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ESTATE PLANNING QUESTIONNAIRE

1. Please provide:
 - a. Your full name: _____; DOB: _____
 - b. Your address: _____
 - c. Your Email: _____; Phone: _____
 - d. Your occupation: _____
 - e. Your marital status: _____
 - f. Spouse's full name: _____; DOB: _____
 - g. Spouse's Email: _____; Phone: _____
 - h. Spouse's Occupation: _____

2. Please provide your children's full names, birthdate, and indicate marriage in place, if any, for birthdate:
 - a. Child: _____, born of marriage to _____, DOB: _____
 - b. Child: _____, born of marriage to _____, DOB: _____
 - c. Child: _____, born of marriage to _____, DOB: _____
 - d. Child: _____, born of 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 (a) the assets and locations, _____,
(b) estimated values: _____, and
(c) Mortgage balance, if any: _____.

5. Do you own more than one piece of real estate (other than address above) in Louisiana? If so, please describe:
 - (a) other real estate and location: _____,
 - (b) 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 primary beneficiaries _____ and contingent beneficiary _____;
 - The values of each plan or policy: _____; and
 - Please indicate your financial planner/administrator _____.
8. Additional liquidity and beneficiary concerns: please indicate estimated balances in
- bank accounts and CDs _____ and
 - any other investment accounts: _____.
9. The current Federal Estate/Gift Tax is approximately \$11 million/person. In addition to the value of the retirement accounts and life insurance above, do you anticipate your estate asset values to exceed \$11 million per person? **Y/N**.
10. Please describe your primary goal of estate planning (for example, protecting the surviving spouse, protecting children in the event of later remarriage, blended family concerns, specific bequests formalized, or a potential, problem beneficiary) _____
_____.
11. Do you intend to bequest/gift any specific art, jewelry, furniture, or other asset to someone specifically? **Y/N**. If yes,
- _____ goes to _____;
 - _____ goes to _____;
 - _____ goes to _____.
12. If you are married, do you intend for your spouse to be the primary beneficiary of your estate? **Y/N**. And, if yes, then, please also select, if you intend to give your spouse (If not married, go to No. 14):

_____ **“Full ownership.”** The complete and immediate right to 1) use, 2) enjoy all fruits/revenues, **and** 3) alienate (sell, transfer, or encumber/mortgage) the gifted assets. **OR,**

_____ **“Lifetime usufruct interest.”** A usufruct interest provides the immediate rights of 1) use and 2) enjoyment. But, the default, “legal usufruct” under Louisiana law does not provide the last right that comprises full ownership – the right to alienate the gifted asset without consent of the “naked owners” (the end, reversionary owners). **But**, by a Last Will, a usufruct interest can be structured to last for the surviving spouse’s lifetime **and** it can legally provide the additional right to alienate. But, because a usufruct interest is **not** full ownership, the “naked owners” (often younger children, or children of a prior marriage) still have an ultimate, reversionary ownership right when the surviving spouse passes and the lifetime usufruct ends.

13. If **YES** to No. 12, and upon the surviving spouse passing, 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 the intended beneficiaries of your estate: _____.
15. Should your intended beneficiary(ies) predecease you, please provide your contingent beneficiaries: _____.
16. In the event of a common accident with your primary and contingent beneficiaries under the Will, please indicate who you would then want your beneficiary(ies) to be?
_____.
17. In the event children are to inherit under the Will, and they are not yet majors (at least 18), are we creating a Testamentary Trust (this type of Trust, contained in the Will, only comes into existence upon certain conditions being met, for example, your passing and your beneficiaries not yet attaining a specific age). **Y / N**.
- a. If creating a Testamentary 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, then, please list age preferences: _____.
18. If a Trustee (the person who handles the financial affairs of the trust for the minor children, or other beneficiaries) is required, appoint: _____.
And, a successor Trustee: _____.
19. If a Tutor (guardian) for your minor children would need to be appointed, please indicate whom to appoint: _____.
And, a successor Tutor: _____.
20. If an Executor is required for your estate (An Executor is the person who handles the succession process – maintaining and preserving the estate property and making distributions or liquidating property, if necessary, appoint : _____.
And, a successor Executor: _____.
21. Do any of your children, of any age, or any other beneficiary you wish to include in your estate plan have a disability (mental or physical) that currently prevents him/her from taking care of his/her person or property, or where the beneficiary receives government benefits, and thus, a Special Needs Testamentary Trust should be included? **Y/N**.
If yes, child/grandchild name and DOB: _____.

Beneficiary: _____, and

Trustee appointments: _____.

22. Do you have any other need for a Testamentary Trust, such as a Pet or a spendthrift beneficiary that may need a gift managed and distributed on his/her behalf? **Y/N.**

If yes, Beneficiary name: _____;

Trustee: _____;

Alternate Trustee: _____.

23. Do you wish to be cremated? **Y/N.**

24. Do you have a burial plot or a pre-paid funeral? **Y/N.**

25. If we are providing a Durable (remains intact despite incapacity), Full Power of Attorney (healthcare and financial decisions), please indicate Agent's name: _____.

Alternate Agent's name: _____.

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