

Expedited. Need by: _____

Two weeks



BUYNAK LAW FIRM

ESTATE PLANNING QUESTIONNAIRE
(Basic – Will Plus)

Personal And Family Information	
Name	
Spouse's Name (if married)	
Address	
Email	
Social Security Number	
Date of Birth	
Telephone	
Home	
Business	
Cell	
Citizenship	U.S. Other: _____
Previous Marriages?	Yes No
If yes, how ended:	Death Divorce
Signed Property agreements? (pre-nup, post-nup)	Yes No
Value of all Assets Owned:	
Children	
From current marriage: (List names and birthdates)	
From prior marriages: (List names and birthdates)	
Any children with disabilities? Adopted? Deceased? (Please detail)	

Grandchildren

List grandchildren's names, birthdates and parents' names if you want to specify any specific inheritance to pass to them	

Appointment of Executor & Guardian

Executor:

Name:	
Address:	

Alternate Executor:

Name:	
Address:	

Guardian for Minor Children (if any):	Person	Estate	Both
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Name:	
Address:	

Alternate Guardian:

Name:	
Address:	

Individuals To Be Specifically Disinherited

Name:	
Address:	
Reason:	

Specific Gifts of Property or Cash

Item:	Recipient	Recipient's Address

Distribution of Remainder of Estate		
To:	% of Remainder	Distribute Outright or Held in Trust for Beneficiary?
Distribution if Beneficiary is a Minor:		
To Guardian	To a Trust to Care for Minor	
Age When Property is Distributed to Beneficiary: _____		
Alternate Beneficiaries		
If Beneficiary is deceased, share is:		
Voided	Given to their children	
Given to Other Beneficiary:	Given to Other Person:	
State Name: _____	State Name: _____	
If all Beneficiaries Predecease, Distribute Assets to:		
My Heirs at law (spouse, children, parents, grandparents, siblings, aunts/uncles, cousins) <i>OR</i>		
Other: _____		
Power Of Attorney (names agent to transact business/financial affairs)		
General Special ó Limited to Property/Financial Matters for Stated Time		
Durable Power (springing authority only if disabled or incapacitated)		
	Husband's Agents	Wife's Agents
Primary Agent Name:		
Address:		
Phone:		
Email:		
Alternate Agent Name:		
Address:		
Phone:		
Email:		

Health Care Directive
(names agent to authorize or withhold medical treatment)

Detailed Living Will Standard California Medical Association Form

	Husband's Agents	Wife's Agents
Primary Agent Name:		
Address:		
Phone:		
Email:		
Alternate Agent Name:		
Address:		
Phone:		
Email:		

HIPAA Authorization
(authorizes agent to communicate with medical providers regarding treatment/records)

Primary & Alternate Agents:	Same as Health Care Directive Agents Same as Power of Attorney Agents Others: _____
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Asset Information

<p><u>ASSETS OWNED:</u> List bank and brokerage accounts, investments, real estate, business or partnership interests, promissory notes or deeds you hold, and any other assets. Be specific in description and value.</p>	(1) Personal property, including furniture and fixtures, personal automobiles, electronic or computer equipment, antiques, art objects, collectibles and jewelry, not exceeding \$100,000. Any personal property over \$10,000 in net value should be separately listed.
	(2)