

GOTHARD WATERS

ATTORNEYS AT LAW

190 South Lowe Avenue • PO Box 806 • Cookeville, Tennessee 38503

Phone (931) 526-4045 • Facsimile (931) 526-4055

Appointment Date: _____ Time: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Husband's Full Legal Name: _____

Age: _____ Date of Birth: _____ US Citizen? _____

Mailing Address: _____

Street or P.O. Box Number

City

State

Zip

County

Telephone: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____ Is this a work email? _____

Do you consent to the transmission of confidential information to you via email? Yes _____ No _____

Occupation/Employer (former if retired): _____

Is Husband a Veteran? _____

Wife's Full Legal Name: _____

Age: _____ Date of Birth: _____ US Citizen? _____

Telephone: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____ Is this a work email? _____

Do you consent to the transmission of confidential information to you via email? Yes _____ No _____

Occupation/Employer (former if retired): _____

Is Wife a Veteran? _____

Date of Marriage: _____ Prior Marriages: (Husband) _____ (Wife) _____

Any legal obligations from a previous marriage, i.e., life insurance? If so, please bring a copy of your divorce decree with you. _____

Is there a prenuptial agreement or postnuptial agreement for this marriage? If so, please bring a copy of your prenuptial or postnuptial agreement with you. _____

Do any of your family members have special needs? _____

Have you and/or your spouse ever filed for bankruptcy? _____

Full Legal Names of Children:

A. _____ Age: _____

Name of child's spouse (if any): _____

Grandchildren and Ages: _____

B. _____ Age: _____

Name of child's spouse (if any): _____

Grandchildren and Ages: _____

C. _____ Age: _____
Name of child's spouse (if any): _____
Grandchildren and Ages: _____

D. _____ Age: _____
Name of child's spouse (if any): _____
Grandchildren and Ages: _____

Do you have an existing will? Yes _____ No _____ (If yes, please bring a copy)
Have you ever signed a living trust? Yes _____ No _____ (If yes, please bring a copy)
Do you anticipate receiving an inheritance? Yes _____ No _____
Do you have an Irrevocable Life Insurance Trust? Yes _____ No _____ (If yes, please bring a copy)

Please list any specific items or amounts that you wish to give to any individuals or organization in your Will (other than children):

<u>Name:</u>	<u>Item or Amount:</u>
_____	_____
_____	_____

Who will serve as your **Executor(s)**? (*This is the person who handles your estate when you die, and it may be more than one person*)

Primary(ies): _____
Alternate(s) (if above person(s) unable to serve): _____

Who will be **Guardian(s)** of your minor children, if applicable? (*Who will your children live with if both you and your spouse die?*) _____

Alternate(s) (if above person(s) unable to serve): _____

Who will be the **Trustee(s)** of the assets you leave for your children until they are old enough to manage their own money? _____

Alternate(s) (if above person(s) unable to serve): _____
(We recommend that most assets remain in a Trust for the children, if your children are under the age of 35, with a portion of the assets released to them over the course of several years; perhaps distributions at ages 25, 30, and 35, or older. The Trustee controls how the money is used until that time, paying for any necessary expenses such as purchase of an automobile, post-high school education or training, college, monthly allowance, etc.)

Do you wish to leave any assets directly to grandchildren?	Yes _____	No _____
Do you want to include any step-grandchildren in your wills?	Yes _____	No _____
Do you own any property in another state?	Yes _____	No _____

Advisors:

Accountant: _____

Insurance Agent: _____

Investment Advisor: _____

Were you referred by anyone? Yes _____ No _____

If yes, who? _____

If not, how did you hear about us? _____

Is it ok for us to thank the person who referred you? Yes _____ No _____

IDENTIFICATION OF ASSETS
(Attach additional pages if necessary)

Ownership/Approximate Values

Real Estate:

Residence: *(Please bring a copy of your deed with you.)*

Husband Wife Joint

Approximate mortgage balance on home: _____

Estimated value of furnishings: _____

Other real estate:

(Please give location, acreage, and improvements.

Please bring a copy of your deeds with you.)

Husband Wife Joint

A. _____

B. _____

C. _____

D. _____

Bank Accounts, Certificates of Deposit,

Money Market Funds, etc.:

(Please give name of bank or institution, type of account, any co-owners, beneficiaries/PODs, and approximate balance.)*

Husband Wife Joint

A. _____

B. _____

C. _____

D. _____

* Pay on death designation

Retirement Accounts, IRAs, 401(k):

(Please give name of bank or institution, type of account, any co-owners, beneficiaries/PODs, and approximate balance.)*

Husband Wife Joint

A. _____

B. _____

C. _____

* Pay on death designation

Stocks, Bonds, Mutual Funds:

(Please bring copies of most recent statements.)

Husband Wife Joint

- A. _____
- B. _____
- C. _____

Ownership of Business:

(Examples: Corporation, LLC, Partnership)

Name of Business and Percentage of Ownership

(Please attach copies of documentation.)

Husband Wife Joint

- A. _____
- B. _____
- C. _____

Automobiles, Trucks, Boats:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

Husband Wife Joint

Farm Equipment/Livestock:

- A. _____
- B. _____
- C. _____

Husband Wife Joint

Accounts Receivable:

(Mortgages, notes, or debts owed to you. Please list debtor's name, date loan made, and approximate balance remaining.)

- A. _____
- B. _____
- C. _____

Husband Wife Joint

Digital Assets:

(Examples: digital assets, such as domain names, blogs, etc.)

- A. _____
- B. _____
- C. _____

Husband Wife Joint

Do you own any forms of cryptocurrency? (ex: Bitcoin): Yes _____ No _____

Debts:

Husband Wife Joint

(List any mortgages or other substantial debts owed by you that are not shown above.)

A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

Life Insurance Policies:

Company	Face Value	Cash Value	Person Insured	Policy Owner	Beneficiary	Loan Against Policy
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____
F.	_____	_____	_____	_____	_____	_____

We certify that all of our assets are listed on this form.

Husband

Date: _____

Wife

Date: _____

WAIVER OF POTENTIAL CONFLICT

You have asked me to provide estate planning services for both of you, and I must explain that married spouses may have conflicting interests when estate planning is being done that concerns their various property interests. This is especially true in situations where there are children from a previous marriage or relationship. In acting as attorney for both of you, I must act in your mutual best interests, and I cannot be an advocate for either of you against the other, or in any way favor one of you to the detriment of the other. In obtaining the confidential information necessary to provide estate planning services for you both, I cannot keep any of that information confidential from either of you. I will make recommendations that affect your property interests now and after your deaths, and those recommendations may be more beneficial for one of you than for the other. Estate planning recommendations could affect the income, property, and support provisions in the event that you were ever divorced, as well as upon the death of one or both of you.

In the event the two of you were to become divorced, you consent to my representation of one or both of you regarding your estate planning after your divorce is final.

If after reading this information you wish for me to represent only one of you, please call my office and let us know. If not, please sign below and bring with you to our first meeting.

We understand the above information and we ask that you represent both of us in our estate planning.

Client

Spouse

Dated: _____

Dated: _____