William E. Hesch Law Firm, LLC

Questionnaire for Married Persons

The first step in estate planning is to determine who is to get what and when. This questionnaire will help us in preparing a simple Will, Power of Attorney, and health care documents so you can dispose of your assets as you see fit. Please answer the questions completely and thoroughly. When you have completed the questionnaire, you can call us at (513) 731-6601 to review it.

I. IDENTIFYING YOUR ESTATE PLANNING OBJECTIVES

When determining how you want you assets distributed upon your death, the following questions will help us determine what the best estate planning vehicles for your situation are:

- If your spouse survives you, would you want to ensure that your assets go to your children upon the other spouse's death? Or do you want to leave the assets to your spouse outright, and trust that s/he will leave them to your children?
 If you and your spouse both die when your children or other heirs are minors, should your children receive your property when they are 18 years old or should it be held until they are older, allowing them control over the assets at graduated increments (perhaps 25, 30, and 35 years of age)? Should your children receive equal shares?
 Is protecting your assets from attack by creditors a concern for you?
- 4. Do you expect your assets to exceed \$5 million? Is minimizing income and estate taxes a high priority for you?
- 5. Do any of your children have special needs?

 Yes

 No
- 6. Do you want to make bequests to charitable organizations?

 Yes

 No
- 7. If neither your spouse nor your children survive you, who should receive your property?

8.	Whom bank.	would you like to serve as your fiduciaries? A fiduciary may be an individual or a
	a.	The Executor will manage your estate. He or she should be a resident of your home
		state; however, out-of-state relatives (by blood or marriage) may serve.
		1.
		2.
		3.
	b.	The Trustee will manage your trust, if you decide to create one. The Trustee must
		invest and manage money, as well as maintain relationships with the beneficiaries
		and make decisions about distributions to the beneficiaries.
		1.
		2.
		3.
	c.	A Guardian is responsible for the physical well-being, the estate, or both, of an
		incompetent or minor. Parents of young children frequently want to name relatives
		or friends to serve as guardians of their children if both parents die.
		1.
		2.
		3.
	d.	Your Attorney-in-fact operates under either a "Durable Power of Attorney" that takes effect immediately, or under a "Springing Durable Power of Attorney" that only kicks-in if and when you become disabled. Please circle the option that works best for you. An Attorney-in-fact basically manages your money if you aren't able to do so yourself. 1. 2.
		3.

II. HEALTH CARE DOCUMENTS

OHIO RESIDENTS ONLY (Kentucky residents, skip over to the next page)

Health Care Power of Attorney

As you might infer, a Health Care Power of Attorney is a document wherein you appoint someone to make health care decisions on your behalf in the event that you are not able to do so yourself. Most clients appoint their spouses to serve. The State of Ohio recommends that you select two alternates just in case your first appointee is not available.

1.	Name:	Phone Number:
	Address:	City, State, ZIP
2.	Name:	Phone Number:
	Address:	City, State, ZIP
3.	Name:	Phone Number:
	Address:	City, State, ZIP
or ir supp Pow docu want notif	n a persistent vegetative soled nutrition and hydratic er of Attorney must not ument. If you want your so t to execute a living will. fied if your Living Will Di	is a directive to your physicians in the event you are terminally iletate. You may also elect to allow the withholding of artificially on, which we will discuss at our next meeting. Your Health Care act in a way that contravenes the wishes you express in this spouse or family to make all health care decisions, then you do no The State of Ohio requests that you list two contact persons to be rective becomes operative. If your contact persons are going to be d on your Health Care Powers of Attorney, just write "SAME" or
	ine. Otherwise, fill in the	
1.		Phone Number:City, State, ZIP
2.		Phone Number:
	Address:	City, State, ZIP

KENTUCKY RESIDENTS ONLY

The Commonwealth of Kentucky has a form called "Living Will Directive and Health Care Surrogate Designation." Kentucky's living will allows you to make certain elections about medical treatment and the provision of artificial nutrition and hydration in the event you are terminally ill or in a persistent vegetative state. We will review those options at our next meeting. A Health Care Surrogate makes health care decisions on your behalf in the event that you are not able to do so yourself. Most clients appoint their spouses to serve as Health Care Surrogate. We recommend that you designate an alternate.

1.	Name:		County of residence:
2. Name:			County of residence:
III.	SHORT-AND-QU	JICK ASSET IDENTIF	ICATION
t		<u> </u>	ceive your property and when. Now it's timnine the best estate planning methods for you
REA	L PROPERTY:	Located in	, State of
legal	right in the property	? What is its fair market v	
Do yo	ou have any investme	ent or vacation properties'?	Who owns them and where are they located
LIFE	E INSURANCE:	Company	Policy number
Owne	er	Beneficiary	Amount
INVI	ESTMENTS:	Identify the type of in	vestment and estimate its value.
RET:	IREMENT PLANS	: Identify the type, IRA	., 401(k), etc., as well as its estimated value.

IV. PERSONAL INFORMATION

		HUSBAND	Wl	IFE
Full Name:				
Home Address and Telephone Number:				
			Coı	ınty:
Business Address and Telephone Number:				
Email Address:			_	
Date of Birth:				
Place of Birth (Citizenship):				
Have you ever lived in any other state or foreign country? If so, where and when:				
Social Security No.:				
Do you have a Will?	Yes	No	Yes	No
Do you have a Trust?	Ves	No	Ves	No

V. MARRIAGE INFORMATION

			HUSBAND	WIFE	
Date	of Marriage:				
Do you have financial obligations to a former spouse?					
	ou have an antenuptial ement?				
VI.	FAMILY INFORM	IATION			
СНІ	LDREN				
1	NAME	ADDRESS		BIRTE	HDATE
2	NAME	ADDRESS		BIRTI	HDATE
3	NAME	ADDRESS		BIRTI	HDATE
4	NAME	ADDRESS		BIRTF	HDATE
5	NAME	ADDRESS		BIRTI	HDATE
6	NAME	ADDRESS		BIRTH	HDATE
7	NAME	ADDRESS		BIRTI	HDATE

GRANDCHILDREN

1.			
	NAME	ADDRESS	BIRTHDATE
2			
-	NAME	ADDRESS	BIRTHDATE
2			
3	NAME	ADDRESS	BIRTHDATE
4			
	NAME	ADDRESS	BIRTHDATE
5			
J	NAME	ADDRESS	BIRTHDATE
6		ADDRESS	
	NAME	ADDRESS	BIRTHDATE
7			
/	NAME	ADDRESS	BIRTHDATE
8		ADDRESS	
	NAME	ADDRESS	BIRTHDATE
g			
<i>-</i>	NAME	ADDRESS	BIRTHDATE
10			
	NAME	ADDRESS	BIRTHDATE
PFR	SONS OTHER	THAN CHILDREN	
		DENT UPON YOU FOR SUPPORT	
1			
	NAME	ADDRESS	BIRTHDATE
2			
<i>-</i>	NAME	ADDRESS	BIRTHDATE
3		LDDDDGG	
	NAME	ADDRESS	BIRTHDATE