



Keystone Asset Management Strategies

ESTATE PLANNING QUESTIONNAIRE

Name(s) of Persons Completing This Questionnaire:

_____ Date _____

1. Are you legally married? ___ Yes ___ No. If no, do you live with someone ___ Yes ___ No.

2. Have you been known by other names? ___ Yes ___ No. If yes, please provide details.

3. In what municipality do you live? Township/Borough/City (not just the post office)

In what County do you live? _____

4. Primary Beneficiaries (Use separate paper if needed): Do your beneficiaries have Medical Directives (MD)? Ask them, then answer Y/N. Find out if you are listed as someone who can ask questions.

Name: _____ DOB: _____

Address: _____ MD? ___ Yes ___ No

Relationship: _____

Name: _____ DOB: _____

Address: _____ MD? ___ Yes ___ No

Relationship: _____

Name: _____ DOB: _____

Address: _____ MD? ___ Yes ___ No

Relationship: _____

Name: _____ DOB: _____

Address: _____ MD? ___ Yes ___ No

Relationship: _____

Name: _____ DOB: _____

Address: _____ MD? ___ Yes ___ No

Relationship: _____

Name: _____ DOB: _____

Address: _____ MD? ___ Yes ___ No

Relationship: _____



5. If your beneficiaries are married, please provide the name of the spouses:

Your beneficiary: _____ Spouse: _____

Your beneficiary: _____ Spouse: _____

Your beneficiary: _____ Spouse: _____

6. Grandchildren (Use separate paper if needed):

Name: _____ DOB: _____

Address: _____

Name: _____ DOB: _____

Address: _____

Name: _____ DOB: _____

Address: _____

7 Other Dependents

Name: _____ DOB: _____

Address: _____

Name: _____ DOB: _____

Address: _____

8. Your (_____) Parents:

Name: _____ DOB: _____ Address: _____

_____ Living? ___ Yes ___ No.

Name: _____ DOB: _____ Address: _____

_____ Living? ___ Yes ___ No.

Name: _____ DOB: _____ Address: _____

_____ Living? ___ Yes ___ No.

Name: _____ DOB: _____ Address: _____

_____ Living? ___ Yes ___ No.

9. Your (_____) Parents:

Name: _____ DOB: _____ Address: _____

_____ Living? ___ Yes ___ No.



Name: _____ DOB: _____ Address: _____
Living? ___ Yes ___ No.

Name: _____ DOB: _____ Address: _____
Living? ___ Yes ___ No.

Name: _____ DOB: _____ Address: _____
Living? ___ Yes ___ No.

10. Please describe any specific bequests (such as jewelry, art, or a specific cash payment) to be made to any individual that you would like to be highlighted and specifically mentioned:

11. Is there a property or special asset you wish to remain in your family but shared among your beneficiaries? Please explain.

12. Do you wish to make any charitable gifts at your death? ___ Yes ___ No. If yes, please indicate specific amounts and charities.

Are these charitable gifts contingent upon your spouse/partner not surviving you: ___ Yes ___ No.

13. Do you want assets passing to minor beneficiaries held in trust until a specific age? ___ Yes ___ No. If so, at what ages should the trust require distributions of income or principal to your beneficiaries?

14. Should your Trustee have discretion to make distributions prior to such ages? ___ Yes ___ No.



- 15. Do you want your Trustee to have the discretion to treat beneficiaries differently? ____ Yes ____ No.
- 16. If you have adopted, or plan to adopt a child, should the adopted child be treated the same as a natural child? ____ Yes ____ No.
- 17. If your beneficiaries later marry someone who has children from an earlier marriage, would you want these children included as if they were the children of your beneficiaries? ____ Yes ____ No.
- 18. Is there anyone other than your children for whom you are financially responsible, or to whom you wish to leave a part of your estate? ____ Yes ____ No.
- 19. Are there any special allowances to be made to any person, for example, for physical or mental disabilities? ____ Yes ____ No. If Yes, then please provide some details:

- 20. Should none of your descendants survive you, how do you want your property to be distributed? (A common instruction is to have your property pass to other family lines or to pass to charities.)

