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ESTATE PLANNING QUESTIONNAIRE

Effective estate planning requires that all relevant information concerning your personal, family and financial situation be assembled. Please answer this questionnaire fully as the information contained herein will be used to prepare your estate plan. Please complete as much of this questionnaire as possible before your consultation. Couples who have differing choices and information for Parts II, III and IV should fill out separate questionnaires

This is an extensive questionnaire. If a question is not applicable to you and your situation, please so indicate with an "N/A". If you need more space, please continue your answer on a separate sheet, attach it to the questionnaire and reference the question number on the additional sheet(s). The information you provide will be held in the strictest of confidence. If you have any questions or concerns regarding this questionnaire or the estate planning process, please do not hesitate to contact my office.

PART I - Your Information

Your Full Name (First, Middle, Last): _____

Other Names/Aliases Used: _____

Residence Address: _____

Mailing Address (if different from above): _____

Home Phone No. _____ Cell Phone No. _____ Work Phone No. _____

E-mail address(es): _____ Soc. Sec. # _____

Date of birth: _____ Place of Birth: _____ Are you a U.S. Citizen? _____

Marital Status: Single Married Separated Divorced Widowed

Employer Name and Address: _____

Occupation: _____ Length of employment: _____

If you currently have any estate planning documents (will, trust, power of attorney, advance health care directive) or existing pre-nuptial or antenuptial contracts or agreements please provide all copies with the questionnaire.

Are you expecting to receive property or money from a gift, lawsuit, inheritance or from another source? If so, how much? _____

Do you have a family member who may need government assistance at some point in the future or who has received special education classes? _____

Do you know of any person (ex. possible illegitimate child, previous spouse, live-in-partner) who may potentially make a claim against your estate? If so, specify: _____

Spouse's Information
(if applicable)

Full Name (First, Middle, Last): _____

Other Names/Aliases Used: _____

Residence Address: _____

Mailing Address (if different from above): _____

Home Phone No. _____ Cell Phone No. _____ Work Phone No. _____

E-mail address(es): _____ Soc. Sec. # _____

Date of birth: _____ Place of Birth: _____ Are you a U.S. Citizen? _____

Employer Name and Address: _____

Occupation: _____ Length of employment: _____

Children's Information

Please list the full legal names (first, middle, last) of your children, if any, their date of birth, indicate whether they are natural, adopted or stepchildren, their marital status (i.e. single, married, divorced) and the number of children they have.

C = Child of current marriage A = Adopted H = Husband's child
 W = Wife's child DC = Deceased with children DN = Deceased, no children
(circle all applicable codes)

<u>CHILD'S NAME</u>	<u>DATE OF BIRTH</u>	<u>GENDER</u>	<u>CODES</u>
_____		M F	C H W A DC DN

Marital status: _____ No. of children: _____

_____		M F	C H W A DC DN
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Marital status: _____ No. of children: _____

_____		M F	C H W A DC DN
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Marital status: _____ No. of children: _____

_____		M F	C H W A DC DN
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Marital status: _____ No. of children: _____

Should adopted children be treated as natural issue?	Yes _____	No _____
Should adopted grandchildren be treated as natural issue?	Yes _____	No _____
Should stepchildren be treated as natural issue?	Yes _____	No _____
Should step-grandchildren be treated as natural issue?	Yes _____	No _____

Do any of your dependents require special care? If so, how are they related to you, what are their needs and what type of government assistance, if any, are they receiving?

PART II – Estate and Asset Management Information

Original Trustee(s)

Grantors are the creators of the trust. Trustees are the managers of the trust. Typically, unless otherwise specified, the Grantor is the original trustee. Other possibilities are naming your spouse as trustee, having you and your spouse act as co-trustees or naming a corporate trustee or another individual as trustee. If you do not wish to be the original trustee and would like to have another original trustee arrangement, please list below the name(s), address and contact information of the person(s) you would like to be trustee(s) of your trust.

Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Successor Trustee(s)

You need to identify at least two individuals who you would want to step into your shoes to manage and distribute your estate if the original trustee(s) can no longer act. Again, this can be your spouse, adult children, trusted friends or a corporate trustee. You can also name multiple individuals to act as co-trustees. If you would like co-trustees, please so indicate. Unless otherwise specified, the successor trustee will have the same power as the original trustees.

