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DOMESTIC PARTNERS (W/CHILD)

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.

Domestic Partners (with Children) Trust and Estate Planning Questionnaire

What is your main objective in meeting with us?

A. Partners' Information

Name of Partner 1: _____

Social Security #: _____

Resides at: _____

Employed by: _____ at _____

Telephone # at Home: _____ Work: _____

Names of Partner 1's Living Parents: _____

Names of Partner 1's Living Brother(s) and Sister(s): _____

Are any inheritance(s) anticipated? [] Yes [] No

When? _____

Approx. Value: \$ _____

US Citizen [] Yes [] No

If not, citizen of _____
Name of Partner 2: _____
 Social Security #: _____
 Resides at: _____
 Employed by: _____ at _____
 Telephone # at Home: _____ Work: _____
 Names of Partner 2's Living Parents: _____
 Names of Partner 2's Living Brother(s) and Sister(s): _____

 Are any inheritance(s) anticipated? [] Yes [] No
 When? _____
 Approx. Value: \$ _____
 US Citizen [] Yes [] No
 If not, citizen of _____

B. Information Concerning Partners' Children

	Full Name	Date of Birth	Address	Parent
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

1. Do any of the children have mental or health related impairments/ disabilities? [] Yes [] No
 If so, describe:

2. Are any of the children from a prior marriage? [] Yes [] No.

Is so, indicate below by (a) which parent, (b) whether they have been legally adopted by the new partner, or (c) if they are in the custody of another.

3. If any children are adopted by you *or* by your children at some point in the future, shall they share equally with the natural children? [] Yes [] No [] Not Sure.

4. Do you have any special wishes or requests concerning the raising and development of your children? (E.g., a particular religious faith, etc.) _____

C. Information Concerning Disposition of Personal Property

1. Are personal effects and household goods to pass to the surviving partner? Yes No

If not, to Whom? _____

2. At the death of the surviving partner, are personal effects and household goods to pass to the surviving children? Yes No

If not, then to Whom? _____

D. Information Concerning Specific Bequests

1. Do you wish any individual or entity to receive property at the first death or at the survivor's death? (E.g., church, parent, charity, etc.) Yes No

If so, what and to whom? _____

2. Do you now own or plan to acquire (a) property in another state and/or outside of the United States, (b) "closely-held" business interest (s) [business with limited number of owners], (c) tax shelters, or (d) items of an unusual nature? _____

E. Information Concerning Disposition of Remaining Property

1. Do you want the balance of the estate to pass to the surviving partner? Yes No Not Sure

2. Upon the death of the surviving partner, is the balance of the estate to pass into the Children's Trust? Yes No Not Sure

3. At what age(s) should the child(ren) be for receipt of his or her share of the estate? _____

4. If both of your estates are liquidated, converted to cash, all life insurance and retirement benefits received, and all debts and mortgages paid, **APPROXIMATELY HOW MUCH REMAINS FOR YOUR CHILDREN? \$** _____ **(Please provide a good faith estimate).** Do you now have an "umbrella liability policy" with limits that exceed this value?

Yes No

5. If your children die (i) before you do *or* (ii) before their receiving all of their property, where would you like your property to go?(Example: 1/2 to partner 1's relatives and 1/2 to partner 2's relatives; to Charity; etc.) _____

F. Information Concerning “Fiduciaries”

1. Whom do you want to serve as **EXECUTOR**?

- a. First Choice: _____
Address: _____
Telephone # home: _____ work: _____

- b. Second Choice: _____
Address: _____
Telephone # home: _____ work: _____

- c. Third Choice: _____
Address: _____
Telephone # home: _____ work: _____

[Note: It is my strong preference to avoid having “Co-executors”, co-agents, and the like]

2. Whom do you want to serve as **GUARDIAN** of your children’s **PROPERTY** (also as the **TRUSTEE(S)** for the Children’s Trust)?

- 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 want to serve as **GUARDIAN** of your children’s **PERSON** (if they are minors)?

- a. First Choice: _____
Address: _____
Telephone # home: _____ work: _____

- b. Second Choice: _____
Address: _____
Telephone # home: _____ work: _____

- c. Third Choice: _____
Address: _____
Telephone # home: _____ work: _____

G. Names and Addresses of any INSURANCE COMPANY or provider of RETIREMENT BENEFITS. (Please insert Amounts in the margin).

	Name	Account Address	Insured Policy #	P1/P2
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____

H. Additional Estate Planning Related Documents- Concepts

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

2. **Durable Power of Attorney for Health Care:** Assists in obtaining good services and quality medical care if health deteriorates. (Generally combined with #1 for fewer overall documents). Often one of the first documents asked for by a hospital. **A MUST.**

3. **Power of Attorney for Minor’s Care:** Assists in obtaining medical services for a minor child should the parent(s) be absent. **A MUST for most families.** Since 1994, through another procedure, this concept can be drafted to include other actions as well.

