



**Ryan S. McBride, JD
Attorney**

**Wills | Successions | Small Business
Financial & Insurance Services**

Life | Health | Disability | Retirement

1000 Veterans Blvd. Suite 204

Metairie, LA 70005

Cell: 504-915-9061 Fax: 504-885-6717

www.McBride-Legal.com

Confidential Estate Planning Questionnaire

Please provide complete answers to the questions listed below. Not all questions may apply to you. Simply skip those questions that do not apply. If you are not certain about an answer, please leave the space blank and we will discuss at our initial consultation.

(Please ignore all text shaded in gray as those items are for our office's use only.)

Parish and Signing Date of Doc Execution: #1,3,4,5

1. Client Full Name: #2

home number: cell number: email:

spouse: #9

cell number: email:

2. Last Four Digits of Social Security Number: #6

spouse:

3. Address of your primary residence: #24

4. Parish of your principal residence: #13

5. Client Date of Birth: #7 Place of Birth: #8

Spouse Date of Birth: #11 Place of Birth: #12

Have you and your spouse entered into a marriage contract or prenuptial agreement? #10

* #10

6. Are you equally concerned with growing and preserving your wealth and estate for your loved ones as you are with insuring that your assets are properly distributed according to your wishes upon your death?

YES NO

If you answered YES to the question above, please note that our firm is a full-service, comprehensive wealth preservation and estate planning firm. We strive to offer you all the resources at our disposal to insure that you not only distribute your assets according to your wishes at death, but you are also able to grow and preserve them throughout your working and retirement years. We encourage you to give some thought to the following questions as each topic has a profound, direct bearing on the growth and preservation of your wealth.

6a. What, if anything, have you done to reduce your tax liability to the legal minimum? Do you currently have a qualified CPA who helps you with your tax planning needs?

6b. How are you managing your different insurance policies and do you review them annually? Do you currently have an insurance agent that meets with you on a regular basis to address this issue?

6c. What is your investment philosophy and do you know your investment portfolio's 5 year annual total return? Are you nearing retirement and becoming increasingly concerned with preserving your investments for retirement income? Do you currently have a qualified investment advisor helping you answer these questions?

6d. Have you adequately addressed the health insurance needs of your family? Do you have a knowledgeable agent helping you understand the complexities of health care coverage?

6e. When was the last time you reviewed the terms of your home mortgage? Do you have access to an independent mortgage broker who can objectively assess the pros and cons of refinancing given your specific situation?

7. What are your major concerns in drafting your estate plan? Whom are you most concerned about?

8. Prior Marriages

Name of Former Spouse

Parish and Date of Divorce

9. Children - Number of Children: _____ #14

Any children have mental incapacity or physical infirmity that renders them permanently incapable of handling their own affairs? Yes _____ No _____

Full Name of First Child: _____ #15 First Name: _____ #16

Date of Birth: _____ #17 Address: _____

Home Phone: _____ Cell Phone: _____

With which former spouse or current spouse: _____

Full Name of Second Child: _____ #18 First Name: _____ #19

Date of Birth: _____ #20 Address: _____

Home Phone: _____ Cell Phone: _____

With which former spouse or current spouse: _____

Full Name of Third Child: _____ #21 First Name: _____ #22

Date of Birth: _____ #23 Address: _____

Home Phone: _____ Cell Phone: _____

With which former spouse or current spouse: _____

10. PRESENT ESTIMATE OF INVENTORY OF ESTATE

a. Do you anticipate a substantial inheritance in the future? YES _____ NO _____
Spouse: YES _____ NO _____

If YES to above, what is the estimated amount of that inheritance: \$ _____

b. Real Estate Owned

Address	Est. Value	Liens/Amt	Name Title is In

c. Contract, Bond for Deed, Mortgages held, etc.

Address	Est. Value	Liens/Amt	Name Title is In

d. Business Interests

Name of Inc., LLC, or Partnership	Est. Value	Ownership %	Name Title is In

e. Retirement / Investment Accounts

Account Type	Investment Co.	Beneficiary	Est. Value	Owner

Total Estimated Value of Estate as of _____: \$ _____

DISTRIBUTION OF ESTATE

11. Particular Bequests. A particular bequest is an item, asset, or cash sum that you wish to leave to a certain individual. For example, if you wish to leave your home to one particular child, or a cash sum you wish to be left directly to a grandchild.)

Item	Name of Legatee (Heir)	Name of Contingent Legatee (should heir predecease)

12. Universal Bequest. To whom do you wish to leave the balance of your estate (all those assets not left as specific bequests)?

Name of Legatee (Heir)	Percentage

13. If your answer to Number 14 above is your spouse, would you prefer to grant usufruct to your spouse and leave naked ownership to children subject to your spouse's usufruct?

Yes _____ No _____

If "Yes" to above, should this usufruct continue until death, remarriage, or whichever comes first? _____

14. If the person(s) named in Question 14 predeceases you, then to whom do you wish to leave the balance of your estate?

Name of Contingent Legatee (Heir)	Percentage

15. **Tutorship (Guardianship) of your Minor Children.** In the event both you and your spouse pass away prior to your youngest child attaining the age of 18, whom do you wish to name as tutor (guardian) of your minor children?

