

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

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): _____

Prior Marriages: _____

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

Is/was Spouse a Veteran? _____

Do any of your family members have special medical needs? _____

Do you conduct any important transactions electronically (i.e. paying utilities, monitoring investments, etc.)? _____

Do you have any social media accounts that are important to you (i.e. Facebook, Twitter, etc.)? _____

Have you 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 you 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.)

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.)

A. _____

B. _____

C. _____

C. _____

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.)

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.)

A. _____

B. _____

C. _____

* Pay on death designation

Stocks, Bonds, Mutual Funds:

(Please bring copies of most recent statements.)

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

Ownership of Business:

(examples: Corporation, LLC, Partnership)

Name of Business and Percentage of Ownership *(Please attach copies of documentation.)*

- A. _____
- B. _____

Automobiles, Trucks, Boats:

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

Farm Equipment/Livestock:

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

Accounts Receivable:

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

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

Digital Assets:

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

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

Debts:

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

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

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

Life Insurance Policies:

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

I certify that all of my assets are listed on this form.

_____ Date: _____