4. **Living Will:** Helps avoid artificially sustained life support when there is no hope of recovery.
 Partner 1: [] Yes [] No
 Partner 2: [] Yes [] No

5. **Advance Medical Directives:** Gives person responsible for making medical decisions greater information, specificity, and insight about you specific health-care related decisions, wishes and objectives. **A MUST FOR NEARLY EVERYONE.**

6. **Life Insurance Beneficiary Designation Change Form:** Generally required to coordinate the payment of life insurance proceeds with the overall estate plan. Same is true for any retirement-related plans and benefits. (An “**irrevocable life insurance trust**” is helpful for some families having potential estate tax issues, most often limited to only “term” insurance for families having young children).

7. **Revocable Living Trust (Inter Vivos Trust):** Minimizes probate expenses and shortens time before distribution. Final costs depend upon (i) the complexity of the estate plan and the number of the documents needed and (ii) the “funding” of the trust. **Requires a serious long-term post-**

signing client commitment through time of death for greatest benefit. **Revocable Living Trust are NOT everyone's estate planning answer!** "Irrevocable" trusts should generally be limited to only life insurance, preferably term insurance and here only if some ability to be "flexible" in the future exists within the document.

8. **Organ Donations:** Noting wishes on your Driver's Licences is helpful in carrying out special wishes concerning donation of body, parts, or organs. Adding this to your Will is not practical. Separate card and registration are used by some individuals to note their wishes. If this is desired then another family member should also be informed of your wishes.

9. **Wrongful Death Settlement Election:** Wrongful death litigation may involve a large sum which can cause problems if not considered ahead of time. Happens rather "rarely" but often with large dollar amounts involved. Generally left to you to decide if you want this. Typically adds about an hour of time to deal with this issue.

Partner 1: Yes No Not Sure

Partner 2: Yes No Not Sure

10. **Conflict of Interest Matters.** It is generally easiest for one Attorney to help both the partner 1 and partner 2 develop a common estate plan. Marital/domestic relationships, however, can change over time. Happy couples can become unhappy couples. Couples who may agree today may disagree in the future. Sometimes these changes are minor. Sometimes they are or become major and serious. **Please check the appropriate box** for whether or not you want one attorney to help you with your estate planning matters.

Partner 1: Yes No Not Sure

Partner 2: Yes No Not Sure

11. **Family-Related Issues.** Some families have very good relationships. Other families do not. Do any difficulties exist which may cause potential problems in the future?

Partner 1: Yes No Not Sure

Partner 2: Yes No Not Sure

12. **Other:** _____

I. Our Estate Planning Philosophy and Fees for Services

Our fees for estate planning are based on the amount of time involved. Nothing more and nothing less. 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 firm's standards. A copy of our professional resume is available upon request.

J. ESTIMATE of Total Fees for Estate Plan (to be completed by attorney at or after consultation)

1. Meeting(s) and discussion(s): _____ hour(s) Varies from client to client;
2. Tax analysis, calculations, recommendations, and preparation of alternative approaches for saving estate taxes: _____ hours (generally not done if the need to save taxes is not perceived by all parties to be issue, and seemingly even less of an issue with the enactment of the Economic Growth and Tax Relief Reconciliation Act of 2001);
3. Drafting of Documents: _____ hours;
4. Re-drafting of Documents: _____ hours (generally unknown at the first meeting);
5. Preparation for signing of documents: _____ hour;
6. Formal Signing of documents: _____ hour(s);
7. Post-signing Matters (dealing with service providers, insurance companies, and retirement benefit providers are the most common examples of this): _____ hour(s);
8. Other matters known now: _____ hours
9. Estimated time for items (J) 1 through (J)8: _____ hours
10. Current hourly rate: \$_____/Hour
11. Estimated Photocopying Expenses: \$ _____
12. Other Expenses: \$ _____
13. Estimated Total for items (J) 9 through (J) 12: \$ _____

We hereby acknowledge that (i) we have had the opportunity to ask questions concerning our estate and its distribution and that (ii) we wish _____ to proceed with the implementation of an estate plan for each of us. We further acknowledge that estate planning needs change over time and that **it is our responsibility to monitor and periodically evaluate our current estate plan**, scheduling reviews with the attorney of our choice no less often than once every five years.

K. We understand that we will be provided a written fee agreement after our consultation.

Dated: _____, 200__

Partner 1's Signature: _____

Dated: _____, 200__

Partner 2's Signature: _____

L. Questions You Have

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