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CONFIDENTIAL BASIC ESTATE PLAN QUESTIONNAIRE

If you do not have questions and do not need estate tax planning advice at this time, you can fill out the questionnaire and either mail it to 270 North Main Street (2F), Concord, NH 03301 or e-mail it to roy@granitelaw.com. I will prepare the documents within 14 days of receipt If there are no issues that I detect from you answers, I will draft the documents and send you the drafts by e-mail. If you have any questions, please call. After you have reviewed the drafts, let me know if any changes are needed. Once the documents are in final form, you need to come to the office and sign the documents. It will take about 30 minutes.

	You		Your S	pouse/S	Significant O	ther			
Full Name			Full Name						
(Including middle initial and specify if Jr., Sr., etc.) Address			(Including mide Address	(Including middle initial and specify if Jr., Sr., etc.) Address					
Address			Address						
Date of Birth			Date of Birth						
Phone No.			Phone No.	Phone No.					
E-mail address			E-mail address	E-mail address					
Employer			Employer						
Marital Status:	□ Single	□ Divorced	d □ Married	□ Sep	oarat ed	□ Widow ed			
Send mail to:	□ Home	□ Busines	SS						
Children: List all r	ninor <u>and</u> ad	ult children, inc	luding stepchildren a	and ado _l	oted childrer	۱.			
Complete Name		Date of Birth	Address (if not home	e)	You	Spouse			
					□ Adopted □ Step	□ Adopted □ Step			
					□ Adopted □ Step	□ Adopted□ Step			
					□ Adopted□ Step	□ Adopted□ Step			
•	•		nt other or other personeir relation to you.	son? If	yes, write in	the name(s)			

	Do you have a dis	abled child?	□ Yes	□ No
	Do you have a pre	-marital agreement?	□ Yes	□ No
WHAT DO YO	OU OWN?			
include death	everything you own be worth over \$50 benefits from any insurance, 401(k) our share of any jointly held property.	•	□ Yes	□ No
Do you or yo inheritance?	ur spouse/significant other anticipate	receiving a substantial	□ Yes	□ No
Do you alread	dy have a will? If Yes, please attach	а сору.	□ Yes	□ No
	life insurance? If yes, the total deat	h benefit of all policies is	□ Yes	□ No
•	our spouse/significant other own your survivorship?	ur home as joint tenants	□ Yes	□ No
ISSUES RELA	TING TO YOUR WILL			
•	ou like to take care of your affairs and se provide the <u>full names</u> of those pe	•	sabled chi	Idren when
	his is the person who collects your as e carried out. The Executor can be y			
	g a responsible child, trusted friend or			
	ponsibility; (2) will be competent to a		ral years,	and (3) has
the illiancial/b	usiness judgment you deem necessa	ry to nandle your estate.		
	Your Will	Spouse's/Sig	nificant Ot	her's Will
Primary				
Address				
Alternate				
Address				
(under the age	OF YOUR CHILDREN: Do you want to e of 18) or disabled children in the every			
of such child I	•	0 1 (0)	:r:	
	Your Will	Spouse's/Sig	nificant Ot	ner's will
Primary		-		
Address				
Alternate				
Address				

□ Yes

□ No

OTHER CONSIDERATIONS: Were you previously married?

TRUSTEE OF TRUST FOR MINOR/DISABLED CHILDREN: You may be uncomfortable with distributing a large sum of money to an 18 year old. You have the choice of specifying at what age your child has uncontrolled access to the gift you make. The Trustee has control of the gift assets until the child reaches the specified age, with the discretion to give the child such sums of money the Trustee believes is appropriate for the child's education, health and support. You can also use a trustee to manage assets for a disabled child. The named guardian can also be the trustee, but you can name anyone.

		Your W	/ill		Spouse's/Sign	nificant Other's Will
Prin	nary					
Add	dress					
Alte	ernate					
Add	lress					
Age	at which	you wish child to hav	ve uncontrolled access	s to	the gift you ma	ıke:
WHC	SHOULE	GET YOUR THINGS	WHEN YOU DIE?			
		die, my spouse recei oe divided equally am	ves my entire estate. long my children.	lf n	ny spouse dies	before me, my estate
	I presen	tly have no spouse a	nd wish my estate to	be o	divided equally	among my children.
		no spouse or childre ations. Bequests mus	en and wish my estatest add up to 100%.	te to	o go to the fo	llowing individuals or
	Name		Relationship		Date of Birth	Percent of Estate
1				_		
2						
3		_		_		
to be	e divided a be divided	among the living peop among their heirs:	e above people have pole listed above or do yonaining living people li	you	want their shar	•
		istributed to decease	ed nerson's estate and	l div	ided among the	oir heirs

give to childre	ests of items of personal property that you wis en or others? The advantage of such list is tha vithout changing your will.		
	ADVANCE DIRECTIVES		
•	a Living Will to indicate your life support wishes come terminally ill or permanently unconscious?	□ Yes	□ No
naming a pers you become (NOTE : The s	a Durable Power of Attorney for Health Care on to make health care decisions for you should permanently or temporarily unable to do so? pouse can be the primary agent with someone at the alternate.)	□ Yes	□ No
	For You	For Your Spou	se/Significant Other
Primary			
Address			
Alternate			
Address			
naming someo	a Power of Attorney for Financial Affairs one to handle your financial matters should you le to do so? (NOTE: The spouse can be the with someone else named as the alternate.)	□ Yes	□ No
	For You	For Your Spou	se/Significant Other
Primary			
Address			
Alternate			
Address			

Do you wish to make reference in your Will to a separate list of any □ Yes

□ No

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