firm Name: _____ **E-mail**: _____

Reset Pg 1 Checkboxes

5. **Client's Children – Please complete all applicable blanks and checkboxes for each living or deceased child. Please list any children who are deceased or estranged and add extra pages if necessary.**

Child 1				
Name (including middle initial)				
Son ☐	Daughter ☐	Deceased? Yes ☐ No ☐	If deceased, date of death:	
Disabled? Yes ☐ No ☐		Describe Disability:		
Married? Yes ☐ No ☐				
Has Children? Yes ☐ No ☐	If you plan distributions to grandchildren, please give their full names, birth dates, and parents' names at the end of this questionnaire.			
Description of your parent/child relationship:	Close ☐	Tension/Conflict ☐	Estranged/Broken ☐	
Email Address:		Best Phone Number:		
Mailing Address				

Child 2				
Name (including middle initial)				
Son ☐	Daughter ☐	Deceased? Yes ☐ No ☐	If deceased, date of death:	
Disabled? Yes ☐ No ☐		Describe Disability:		
Married? Yes ☐ No ☐				
Has Children? Yes ☐ No ☐	If you plan distributions to grandchildren, please give their full names, birth dates, and parents' names at the end of this questionnaire.			
Description of your parent/child relationship:	Close ☐	Tension/Conflict ☐	Estranged/Broken ☐	
Email Address:		Best Phone Number:		
Mailing Address				

Reset Pg 2 Checkboxes

Child 3					
Name (including middle initial)					
Son ☐	Daughter ☐	Deceased? Yes ☐ No ☐		If deceased, date of death:	
Disabled? Yes ☐ No ☐		Describe Disability:			
Married? Yes ☐ No ☐					
Has Children? Yes ☐ No ☐		If you plan distributions to grandchildren, please give their full names, birth dates, and parents' names at the end of this questionnaire.			
Description of your parent/child relationship:		Close ☐	Tension/Conflict ☐	Estranged/Broken ☐	
Email Address:			Best Phone Number:		
Mailing Address					

Child 4					
Name (including middle initial)					
Son ☐	Daughter ☐	Deceased? Yes ☐ No ☐		If deceased, date of death:	
Disabled? Yes ☐ No ☐		Describe Disability:			
Married? Yes ☐ No ☐					
Has Children? Yes ☐ No ☐		If you plan distributions to grandchildren, please give their full names, birth dates, and parents' names at the end of this questionnaire.			
Description of your parent/child relationship:		Close ☐	Tension/Conflict ☐	Estranged/Broken ☐	
Email Address:			Best Phone Number:		
Mailing Address					

Reset Pg 3 Checkboxes

Child 5					
Name (including middle initial)					
Son ☐	Daughter ☐	Deceased? Yes ☐ No ☐		If deceased, date of death:	
Disabled? Yes ☐ No ☐		Describe Disability:			
Married? Yes ☐ No ☐					
Has Children? Yes ☐ No ☐	If you plan distributions to grandchildren, please give their full names, birth dates, and parents' names at the end of this questionnaire.				
Description of your parent/child relationship:	Close ☐	Tension/Conflict ☐	Estranged/Broken ☐		
Email Address:		Best Phone Number:			
Mailing Address					

Child 6					
Name (including middle initial)					
Son ☐	Daughter ☐	Deceased? Yes ☐ No ☐		If deceased, date of death:	
Disabled? Yes ☐ No ☐		Describe Disability:			
Married? Yes ☐ No ☐					
Has Children? Yes ☐ No ☐	If you plan distributions to grandchildren, please give their full names, birth dates, and parents' names at the end of this questionnaire.				
Description of your parent/child relationship:	Close ☐	Tension/Conflict ☐	Estranged/Broken ☐		
Email Address:		Best Phone Number:			
Mailing Address					

Reset Pg 4 Checkboxes

6. Who do you want to receive your assets when you die? You can choose whether to include or exclude your children, other family members, friends, or nonprofit organizations that you want to help. For beneficiaries other than your spouse or children, please include each person's city and relationship to you. Also, tell us if a person is to receive a specific asset (such as personal belongings, money, or land).

Distributions to Beneficiaries:			
After your death, do you want your children to receive equal distributions? Yes ☐ No ☐ **If "No," or if you have specific items that you want to pass to particular beneficiaries please provide your intended distribution details below. Mark the checkbox above "Yes" if you want your children to receive equal distributions after the distributions of your specific items listed below is complete.**			
Beneficiary Name	**City**	**Type of Asset**	**Relationship to You**

Add additional pages if necessary

Reset Pg 5 Checkboxes

7. Who do you want to PAY BILLS and otherwise manage your LEGAL or FINANCIAL BUSINESS if you become disabled or unable to act? If you want them to serve at the same time instead of in the order of priority shown in the table below, check this box: ☐

First Choice:	
Second Choice:	
Third Choice:	
Fourth Choice:	

8. Please list the person or people who you would want to make HEALTH CARE DECISIONS for you should you become unable to make those decisions. If you want them to serve at the same time instead of in the order of priority shown in the table below, check this box: ☐

First Choice:	
Second Choice:	
Third Choice:	
Fourth Choice:	

9. If you want to explain or clarify your thoughts about items 7 or 8 above, please share that information here. If you feel that your answers to those questions require no further explanation, skip this section.