Choice #1 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #2 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #3 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #4 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Personal Representative(s)

The Personal Representative (a.k.a. Executor) administers a decedent's probate estate, if necessary. This may occur if you have assets outside of the Trust upon your passing. Please identify a primary Personal Representative and at least two alternate Personal Representatives. If the order is the same as the successor trustee sequence above, you may indicate as such.

(check if order same as above) _____

Choice #1 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #2 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #3 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Guardians for Minor Children

If you have a minor or special needs child, you will want to name a guardian(s). Experience suggests that you should consider one of your adult children, a close family member or friend. If the choices are the same as the sequence(s) used above, you may indicate as such.

(check if order same as above) _____

Choice #1 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #2 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #3 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Financial Attorney-in-Fact

A **Durable Power of Attorney** gives the person you choose the authority to manage your financial affairs now, while you are competent, and if you become disabled or incapacitated. Please list the names of the person(s) you would like to be your attorney-in-fact and at least two alternate attorneys-in-fact.

(check if order same as above) _____

Choice #1 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #2 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #3 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Healthcare Attorney-in-Fact

An **Advance Health-Care Directive** makes your wishes known to your family, close friends and doctors regarding life support in the event you become terminally ill or injured with no hope of recovery. It also allows you to name a healthcare attorney-in-fact who would have the ability to, for example, make medical decisions for you in the event you are unable to, access your medical records and deal with your insurance company and doctors. Please list the names of the person(s) you would like to be your healthcare attorney-in-fact and at least two alternate attorneys-in-fact.

(check if order same as above) _____

Choice #1 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #2 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

Choice #3 Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ E-mail Address: _____

PART III - Distribution of Estate and Trust

Special Bequests (Cash or Personal Property)

A special bequest is the allocation and distribution of assets (e.g. cash or personal property) to an individual, charity, foundation or religious organization upon death.

<i>Name of Person or Organization and Contact Information</i>	<i>Description of Asset</i>

Pets

If you wish to provide for any pets upon your passing, please list the pet's information, proposed caregiver and the amount to be left for the pet's care.

<i>Pet's Full Name</i>	<i>Age</i>	<i>M/F</i>	<i>Breed</i>	<i>Proposed Caregiver</i>	<i>Total Estimated Cost of Continued Care</i>

Distribution of remaining trust assets

Please list the names of the individual(s) who you would like your trust assets to be distributed to and the proportions of the estate they are to receive. You can also dictate when the beneficiaries will receive their distributions.

Beneficiary's First, Middle & Last Name *Percentage/Amount*

1. _____

- A. Immediate distribution; or
- B. Assets to be held in a mandatory trust to be distributed when the beneficiary attains the age of: _____. Beneficiary will receive income and principal at the discretion of the Trustee for Health, Education, Maintenance and Support; or
- C. Periodic income payments with distribution of principal at the times specified below:
Principal distribution (% or \$): _____ at age ____; _____ at age ____; and _____ at age _____.

Beneficiary's First, Middle & Last Name *Percentage/Amount*

2. _____

- A. Immediate distribution; or
- B. Assets to be held in a mandatory trust to be distributed when the beneficiary attains the age of: _____. Beneficiary will receive income and principal at the discretion of the Trustee for Health, Education, Maintenance and Support; or
- C. Periodic income payments with distribution of principal at the times specified below:
Principal distribution (% or \$): _____ at age ____; _____ at age ____; and _____ at age _____.

Beneficiary's First, Middle & Last Name *Percentage/Amount*

3. _____

- A. Immediate distribution; or

B. Assets to be held in a mandatory trust to be distributed when the beneficiary attains the age of: _____. Beneficiary will receive income and principal at the discretion of the Trustee for Health, Education, Maintenance and Support; or

C. Periodic income payments with distribution of principal at the times specified below:
Principal distribution (% or \$): _____ at age _____; _____ at age _____; and _____ at age _____.

Beneficiary's First, Middle & Last Name

Percentage/Amount

4. _____

A. Immediate distribution; or

B. Assets to be held in a mandatory trust to be distributed when the beneficiary attains the age of: _____. Beneficiary will receive income and principal at the discretion of the Trustee for Health, Education, Maintenance and Support; or

C. Periodic income payments with distribution of principal at the times specified below:
Principal distribution (% or \$): _____ at age _____; _____ at age _____; and _____ at age _____.

Beneficiary's First, Middle & Last Name

Percentage/Amount

5. _____

A. Immediate distribution; or

B. Assets to be held in a mandatory trust to be distributed when the beneficiary attains the age of: _____. Beneficiary will receive income and principal at the discretion of the Trustee for Health, Education, Maintenance and Support; or

C. Periodic income payments with distribution of principal at the times specified below:
Principal distribution (% or \$): _____ at age _____; _____ at age _____; and _____ at age _____.

