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NEW CLIENT QUESTIONNAIRE FOR COMPLEX ESTATE PLAN Married Couple with Minor Children

Please fill out this questionnaire as fully as possible. The following information is requested for two primary purposes. First, it will assist the attorney in the initial interview. Already having this basic information will reduce the time spent in the interview obtaining the information, reducing fees and allowing for more time to be spent on planning. Second, and more importantly, filling out the questionnaire will assist you in thinking about what your estate planning goals and desires are before meeting with the attorney.

If you don't know or are unsure of an answer, or want to ask further questions before answering, simply leave it blank. If you do not have sufficient room to complete an answer, please write on the back of the page (and so indicate). Answer to the best of your ability. At the time of the consultation, the attorney will help you determine what your estate planning needs are.

PARENTAL INFORMATION:

1. Name of Husband/Father: _____

Social Security #: _____ Date of Birth: _____

Resides at: _____

Employed by: _____

Telephone # at Home: _____ Work: _____

E-mail Address: _____

Names of Husband/Father's Living Parents: _____

Names of Husband/Father's Living Brother(s) and Sister(s): _____

Do you anticipate receiving any inheritance(s)? [] Yes [] No.

When? _____ Approx. Value: \$ _____

2. Name of Wife/Mother: _____ Maiden: _____

Social Security #: _____ Date of Birth: _____

Resides at: _____

Employed by: _____

Telephone # at Home: _____ Work: _____

E-mail Address: _____

Names of Wife/Mother's Living Parents: _____

Names of Wife/Mother's Living Brother(s) and Sister(s): _____

Do you anticipate receiving any inheritance(s)? Yes No.

When? _____ Approx. Value: \$ _____

3. How long have you been married to one another? _____

4. Have either of you been married before? Yes No.

If "yes," which of you? Husband Wife Both.

5. Are both of you U.S. Citizens? Yes No.

If "no," who is NOT a U.S. Citizen? Husband Wife

CHILDREN INFORMATION

Full Name

Date of Birth

Address

1) _____

2) _____

3) _____

4) _____

5) _____

1. Do any of the children have mental or health-related impairments/disabilities?

Yes No

If "yes," briefly describe: _____

2. Are any of the child(ren) from a prior marriage? Yes No. If "yes,":

- a. Of which parent? _____
- b. Have the child(ren) been or will be legally adopted by the new spouse? _____
- c. Are the child(ren) in the custody of another person? _____

If "yes" to (c):

Staying at/with: _____

Address: _____

City, State: _____

From: _____ (Dates) To: _____

Telephone #: _____

3. If any children are adopted by you or your children at some point in the future, shall the adopted child share equally with the natural (biological) children?
 Yes No Not Sure
4. Do you have any special wishes or requests concerning the raising and development of your children? For example, raised in a particular religion; visitation with grandparents and other close relatives encouraged; etc.: _____

INFORMATION CONCERNING YOUR CURRENT ASSETS

1. In general, what types of assets do you own? (Please check the relevant boxes)
- Home Stock Bonds Other Securities
- Interest in Business Bank Accounts Pensions
- Other Real Estate In Nevada Other Real Estate NOT In Nevada
- Vehicles Other.
- If "other," briefly describe: _____
-
-
2. Does the value of your assets (see #1 above) exceed \$2 million after deducting liabilities? Yes No.

INFORMATION CONCERNING DISPOSITION OF PERSONAL PROPERTY

1. Are personal effects and household goods to pass to the surviving spouse?
 Yes No. If not, then to whom? _____

2. At the death of the surviving spouse, are personal effects and household goods to pass to the surviving children?
 Yes No. If not, then to whom? _____

INFORMATION CONCERNING SPECIFIC BEQUESTS

1. Do you want any individual or entity to receive property at the first death or at the survivor's death? For example, parent; charity; church; etc.
 Yes No. If "yes," *what* property, *when* (first death or survivor's death), and to *whom*? _____

INFORMATION CONCERNING DISPOSITION OF REMAINING PROPERTY

1. After the first death, do you want the balance of the estate to pass to the surviving spouse? Yes No Not Sure.
2. Upon the death of the surviving spouse, is the balance of the estate to pass into the "Children's Trust"? Yes No Not Sure.
3. What age(s) should the child(ren) be when they receive their share of the estate? For example, all at age 30; or 1/3 at age 25, 30, and 35: _____

4. If both of your estates were liquidated, converted to cash, all life insurance and retirement benefits received, and all debts and mortgages paid, *approximately* how much remains for your children? \$ _____

Do you now have an "umbrella liability insurance policy" with limits that exceed this value? Yes No.

