

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

RUSHFORTH LEE & KIEFER LLP

A NEVADA LIMITED-LIABILITY PARTNERSHIP

1. CLIENT(S).

NAME(S) OF CLIENT(S) / SIGNIFICANT OTHER				MAILING ADDRESS	
Full Name (as it appears on legal documents) <div style="text-align: right;">[]-Not US citizen</div>		Full Name (as it appears on legal documents) <div style="text-align: right;">[]-Client []-Not US citizen</div>			
Name (as you want it in your documents)		Name (as you want it in your documents)			
Birth Date		Birth Date			
Social Sec. #		Social Sec. #			
Internet e-mail address:	Work Phone:	Internet e-mail address:	Work Phone:	Home Phone:	Fax:

2. CHILDREN & BENEFICIARIES. (Name all beneficiaries. Name all children and the children of each deceased child, including those who will receive nothing. Attach additional sheets if necessary. **Spell the names as you want them in the documents**) Provide a list of cash amounts or other assets being given to designated individuals and a written plain-English explanation of how you want the balance of your assets ("the residue") distributed, specifying percentages and how much is to be distributed when and on what basis (installments? income only? lump sum? age or other triggering event?, discretionary?).

NAME (OPTIONAL - SOCIAL SECURITY NUMBER) (SPECIFY RELATIONSHIP IF NOT CHILD.)	BIRTH DATE /SEX	ADDRESS AND PHONE	RELATED TO:*
	M F		1 2 Both
	M F		1 2 Both
	M F		1 2 Both
	M F		1 2 Both
	M F		1 2 Both
	M F		1 2 Both

*1=Client #1; 2=Client #2 or Significant Other

3. FIDUCIARIES AND ALTERNATES. (Include name, address & phone. Do not list yourself; however, unless you attach an explanation, we will assume that you will act as initial trustee, and if there is a spouse/partner, you will act together, with the survivor acting alone. If each spouse/partner wants different fiduciaries, please indicate.)

CAPACITY	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
EXECUTOR; TRUSTEE; CONSERVATOR. (To manage assets & finances when you cannot)			

CAPACITY	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
YOUR GUARDIAN / HEALTH CARE AGENT. (To make medical & health care decisions when you cannot)			
GUARDIAN FOR MINOR CHILDREN. (To have custody of minor or disabled children)			
DISTRIBUTION TRUSTEE. (For asset-protection trust: To authorize all distributions. Must be Nevada domiciliary if Managing Trustee is not.)			
TRUST PROTECTOR. Irrevocable trust: To remove and replace a trustee.)			

4. ADDITIONAL INFORMATION.

Name of Trust:		
If married, date of present marriage:		
If married, community or separate property?	Check one: All separate; All community; Some of each.	
Have you ever made a taxable gift?	Check one: No Yes. (If so, provide copies of gift tax returns.)	
Premarital agreement, divorce decree, or mutual property agreement?	Check one: No Yes. (If so, provide copies of binding documents.)	
Estimated net worth: (Current value of assets minus liabilities)	Life Insurance: \$	Other Assets: \$
If widowed, amount of Deceased Spousal Unused Exclusion (DSUE).		
Referred by:		

OFFICE USE ONLY: (Responsible professional MUST complete all applicable choices.)

WILL (no living trust): H W U M | Cust. or TestTrust | Age: _____
TRUST: Settlor: H | W | U | M. Type: T/Micro | M | R | Q | S. SSST. Disclaimer. Gaming. Expenses: Pro Rata; Residue.
MARITAL DEDUCTION: **MD:** Frac; Pecuniary; RevPec; None. **QTIPLife:** Income; Prin. **QTIPPOA:** Issue; Max; None. **Disclaim:** FinalDistr; Discl.; CStr: None; Income; Princ. **CStrPOA:** Issue; Max; None.
TRUST DISTRIBUTION: DST: _____ Age: _____ MinorSupp. **BenPOA:** Life&Death; Death Only; None. **BenInc:** Discr; Req; Mand.
OTHER DOCUMENTS: PoWill Power.Att Power.Tru Health Homestead

ENGAGEMENT: Base Fee \$ Retainer Fee \$