- 21. Would you like a beneficiary to receive an income from your estate? If so, how often, how long, how much? Should this income consider that person's income from other sources? Should this income increase for inflation? _____

- 22. Executor: Whom do you wish to name as the executor of your estate? (This may be a person, or an organization designed for this purpose.) The executor has the responsibility of settling your estate. Please indicate the name, address, and relationship of that person to you:

Your Name _____

1st Choice _____ Relationship: _____

Address _____

2nd Choice _____ Relationship: _____

Address _____

Your Name _____

1st Choice _____ Relationship: _____

Address _____

2nd Choice _____ Relationship: _____

Address _____



22. Trustee: Whom do you want to name as the trustee of any trust that may be established? (This may be a person, or an organization designed for this purpose.) Please indicate the name, address and relationship of that person to you:

Your Name _____

1st Choice _____ Relationship: _____

Address _____

2nd Choice _____ Relationship: _____

Address _____

Your Name _____

1st Choice _____ Relationship: _____

Address _____

2nd Choice _____ Relationship: _____

Address _____

24. Name and address of Guardian of the *person* of your minor children (if any):

1st Choice _____ Relationship: _____

Address _____

2nd Choice _____ Relationship: _____

Address _____

25. Name and address of Guardian for the *property* of your minor children (if any):

1st Choice _____ Relationship: _____

Address _____

2nd Choice _____ Relationship: _____

Address _____

26. Have you or your spouse ever filed a U.S. Gift Tax Return (Form 709)? ____ Yes ____ No. If yes, please provide copies.

27. Are either of you custodians of any assets of your children held in a Uniform Gifts to Minors Account? ____ Yes ____ No. Please attach a list describing assets owned by your minor children.

28. Have you or your spouse personally guaranteed the liabilities of another person? ____ Yes ____ No. If yes, please explain: _____

29. Were you or your spouse previously married? ____ Yes ____ No. If yes, please provide name(s) of former spouse: _____



- 30. Have you or your spouse ever signed a pre-marital agreement, a property settlement agreement, a child support agreement, or any agreement or order obligating you to a prior spouse or to children from a prior marriage? ___ Yes ___ No. If yes, please provide copies and explain.
- 31. Do you and your spouse presently have Trusts, Wills, POAs, Medical Directives, or any other estate planning documents? ___ Yes ___ No. If yes, please provide copies.
- 32. To your knowledge, are you or your spouse a beneficiary under any trust or estate, future or pending? ___ Yes ___ No. If yes, please explain: _____

- 33. Do you have any specific preferences as to funeral, burial, or other special requests? ___ Yes ___ No. If yes, please explain: _____

- 34. Do you want Powers of Attorney that will authorize your named agent to perform legal or financial acts on your behalf? ___ Yes ___ No. If yes, please provide the name(s) of your desired agent(s):

Your Name _____

1st Choice _____ Relationship: _____

Address _____

2nd Choice _____ Relationship: _____

Address _____

Your Name _____

1st Choice _____ Relationship: _____

Address _____

2nd Choice _____ Relationship: _____

Address _____

- 35. When do you want your Powers of Attorney for financial and legal matters to become effective?
___ Immediately ___ Only triggered upon your incapacity

- 36. Do you want a Health Care Powers of Attorney that will authorize your named agent to make medical decisions for you in the event you are unable to do so? ___ Yes ___ No. If yes, please provide the name(s) of your desired agent(s):

Your Name _____

1st Choice _____ Relationship: _____

Address _____

2nd Choice _____ Relationship: _____

Address _____



Health Care Powers of Attorney (cont.)

Your Name _____

1st Choice _____ Relationship: _____

Address _____

2nd Choice _____ Relationship: _____

Address _____

- 37. Do you wish to make anatomic gifts (donate your organs)? ____ Yes ____ No.
- 38. Do you want a Living Will stating that if you are in a terminal condition with no reasonable hope for recovery that you do not want extraordinary measures taken to keep you alive? ____ Yes ____ No.
- 39. Do you have a safe deposit box? If so, where is each located, and in what name or names is each maintained? _____

- 40. Indicate any fiduciary positions held by either of you (executor, trustee, guardian, or custodian) or that you may hold in the future. _____

CERTIFICATION

We give KeyAMS permission to provide the attorney with a detailed balance sheet and income statement created during the KeyAMS Strategic Wealth Plan process. We understand and acknowledge that the attorney we select will rely on this information to prepare our estate planning documents and that omissions or inaccuracies in the information may result in an incorrect estate plan. We acknowledge that it is our responsibility to make sure the information provided is accurate.

DATED _____
CLIENT _____

DATED _____
CLIENT _____