Choice #1:	Choice #2:
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

16. **Choice of Executor/Executrix** - Whom do you choose to be the Executor/Executrix of your estate? (The Executor should be a person you trust to handle all affairs regarding distribution of your assets according to the terms of your Last Will and Testament.)

Choice #1:	Choice #2:
Name: _____ #25	Name: _____ #27
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
#26	#28

17. Louisiana Law allows for the Executor/Executrix of your estate to collect a fee for services up to an amount equal to 2 ½% of the value of one’s gross estate. However, often family members who are heirs/legatees to one’s estate are asked to serve without fee.

Should your executor/executrix serve as such **WITHOUT FEE**? Yes _____ No _____

18. **No Collation** - Is it your wish that any gifts that have been made to any of your children (or legatees) be considered extra portions and shall be exempt from collation, meaning those gifts should not be counted in that child (or legatees) inheritance? Yes _____ No _____

19. **Survivorship** - Do you wish to include a term in your Last Will and Testament to provide that any legatee (heir) who does not survive you by a certain number of days (up to 180 days) should be considered as having predeceased you? Yes _____ No _____

If yes, please indicate time frame: **30 60 90 120 150 180 days**

20. **Choice of Agent: FINANCIAL DURABLE POWER OF ATTORNEY** - Whom do you choose to represent you as your agent on your Financial Power of Attorney? (Your agent should be a person you trust to handle all your financial affairs if you were to become incapacitated and unable to make your own financial decisions.)

<p>Choice #1:</p> <p>Name: _____ #29</p> <p>Address: _____ _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Parish of Residence: _____ #30</p>	<p>Choice #2:</p> <p>Name: _____ #31</p> <p>Address: _____ _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Choice #3: _____ #32</p>
--	--

21. **Choice of Agent: HEALTH CARE POWER OF ATTORNEY** - Whom do you choose to represent you as your agent on your Health Care Power of Attorney? (Your agent should be a person you trust to handle all your health care decisions if you were to become incapacitated and unable to make those decisions for yourself.)

<p>Choice #1:</p> <p>Name: _____ #33</p> <p>Address: _____ _____ #34</p> <p>Relationship: _____ #35</p> <p>Home Phone: _____ #36</p> <p>Cell Phone: _____ #37</p>	<p>Choice #2:</p> <p>Name: _____ #38</p> <p>Address: _____ _____ #39</p> <p>Relationship: _____ #40</p> <p>Home Phone: _____ #41</p> <p>Cell Phone: _____ #42</p>
<p>Choice #3:</p> <p>Name: _____ #43</p> <p>Address: _____ _____ #44</p> <p>Relationship: _____ #45</p> <p>Home Phone: _____ #46</p> <p>Cell Phone: _____ #47</p>	

TRUST PROVISIONS (IF APPLICABLE)

If you wish to preserve certain assets or amounts of your estate for the care, welfare, and maintenance of your minor children and/or other loved ones and control the time and manner in which those assets are distributed, then please answer the questions below:

23. Naming a Trustee for a Trust in which your minor children and/or other loved ones are the named beneficiaries. Whom do you wish to name as trustee for your minor children's or other loved one's Trust? A Trustee is responsible for managing the assets and making asset distributions to beneficiaries according the terms set forth in your Trust.

Choice #1: Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____	Choice #2: Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____
---	---

24. Full name of your trust beneficiary(s) including last 4 digits of social):

25. Method of trust distribution. For example, would you like all trust assets to be held in trust until beneficiary turns a certain age, e.g. 21, 25, 30? Or would you like assets to be distributed in stages based upon age?

26. Do you want to allow for any specific distributions? (e.g. Purchase of a vehicle when beneficiary turns 18) If "Yes" please describe below:

27. Do you want any distributions tied to particular accomplishments? (e.g. attainment of a bachelor's or master's degree) If "Yes" please describe below:

28. Would you like to give your trustee the power to withhold assets if trustee has reason to fear that beneficiary is abusing drugs/alcohol or may spend trust funds frivolously?
Yes _____ No _____

29. If beneficiary becomes deceased, to whom would you want to leave trust assets? For example, to beneficiary's children first (kept in trust) or in the event beneficiary has no children should trust funds be distributed to another family member or members?

30. At what date (or event, e.g. last beneficiary attaining a certain age) would you like the trust to dissolve thereby passing remaining trust assets to beneficiary(s)?

I CERTIFY THAT THE INFORMATION GIVEN ON THIS QUESTIONNAIRE IS TRUE AND ACCURATE.

Signed: _____ Date: _____

THE USE OR SUBMISSION OF THIS QUESTIONNAIRE DOES NOT CONSTITUTE REPRESENTATION BY RYAN S. MCBRIDE, ATTORNEY AT LAW, NOR SHALL IT BE CONSIDERED LEGAL ADVICE.