



McCARTHY LAW OFFICE

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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

INTRODUCTION

In order to assist us with the planning process, please complete the following Estate Planning Questionnaire. All information provided will be held in complete confidence and used solely for analyzing your individual estate planning needs. While completion is not mandatory, providing this information ahead of time makes our initial meeting more efficient.

Please bring any existing Wills, Trusts, or pre-nuptial agreements to our meeting.

BIOGRAPHICAL INFORMATION

Please complete Client 2 information only if you are a married couple or partners planning together.

Information	Client 1	Client 2
Full Legal Name (First, Middle, Last)		
Also Known As		
Birth Date		
U.S. Citizen?	☐ Yes ☐ No	☐ Yes ☐ No
Previously Married?	☐ Yes ☐ No	☐ Yes ☐ No
Employer		
Cell Phone		
Email Address		
Home Address		
City, State, Zip		
County		

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Date of Marriage

POTENTIAL BENEFICIARIES

Identify children, grandchildren, or other individuals/charities you wish to include in your plan.

Full Legal Name	Date of Birth	Relationship to Client 1	Relationship to Client 2	Special Needs?

If you need more space to list beneficiaries or provide additional details, please use the space provided on Page 4.

ESTATE CONCERNS

Please indicate the priority of the following common planning goals:

- Protecting a spouse/partner: ☒ High ☐ Medium ☐ Low ☐ N/A
- Protecting children/grandchildren: ☒ High ☐ Medium ☐ Low ☐ N/A
- Avoiding probate/Reducing costs: ☒ High ☐ Medium ☐ Low ☐ N/A
- Avoiding estate taxes: ☒ High ☐ Medium ☐ Low ☐ N/A
- Asset protection from lawsuits/creditors: ☒ High ☐ Medium ☐ Low ☐ N/A
- Ensuring family harmony/Clarity: ☒ High ☐ Medium ☐ Low ☐ N/A

ASSET CHECKLIST (SIMPLIFIED)

Please check all that apply to your estate.

- Asset Types: ☐ Primary Residence
☐ Other Real Estate
☐ Retirement Accounts (401k, IRA, etc.)
☐ Brokerage/Investment Accounts
☐ Business Interests
☐ Life Insurance (☒ Yes / ☐ No)
☐ Timeshare or Vacation Points
☐ Real Estate located outside of Ohio

Estimated Total Estate Value (Approximate range only):

- ☒ Under \$500,000 ☐ \$500,000 – \$1,000,000 ☐ \$1,000,000 – \$2,000,000
☐ Over \$2,000,000 ☐ Not sure

Major Asset Ownership:

- ☒ Individually owned
☐ Mostly jointly owned between Client 1 and Client 2
☐ A mix of individual and joint ownership
☐ Not sure

Are most of your retirement accounts payable directly to a beneficiary?

- ☒ Yes ☐ No ☐ Not sure

APPOINTMENTS

For each role, please name your preferred individuals or institutions.

Role	Primary	1st Alternate	2nd Alternate
Executor (to manage your Will)			
Guardian (for minor children)			
Trustee (to manage trust assets)			
Financial Power of Attorney			

MEDICAL WISHES

End of Life Decisions:

- ☐ I want my Health Care Agent to have input regarding end-of-life decisions.
☐ I want to sign a Living Will so I will not be kept alive by artificial measures.

Organ Donation:

- ☐ I want to be an organ donor.
☐ I do not want to be an organ donor.

For Health Care Agents, please provide current city, state, and phone number.

Health Care Agent	Primary	1st Alternate	2nd Alternate
Name:			
Street Address			
City			
State			
Phone Number			

MISCELLANEOUS

Accountant Name/Phone: _____

Financial Advisor Name/Phone: _____

Specific Questions or Needs: _____

Please tell us about other concerns or questions that you have.

If you need additional space for any of the appointments below, please continue on Page 4.