

The Rains Law Firm



Estate Planning Initial Questionnaire

The Rains Law Firm, LLC
Estate and Legacy Planning

USING THIS ORGANIZER WILL ASSIST ME IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO ME PRIOR TO YOUR APPOINTMENT VIA E-MAIL, MAIL, OR FAX.

Personal Information

The Name You Use to Sign Documents _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SSN# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Primary Phone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my e-mail address.

Date of Marriage _____

The Name Your Spouse Uses to Sign Documents _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SSN# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Primary Phone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my e-mail address.

Children and Other Family Members

(Use full legal name. Use "JT" if both spouses are the parents, "1" if client or first listed grantor is the parent, "2" if spouse or second listed grantor is the parent, "S" if a single parent.)

Name	Birth date	Parent or Relationship
_____	_____	_____
What should I know about them?: _____	_____	_____
_____	_____	_____
What should I know about them?: _____	_____	_____
_____	_____	_____
What should I know about them?: _____	_____	_____
_____	_____	_____
What should I know about them?: _____	_____	_____
_____	_____	_____
What should I know about them?: _____	_____	_____
_____	_____	_____
What should I know about them?: _____	_____	_____
Pets: _____		
What should I know about them?: _____		

Advisors

	Name	Telephone	E-mail
Financial Advisor	_____	_____	_____
Accountant	_____	_____	_____
Life Insurance Agent	_____	_____	_____
Disability/LTC Agent	_____	_____	_____
Home/Car Ins. Agent	_____	_____	_____
Other	_____	_____	_____

Your Estate Planning Goals

Why is creating an estate plan important to you? _____

What makes an estate plan successful in your eyes? _____

Let's imagine that if you had 30 minutes to spend with your loved ones for a last conversation before you died, what would you want to talk about? _____

What type of person do you want your loved ones to become? _____

What questions or concerns do you have that you most want me to answer? _____

Your Concerns

Please rate the following as to how important they are to you: *(Rank on a scale of 1-5, with 5 as the highest)*

Description	Level of Concern	
	Spouse 1	Spouse 2
Create a comprehensive plan to your manage affairs in case of death or disability.		
Providing for and protecting a spouse, children, and/or grandchildren.		
Plan for the transfer and survival of a family business.		
Avoiding court interference in case of a disability.		
Avoiding family disputes upon death.		
Protecting assets/children's inheritance from lawsuits, debts, or failed marriages.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protect children's inheritance in the event of a surviving spouse's remarriage.		
Other Concerns: _____		

Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you, your spouse, or any children receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you or your spouse making payments pursuant to a divorce? <i>Please provide a copy</i>		
If married, have you signed a pre- or post-marriage contract? <i>Please provide a copy</i>		
Have you or your spouse ever filed federal or state gift tax returns? <i>Please provide copies</i>		
Have you or your spouse completed previous estate planning? <i>Please provide copies</i>		
Are there any charitable organizations you wish to make provisions for at the time of your death? <i>Describe</i> _____		
If married, have you lived in any of the following states while married to each other? <i>AZ, CA, ID, LA, NV, NM, TX, WA, or WI</i>		
Do any of your children have special educational, medical, physical, or financial needs?		

Property Information

Summary of Values

Assets	Amount*		Total Value
	You	Your Spouse	
Annual Income	_____	_____	_____
Real Property (Primary Residence)	_____	_____	_____
Real Property (Rental Properties)	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities (death benefits)	_____	_____	_____
Life Insurance and Annuities (cash value)	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Crypto-currency and other digital assets	_____	_____	_____
Other Assets	_____	_____	_____
Liabilities			
Real estate mortgages payable	_____	_____	_____
Other liabilities	_____	_____	_____
Total Assets (not including Annual Income):	_____	_____	_____

* *Joint Property values enter 1/2 in client's column and 1/2 in spouse's column.*