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ESTATE PLANNING QUESTIONNAIRE

1. Please provide your **Legal** name: _____; DOB: _____
 - a. Your address: _____ And, do you own the land/improvements at that address? **Y/N**.
 - b. If you own, please provide whose names are on the title (for example, only one spouse, both spouses, other relatives?): _____
 - c. Your Email: _____; Phone: _____
 - d. Your occupation: _____ and Marital Status: _____
 - e. Spouse's full name: _____; DOB: _____
 - f. Spouse Email: _____ Phone: _____ Occupation: _____
2. Please provide your children's full names, birthdate, and indicate marriage in place, if any, for each:
 - 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 property (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:
 - a.) The primary beneficiary _____ and contingent _____;

- b.) The value of each: _____; and c.) your financial planner _____.
8. Additional accounts and beneficiary concerns. Please, provide the estimated balances for:
- (a) bank accounts and CDs _____; and
- (b) any other investment accounts: _____.
9. The current Federal Estate/Gift Tax is approximately \$12 million/person. In addition to the value of the retirement accounts and life insurance above, do you anticipate your estate asset values to exceed \$12 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,
- a) _____ gifted to _____;
- b) _____ gifted to _____;
- c) _____ gifted 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 provide the additional right to alienate/sell. 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 want to name as the successor beneficiary:_____.

17. If children are inheriting under the Will, and, they are not yet majors (at least 18), do you want to include a Testamentary Trust (this Trust only comes into existence upon certain conditions being met, for example, your passing and your beneficiaries not yet attaining a specific age)? **Y / N.**
18. If creating a Testamentary Trust, and, after the Trustee provides for the education, health, maintenance and support of the beneficiary, do you prefer: **Aged Based**, or **Factor Based** distributions?
- a. If Age-Based Distributions, please, indicate your preferred ages for distributing any remaining funds: _____ . **OR,**
- b. Factor Based Distributions: If you prefer the Trustee to make disbursements of remaining funds based on factors, such as, completing college or vocational school, maintaining a career, starting a business, buying a home, or any other factor important to you, then, please provide those factors: _____.
19. If a Trustee (the person handling the financial affairs of the trust for minor children, or other beneficiaries) is required, appoint: _____ And, successor Trustee: _____.
20. If a Guardian for your minor children would need to be appointed, please indicate whom to appoint: _____ . And, a successor: _____.
21. If an Executor (The person who handles the succession process – maintaining and preserving property, making distributions to beneficiaries, or liquidating property to make distributions) is required for your estate, then, appoint: _____ . And, successor: _____.
22. Do any of your children, of any age, or any other beneficiary named in your estate plan have a disability (mental or physical) that 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/beneficiary name and DOB: _____,
Trustee appointments: _____.
23. 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: _____ . And, Successor Trustee: _____.
24. Do you wish to be cremated? **Y/N.** And, Do you have a burial plot or a pre-paid funeral? **Y/N.**
25. If we are providing a Full Healthcare and Financial Power of Attorney, please indicate Agent's name: _____ . Alternate Agent: _____.
26. Do you have a physical disability that prevents you from seeing or signing your Will? **Y/N.** If yes, please describe the disability: _____.