

Date Completed \_\_\_\_\_

Date Revised \_\_\_\_\_



## ESTATE PLANNING QUESTIONNAIRE

LAW OFFICE OF MATTHEW D. SCOTT

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If married or registered domestic partner, please indicate [“X”] whether you wish to create a [\_\_\_\_] joint or [\_\_\_\_] individual estate plan.

**Family** *Please list both spouses or partners, if applicable.*

1. Your full legal name(s) and date(s) of birth
2. Your home address, all telephone numbers, and all email addresses
3. Child(ren)'s name(s) and, if minor(s), date(s) of birth

**Real Property** *Please provide a description (i.e. single-family, condo, farmland, easement, timeshare) address, and approximate current value of each real property, whether owned or financed. Please attach additional pages if more room is needed.*

**NOTE: Please provide a photocopy or electronic scan of the Grant Deed (not “deed of trust” or “full reconveyance”) for each of your real properties.**

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**Business Interests** *Please provide the name of each business you own entirely or in part, whether sole proprietorship, partnership, LLC, corporation, or other entity.*

**Tangible Personal Property** *Please list all significant assets and their current approximate values (e.g. bank accounts, stocks/bonds, IRA, pension, 401(k), autos, boats, RV's, life insurance policies);*  
**account numbers are not required on this form**

BANK ACCOUNTS

RETIREMENT ACCOUNTS

VEHICLES

VALUABLES: FIREARMS, ART, JEWELRY, COLLECTIBLES

LIFE INSURANCE

**Pets** *Please list any and all pets, by breed and given name, and approximate ages of each; also indicate if you intend to leave a distribution on behalf of your pets*

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**Successors** *Please provide the names, addresses, telephones, and email addresses for at least one primary and one alternate for each of the following categories:*

1. **Legal Guardians** *of your minor children, should you pass away while they are minors (and if you choose a married couple, what would you prefer if they were not together at the time a guardian was needed?)*

A.

B.

2. **Successor Trustees/Executors** *to serve after you (and your spouse, if applicable) have passed away or during a period of incapacity*

A.

B.

3. **Health Power of Attorney Agents** *to make healthcare and end-of-life decisions should you become incapacitated*

A.

B.

4. **Financial Power of Attorney Agents** *to act on your behalf to make financial decisions, pay bills, and manage your assets should you become incapacitated*

A.

B.

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**Disposition of Remains** *Please indicate your preferences below:*

Burial

Cremation

Body Donation

Alternative (i.e. composting)

Arrangements already made with \_\_\_\_\_*[company]*

Organ Donor  for family members only  transplant and research  transplant only

**Beneficiaries** *People and/or entities to receive your property after you die*

**Distribution** *How and when to distribute your property, which assets to whom, and in what amounts*