If the primary wage earner died tomorrow, approximately how much income would the surviving spouse and family need in the year that follows in order to continue the family's current standard of living? \$ _____/Year for _____ years.

Approximately how much do you now owe to others (mortgages, car loans, credit cards, student loans, etc.)? \$ _____.

5. If your child(ren) die before you *or* before receiving all of their property (before the age selected for final termination from the Children's Trust), where would you like your property to go? For example, to your child's child(ren), if any; to your child's siblings; to charity; church; university; 1/2 to Husband's relatives and 1/2 to Wife's relatives; etc.:

INFORMATION CONCERNING "FIDUCIARIES"

1. Whom do you want to serve as "Trustee" of your Trust after your deaths or if both of you are unable to do so (Guardian of your children's *Property*)? [If you choose a friend or relative, this should be someone you trust with handling financial matters and carrying out the Trust provisions. Note that there are professionals and companies, including many banks, who can serve as Trustee. If you decide you want a corporate Trustee, but do not know which one, we can provide you with suggestions] .

a. We desire professional management. [] Yes [] No.

b. FIRST CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

c. SECOND CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

d. THIRD CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

2. Whom do you (Husband) want to serve as "Executor" of your Will?

a. FIRST CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

b. SECOND CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

c. THIRD CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

3. Whom do you (Wife) want to serve as "Executor" of your Will?

a. FIRST CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

b. SECOND CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

c. THIRD CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

4. Whom do you want to serve as GUARDIAN of your children's PERSON (provide day-to-day care/nurturing/ medical/religion/education)?

a. FIRST CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

b. SECOND CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

c. THIRD CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

5. Whom do you want to serve as GUARDIAN of your children's ESTATE (provide financial assistance, pay bills, invest, etc.)?

a. FIRST CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

b. SECOND CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

c. THIRD CHOICE: _____
Address: _____
Telephone #: Home: _____ Work: _____

INSURANCE COMPANY OR RETIREMENT BENEFITS INFORMATION

What are the names and addresses of any Insurance Company or Provider of Retirement Benefits? Include Account/Insured Name, Policy #, H or W, Name of Beneficiary, approx. Amount, and Address):

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

ADDITIONAL ESTATE PLANNING RELATED DOCUMENTS, CONCEPTS, AND PLANNING ISSUES

1. *Durable General Power of Attorney for Property*: Assists in smooth management of property-related affairs in the event of illness, injury, incapacity, disability, or absence.

a. If you (Husband) cannot make your financial decisions and your spouse is unable to do so, who do you want to make those decisions for you?

FIRST CHOICE: _____
Address: _____
Telephone #: Home: _____ Work: _____

SECOND CHOICE: _____
Address: _____
Telephone #: Home: _____ Work: _____

- b. If you (Wife) cannot make your financial decisions and your spouse is unable to do so, who do you want to make those decisions for you?

FIRST CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

SECOND CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

2. *Durable Power of Attorney For Health Care*: Assists in obtaining good services and quality medical care if health deteriorates. Often one of the first documents asked for by a hospital. Needs to expressly deal with the release of medical information [HIPPA]

- a. If you (Husband) cannot make your health care decisions and your spouse is unable to do so, who do you want to make health care decisions for you?

FIRST CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

SECOND CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

- b. If you (Wife) cannot make your health care decisions and your spouse is unable to do so, who do you want to make health care decisions for you?

FIRST CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

SECOND CHOICE: _____

Address: _____

Telephone #: Home: _____ Work: _____

- c. What is the name and location of your Attending Physician (i.e. Dr. John Smith, presently practicing in Las Vegas, Nevada)?