10. Information about your Income (Please complete all applicable checkboxes and blanks):

Are You Currently Employed?		Yes ☐ No ☐	
Annual Employment Income (if currently employed):			
Employer Name:			
Social Security (SS) Benefits?	Yes ☐ No ☐	Monthly SS Amount:	
Do You Receive a Pension?	Yes ☐ No ☐	Pension 1 Amount:	
Pension 1 Payment Frequency:	☐ **Monthly** ☐ **Annual** ☐ **Other:**_____		
Pension 1 Provider Name:			
Do You Receive Another Pension?	Yes ☐ No ☐	Pension 2 Amount:	
Pension 2 Payment Frequency:	☐ **Monthly** ☐ **Annual** ☐ **Other:**_____		
Pension 2 Provider Name:			
Other Income1 Source:			
Other Income1 Amount:			
Other Income1 Payment Frequency:	☐ **Monthly** ☐ **Annual** ☐ **Other:**_____		
Other Income2 Source:			
Other Income2 Amount:			
Other Income2 Payment Frequency:	☐ **Monthly** ☐ **Annual** ☐ **Other:**_____		

Reset Pg 7 Checkboxes

11. Information about your Assets (Please complete all applicable checkboxes and blanks):

Are you self-employed?	Yes ☐ No ☐
Business Name:	
Business Type:	
Do you own your home?	Yes ☐ No ☐
Mortgage Loan Balance:	

Describe other real estate that you own, including co-ownership with someone else or in a trust (not including your home or real estate owned by your corporation or LLC):

If you own any coal, oil, gas or other mineral rights or interests, please check the applicable boxes and describe the rights or interests below, including any royalties that you receive:

Coal ☐ Describe coal interest below:

Oil ☐ Describe oil interest below:

Gas ☐ Describe gas interest below:

Other mineral interest ☐ Describe below:

Reset Pg 8 Checkboxes

Do you expect to receive an inheritance from anyone? Yes ☐ No ☐ If so, please explain below:			
Do you have any 401(k), IRA, oth, or similar (referred to here as "IRA") accounts?		Yes ☐ No ☐	
IRA 1 Balance:		IRA 1 Type:	☐ Regular ☐ Roth ☐ Other: _____
IRA 1 Provider (name of bank, investment co., etc.):			
IRA 2 Balance:		IRA 2 Type:	☐ Regular ☐ Roth ☐ Other: _____
IRA 2 Provider (name of bank, investment co., etc.):			
IRA 3 Balance:		IRA 3 Type:	☐ Regular ☐ Roth ☐ Other: _____
IRA 3 Provider (name of bank, investment co., etc.):			
Do you have life insurance (LI)?	Yes ☐ No ☐ (if yes, provide copies of policies & statements)		
LI Policy 1 Amount:			
LI Policy 1 Company:			
LI Policy 2 Amount:			
LI Policy 2 Company:			
LI Policy 3 Amount:			
LI Policy 3 Company:			
Can you own corporate stock?	Yes ☐ No ☐ (if yes, provide copies of certificates & statements)		
Corporate Stock Company 1		# of Shares:	
Corporate Stock Company 2		# of Shares:	
Corporate Stock Company 3		# of Shares:	
Corporate Stock Company 4		# of Shares:	
Corporate Stock Company 5		# of Shares:	

Reset Pg 9 Checkboxes

Do you have US savings bonds?	Yes ☐ No ☐ (if yes, please provide copies of the bonds)		
How many savings bonds?		Total Bond Value:	
Do you have annuities?	Yes ☐ No ☐ (if yes, provide copies of annuity contracts & statements)		
Annuity 1 Amount:			
Annuity 1 Annuity Company:			
Annuity 2 Amount:			
Annuity 2 Annuity Company:			
Annuity 3 Amount:			
Annuity 3 Annuity Company:			
Do you have long term care (i.e. nursing home) insurance? Yes ☐ No ☐ If "yes," please provide a complete copy of your policy.			

12. Please check the following box that best describes the total value of assets of Client #1 and Client #2 (the attorney just needs a general idea for the initial meeting):

Less than $100,000	☐	$100,000 - $500,000	☐	$500,000 - $1 million	☐
$1 million - $5 million	☐	$5 million - $10 million	☐	More than $10 million	☐

13. Is there any person who may expect to benefit from your estate, and whom you plan to exclude from your estate? (i.e. Do you wish to "disinherit" anyone?) If so, please provide the person's name and a brief statement of why you want to exclude the person from receiving your assets?

Reset Pg 10 Checkboxes

14. Have you ever sold, given, or traded a portion of the real estate that you still own (i.e. have you split a tract into 2 or more tracts)? If so, briefly describe the portion you have sold, given, or traded

Sales, Gifts, or Trades:			
Other person's Name	**Date**	**Simple Property Description**	**Value (Estimated)**

Add additional pages if necessary

15. In the last five years, have you given any of your assets to your children or anyone else, including money (cash or checks), vehicles, real estate, or personal property? This includes putting someone's name on a deed or vehicle title. Note, there is nothing wrong with giving gifts, but it usually helps us to know about it.

Transfers in Past 5 Years – Client 1:

Beneficiary Name	Date	Simple Property Description	Value (Estimated)

Add additional pages if necessary

16. Please use this space to elaborate on any answer you have given above, or to add any information or questions you would like to discuss with the attorney.

*Add additional pages if necessary