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ESTATE PLANNING QUESTIONNAIRE

1. Please provide:
 - a. Your full name: _____; DOB: _____; Last 4 SSN: _____
 - b. Your marital status: _____.
 - c. Spouse's full name: _____; DOB: _____; Last 4 SSN: _____
 - d. Your occupation: _____ and Spouse's Occupation: _____
 - e. Your address: _____; E-mail: _____; phone: _____.

2. Please provide your children's full names, birthdate, and indicate marriage in place, if any, for birthdate:
 - a. Child: _____, born during marriage to _____, DOB: _____.
 - b. Child: _____, born during marriage to _____, DOB: _____.
 - c. Child: _____, born during marriage to _____, DOB: _____.
 - d. Child: _____, born during marriage to _____, DOB: _____.

3. Do you have any adopted children, or have you placed a child for adoption? If so, please provide their name(s) and date of birth: _____.

4. Please indicate if you own real estate, or any other asset outside of Louisiana. Please describe the type of (a) asset and location, _____
(b) estimated value, _____ and (c) Mortgage balance, if any: _____.

5. Do you own more than one piece of real estate in Louisiana? If so, please (a) describe all real estate _____ and
(b) indicate estimated values: _____ and (c) mortgage balance, if any: _____.

6. Do you own an interest in any Business? **Y/N**. If so, do you have an operating agreement(s)? **Y/N**.

7. Do you own retirement accounts or life insurance policies? If so, please advise the named beneficiaries _____; estimated values of each plan or policy: _____; and please indicate your financial planner/administrator _____.

8. Additional liquidity concerns: please indicate estimated balance in (a) bank accounts and CDs _____ and (b) any other investment accounts: _____.

9. The current Federal Estate/Gift Tax is about \$11 million/person. In addition to the value of retirement accounts and life insurance, do you anticipate your estate asset values to exceed \$11 million? **Y/N**.

10. Please describe your primary goal of estate planning: _____.

11. Do you intend to bequest/transfer any specific art, jewelry, furniture, or other asset to someone specifically? **Y/N**. **If yes**, _____ **to** _____; _____ **to** _____; **and** _____ **to** _____.

12. If you are married, do you intend for your spouse to be the primary beneficiary of your estate? **Y/N**.
And, if so, please check, if you intend to give your spouse:

___ “Full ownership” (complete, immediate right to use, enjoy all fruits/revenues, and alienate/sell/encumber) the transferred assets. **OR**,

___ “Lifetime usufruct interest.” Provides immediate rights of use and enjoyment and can structure to also provide the right to alienate the transferred assets, but this interest is **not** full ownership. Instead, the interest is subject to an ultimate, reversionary right & accounting to naked owners (often children; children of prior marriage) after the lifetime usufruct terminates.

13. If **YES** to No. 12, for the second-to-pass spouse, are all assets going to the children? **Y/N**. If not, to whom: _____.

14. If **NO** to No. 12, or if you are not married, please indicate your intended beneficiaries of your estate: _____.

15. Should your intended beneficiary(ies) predecease you, please provide your contingent beneficiaries: _____.

16. In event that children are to inherit under the Will, and they are not yet majors (at least 18), are we creating a testamentary trust? **Y / N**.

a. If creating a trust, do you intend to distribute assets (aside from health and maintenance payments), based upon children attaining ages of 21, 25, and 30? **Y / N**. If no, list age preferences: _____.

17. If an Executor is required (assuming administration warranted, this person compiles, preserves, and distributes assets), appoint: _____. And, successor: _____.

18. If a trustee (handles the financial affairs of the trust for minor children) is required, appoint: _____. And, successor trustee: _____.

19. If a Tutor (guardian) for your minor children would need to be appointed, please indicate whom you want appointed: _____. And, alternate: _____.

20. Aside from any child under the age of 24 years, do you have any child or grandchild that could be considered a forced heir, meaning, child/grandchild has a disability (mental or physical) that currently prevents him/her from taking care of his/her person or property? **Y/N**. If yes, name beneficiary: _____ and Trustee appointments for disabled child/grandchild: _____.

21. Do you have any other need for a Testamentary Trust, such as a Pet or Special Needs beneficiary that may need a gift managed and distributed on his/her behalf? **Y/N**. If yes, please name beneficiary: _____; Trustee: _____; and Alternate Trustee: _____.

22. Do you have specific wishes about burial or cremation? _____ Do you have a burial plot or a pre-paid funeral? **Y/N**.

23. If we are providing a Durable (remains intact despite incapacity), Full Power of Attorney (healthcare and financial decisions), please indicate agent: _____. Alternate: _____.

24. Do you have a physical disability that prevents you from seeing or signing your Will? **Y/N**. If yes, please describe the disability: _____.