Husband: _____

Wife: _____

3. *Declaration (Living Will)*: Helps avoid artificially sustained life support when there is essentially “no hope of recovery.”
Husband [] Yes [] No. Wife [] Yes [] No.
4. *Advance Medical Directives*: Gives the person who is responsible for actually making medical decisions greater information, specificity, and insight as to your specific health-care related decisions, wishes, and objectives. Reduces much of the stress on the person who has the unfortunate responsibility for making these decisions. [We generally incorporate this into the Durable Power of Attorney for Health Care Decisions].
5. *Spousal Consent Form*: Generally required when completing new retirement benefit beneficiary designations of any kind - company pension plan, 401(k), IRAs of all types. There is not universal recognition among retirement plan providers of what rules actually apply to what.
6. *Life Insurance Beneficiary Designation Change Form*: A new beneficiary designation is usually required to coordinate the payment of life insurance proceeds with the overall estate plan. The same is true for any retirement-related plans and benefits, perhaps even commissions, renewals, and other income that may be paid after death. (An “irrevocable life insurance trust” is helpful for some families having potential estate tax issues because the Estate exceeds \$2 million or because the amount of insurance is “significant.” It is rarely, if ever, a good idea to name a minor child as the secondary beneficiary of insurance or retirement benefits. Similarly, it is not a good idea to name a relative or friend to be beneficiary where it is your intent that they use the money for another, i.e. your children.
7. *Revocable Living Trust (Inter Vivos Trust)*: Usually minimizes probate expenses, shortens time before distribution, reduces public disclosure of personal affairs, and may help minimize tax liability in some situations. Having a revocable trust done correctly is more expensive than a will with trust provisions - final cost depending upon (a) the complexity of the estate plan and the number of documents needed; and (b) the “funding” of the trust. Using a Revocable Living Trust as the basic document requires serious long-term post-signing client commitment through the time of death for greatest benefit. While using a Revocable Living Trust is usually recommended, it is not everyone’s estate planning answer. For most people, “Irrevocable” trusts should usually be limited for use with life insurance.
8. *Organ And Tissue Donations*: Noting your wishes on your Driver’s License or ID is a simple, inexpensive, and helpful way to carry out special wishes concerning organ donation. If you wish to donate your organs, then another close family member/friend should also be informed of your wishes. You may also want to note your organ donation wishes in your Health Care Power of Attorney.
9. *Asset Protection Planning*: Simply means keeping your property out of the hands of people you or your heirs don’t think should have it. Problems can arise simply from a child being in the wrong place at the wrong time, poor selection of spouses/friends/acquaintances, failure to have adequate liability insurance coverage to cover judgments, etc. Asset protection plans and strategies range from being very

simple to very complex. For most people, adequate liability insurance (including an “umbrella policy”) and placing businesses in some type of corporate form are the simplest and most cost effective form of asset protection. More complex asset protection planning is usually more important to those with significantly large estates.

10. *Conflict of Interest Matters*: It is generally easiest (and cheapest) for one attorney to help both the husband and the wife develop a common family estate plan. Marital relationships, however, can change over time. Happy couples can become unhappy couples. Couples who agree today may disagree in the future. Sometimes these changes are minor. Sometimes they are or become major and serious. The general rule in Nevada is for each person to have his and her own attorney. This may be helpful in some respects but not in other respects. If you choose to have Goldsmith & Guymon, P.C. represent both of you, we will not (and cannot by the Rules of Professional Responsibility) keep secrets of one spouse from the other, and all information will be shared with the other. Our policy on “confidentiality” outside the marital relationship has been, is, and will remain simple: nothing gets shared with others unless you tell us to do so.

11. *Family-Related Issues*: Some families have very good relationships. Other families do not. Some families have “unique circumstances,” and some do not. Most families have a little bit of both. Do any difficulties exist that may cause potential problems in the future?

Husband Yes No Not Sure. Wife Yes No Not Sure.

12. We have asked you for information about who you want to handle your affairs and children. Is there anyone you do NOT want to have any of these powers?

Yes No. If “yes,” who? _____

ESTATE PLANNING PHILOSOPHY AND FEES FOR SERVICES

Our fees for estate planning are based on the amount of time involved. It is our goal to provide flexible, comprehensive, quality, timely, professional service that meets your needs now and in the future. We will not sacrifice quality to match another firm’s price nor will we do work which is not consistent with our standards for doing the best work we know how to do.