

William E. Hesch Law Firm, LLC

Questionnaire for Single 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 your assets distributed upon your death, the following questions will help us determine what the best estate planning vehicles for your situation are:

1. Describe in your own words how you want your property to be distributed upon your death, keeping in mind who gets what and when.
2. If you 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?
3. If your children do not survive you, who should receive your property? If you have no children, whom do you want to receive it?
4. Do any of your children have special needs?
5. Is protecting your assets from attack by creditors a concern for you?
6. Do you want to make bequests to charitable organizations?

7. Whom would you like to serve as your fiduciaries? A fiduciary may be an individual or a bank.

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. The State of Ohio recommends that you select a health care power of attorney and 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 _____

Living Will Declaration

In Ohio, a Living Will is a directive to your physicians in the event you are terminally ill or in a persistent vegetative state. You may also elect to allow the withholding of artificially supplied nutrition and hydration, which we will discuss at our next meeting. Your Health Care Power of Attorney must not act in a way that contravenes the wishes you express in this document. If you want your next-of-kin to make all health care decisions, then you do not want to execute a living will. The State of Ohio requests that you list two contact persons to be notified if your Living Will Directive becomes operative. If your contact persons are going to be the first two persons you listed on your Health Care Powers of Attorney, just write "SAME" on the line. Otherwise, fill in the lines below.

1. Name: _____ Phone Number: _____
Address: _____ City, State, ZIP _____
2. Name: _____ 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.

1. Name: _____ County of residence: _____
2. Name: _____ County of residence: _____

III. SHORT-AND-QUICK ASSET IDENTIFICATION

You've already identified who you want to receive your property and when. Now it's time to briefly examine your assets so we can determine the best estate planning methods for you.

REAL PROPERTY: Located in _____, State of _____

Is your primary residence owned in survivorship with any person? Do any other persons hold a legal right in the property? What is its fair market value?

Do you have any investment or vacation properties? Who owns them and where are they located?

LIFE INSURANCE: Company _____ Policy number _____

Owner _____ Beneficiary _____ Amount _____

INVESTMENTS: Identify the type of investment and estimate its value.

RETIREMENT PLANS: Identify the type, IRA, 401(k), etc., as well as its estimated value.

IV. PERSONAL INFORMATION

Name: _____

Home Address
and Telephone Number: _____

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 _____

Do you have a Trust? Yes _____ No _____

V. MARRIAGE INFORMATION

Date of Previous Marriage (if any): _____

Date of Divorce: _____

Name of Former Spouse: _____

Do you have financial obligations to a former spouse? _____

VI. FAMILY INFORMATION

CHILDREN

- 1. _____
NAME ADDRESS BIRTHDATE
- 2. _____
NAME ADDRESS BIRTHDATE
- 3. _____
NAME ADDRESS BIRTHDATE
- 4. _____
NAME ADDRESS BIRTHDATE
- 5. _____
NAME ADDRESS BIRTHDATE
- 6. _____
NAME ADDRESS BIRTHDATE
- 7. _____
NAME ADDRESS BIRTHDATE

GRANDCHILDREN

1. _____
NAME ADDRESS BIRTHDATE
2. _____
NAME ADDRESS BIRTHDATE
3. _____
NAME ADDRESS BIRTHDATE
4. _____
NAME ADDRESS BIRTHDATE
5. _____
NAME ADDRESS BIRTHDATE
6. _____
NAME ADDRESS BIRTHDATE
7. _____
NAME ADDRESS BIRTHDATE
8. _____
NAME ADDRESS BIRTHDATE
9. _____
NAME ADDRESS BIRTHDATE
10. _____
NAME ADDRESS BIRTHDATE

**PERSONS OTHER THAN CHILDREN
WHO ARE DEPENDENT UPON YOU FOR SUPPORT**

1. _____
NAME ADDRESS BIRTHDATE
2. _____
NAME ADDRESS BIRTHDATE
3. _____
NAME ADDRESS BIRTHDATE