Alternate Beneficiaries

If a beneficiary predeceases you, his or her share will be divided equally amongst his or her children. If the beneficiary has no children, his or her share will be distributed to remaining trust beneficiaries in equal shares unless another distribution scheme is noted below:

If all of the beneficiaries and their children predecease you, distribution will be made to your heirs-at-laws pursuant to Hawaii intestate laws. If you desire an alternate distribution scheme (such as to a charity or other organization or to your spouse's heir-at-laws), please note so below:

Funeral instructions

What type of service do you want, how elaborate and where? Are there any special people to contact? Do you want cremation? If you have a cemetery lot, where is it located?

Specific Exclusions

List below any family member(s) who are to be specifically excluded from allocation and distribution of your estate and specify their relationship to you (ex. John Smith, brother or John Smith, son).

Special Concerns

List any special concerns for children or grandchildren, such as college education plans, physical or mental health issues, difficulty managing money, extenuating circumstances, etc. You may also list special instructions for care of pets.

Custodial accounts

If you are a custodian of assets for a minor child(ren) under the Hawaii Uniform Transfers to Minors Act, please list the name of the minor child(ren): _____

PART IV - Inventory

Please indicate "Ownership" as Tenants by the Entirety (TE), Joint Tenants (JT) with another owner, Tenant in Common (TC) with another owner; or Sole Owner (SO). Be sure to give names of Co-Owners (If Husband and Wife, indicate as "HW")

Real Property

Description and Location	Ownership	Date Acquired	Purchase Price	Market Value	Mortgage/ Encumbrances

Personal Property

(ex. collectibles, antiques, jewelry, etc.)

Description	Ownership	Date Acquired	Purchase Price	Market Value

Financial Assets

(checking/savings, brokerage, CDs, money market, stocks/bonds, investment certificates, retirement, pension, annuities, business interests, IRAs 401(k), etc.)

Description	Ownership	Market Value	Balance

Life Insurance policies

Description (Company, Policy Number)	Policy Owner	Name of Insured	Term, Whole, Universal?	First Beneficiary	Second Beneficiary	Death Benefit

Do you have a safe deposit box? If so, whose name is it under and where is it located?

Are you or your spouse currently guarantors of any loans? Yes_____ No_____

Is there any property being held in trust for you? Yes_____ No_____

Describe: _____

PART V - Questions/Comments/Information

I have personally completed and reviewed this Estate Planning Questionnaire and any attached documents and find it to be accurate and complete. I understand that the information I have furnished will be relied upon by my attorney and advisors in making recommendations for my estate plan and if the information given is either incorrect or incomplete, the recommendations may be inappropriate, or worse, harmful. I understand that my attorney and advisors rely upon me to take the necessary time and diligence to place into their hands data which can and will be used in helping me meet my objectives. I understand that my attorney and advisors cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of incorrect or incomplete data.

Print Name

Signature

Date

Estate Planning Food for Thought

Prior to meeting to discuss your estate plan, it would be helpful to consider and perhaps reach tentative decisions regarding the following topics:

1. If you are married, at your death or your spouse's death, would you prefer that your entire estate go to the survivor?
2. After you (and your spouse) have passed way, to whom would you prefer that tangible personal property (i.e. furniture, jewelry, automobile, clothing, etc.) be distributed to? Divided among your children as they agree? Distributed according to a separate list? A combination of both?
3. Upon your death (and your spouse's death), to whom would you prefer the balance of your estate be distributed? Divided equally among your children? If the children are minors, would you prefer that they receive their inheritance in installments? Other distribution plan?
4. If one of your children dies before you, should that child's children take that child's share?
5. If you (and your spouse), all your children and grandchildren pass away in a common accident, to whom would you prefer that your estate be distributed? Divided one-half to each of husband's and wife's parents and siblings? To charity? To certain named relatives and friends? Other?
6. After you (and your spouse) have passed away, who would you want to be in charge of administering your estate/trust (i.e. filing tax returns, obtaining appraisals, paying bills and making distributions)? A bank or trust company? A relative or friend? A combination of both?
7. If you have children under age 18 when you die, who would you want to be their guardian?
8. When choosing a personal representative, successor trustee or attorney-in-fact, consider a person who is honest, trustworthy, dependable and has wisdom, time, energy and experience with financial matters.