

PERSONAL INFORMATION QUESTIONNAIRE

Thank you for your interest in working with us. Providing as much information as possible before your first meeting allows us to quickly start drafting your legal documents with minimal interruption, ensuring better quality and efficiency for your affairs. Please don't hesitate to ask us any questions you have about this form or your desired estate plan goals. We look forward to working with you!

Your Full Legal Name: _____ Nickname: _____

Preferred Signature Name for Legal Documents (ex: Myrna A. Loy or Myrna Adele Loy or Myrna Loy):

Other Names by Which You are Also Known: _____

Your Email Address: _____ Your Birthdate: _____

Mailing Address, City, State ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Last 4 of SSN: _____

County of Residence: _____ Citizenship: _____

Employer (or "Retired"): _____

Position: _____ Work Phone #: _____

Marital/Partner Status: _____ Date of Marriage: _____

Spouse/Partner's Full Legal Name: _____ Nickname: _____

Is Spouse/Partner Deceased: No Yes If Yes, Date of Death: _____

Spouse/Partner's Preferred Signature Name for Legal Documents (ex: Gary J. Cooper or Gary John Cooper or Gary Cooper):

Other Names by Which Spouse/Partner is Also Known: _____

Email Address: _____ Birthdate: _____

Cell Phone #: _____ Last 4 of SSN: _____ Citizenship: _____

Employer (or "Retired"): _____

Position: _____ Work Phone #: _____

CHILDREN

Full Legal Name	Birthdate	Gender	Parents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

POSSIBLE BENEFICIARIES OTHER THAN CHILDREN (PERSON or CHARITY)

Full Legal Name	Gender	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Charity Name(s)

_____	_____
_____	_____
_____	_____

OTHER DEPENDENTS

Full Legal Name	Gender	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL QUESTIONS REGARDING IMMEDIATE FAMILY

CHILDREN

Not Applicable

- Yes No Do you have a child with a learning disability?
- Yes No Do any of your children receive governmental support or benefits?
- Yes No Are any of your children institutionalized?
- Yes No Do you provide primary or other major financial support to adult children?
- Yes No Do any of your children have special educational, medical, or physical needs?

SELF OR SPOUSE/PARTNER

- Yes No Are you or your spouse/partner receiving social security, disability, or other governmental benefits?
- Yes No Have either you or your spouse/partner been divorced?
- Yes No Are you or your spouse/partner making payments pursuant to a marital settlement agreement? *(If yes, we will need a copy.)*
- Yes No Have you or your spouse/partner ever signed a pre- or post-marriage or relationship contract? *(If yes, we will need a copy.)*
- Yes No Have you or your spouse/partner been widowed? *(If yes, we will need a copy of any federal or state estate tax return that was filed.)*
- Yes No Have you or your spouse/partner ever filed federal or state gift tax returns? *(If yes, we will need a copy.)*
- Yes No Have you or your spouse/partner completed a previous Will, trust, or other estate planning documents? *(If yes, we will need a copy.)*

Copies of documents can be shared with us by mail, in person at your next meeting, or by email attachment to Kelsey@baileylawgroupmt.com. Please call (406) 586-5909 with any questions.

ACCOUNTING, FINANCIAL, AND LEGAL ADVISERS

Unless you object, we may work with your financial team to ensure you the best possible planning.

ACCOUNTING

Firm Name: _____
 Address, City, ST ZIP: _____
 Contact Person: _____
 Phone: _____ Email: _____

INSURANCE

Firm Name: _____
 Address, City, ST ZIP: _____
 Contact Person: _____
 Phone: _____ Email: _____

INVESTMENTS

Firm Name: _____
 Address, City, ST ZIP: _____
 Contact Person: _____
 Phone: _____ Email: _____

LEGAL

Firm Name: _____
 Address, City, ST ZIP: _____
 Contact Person: _____
 Phone: _____ Email: _____

KEY DECISIONS

The following are key decisions you will need to make regarding important aspects of your estate planning. *Note:* it is perfectly fine and often recommended to list your spouse as your first choice for many of the following roles (except as guardian).

Your name: _____ Spouse/Partner's Name: _____

Personal Representative. The person in charge of administering your probate estate after you die.

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Successor Trustee. The person in charge of administering your Trust after you die, or, as the case may be, if you become incapacitated.

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Durable Financial Power of Attorney Agents. The person in charge of making non-Trust financial and property decisions on your behalf, during your incapacity.

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Durable Healthcare Power of Attorney Agents. The person in charge of making medical decisions on your behalf, during your incapacity.

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Guardian Nominations. The person or couple in charge of raising your children if both you and your spouse die while your children are minors. If you name a couple, must they serve jointly?

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

Caretakers for Animals/Pets. This section is optional and may include those you would wish to care for your four-legged family members if you die.

- | Animal Name and Type: | Caretaker: |
|-----------------------|------------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

YOUR GOALS

Estate planning can feel overwhelming. The following questions are meant to be a starting point for thought before our meeting. Please feel free to go beyond the specific questions to describe any goals or concerns you might have.

Most important goals. What is most important to you and your spouse/partner in case of death or disability?

Children. What are your most important goals and concerns for your children in case you pass away or become disabled?

Probate. Are you concerned about avoiding probate, contested Wills, or disputes upon your death?

Conflict. Is there conflict between any members of your family that you would like me to know about? Are you concerned that family conflict could affect your estate plan, appointment of guardians, etc.?

Health Care. What are your wishes regarding healthcare if you become incapacitated and someone else needs to communicate with your doctor on your behalf?

Remarriage. Are you or your spouse/partner concerned about remarriage by the surviving spouse and the effect it would have on your estate plan?

Estate Taxes. Are you worried about estate taxes or inheritance taxes?

Charities. Do you want charitable giving to be a part of your estate plan?

Asset Protection. Are you concerned about protecting your assets or your children's inheritance from lawsuits or creditors?

Children's Marriages. Are you concerned about protecting your children's inheritance from the possibility that they might have a failed marriage/divorce?

Business Planning. If you or your spouse/partner own a business or an interest in a business, are you concerned about how your business will pass upon your death or incapacity?

Other Goals or Concerns. Please attach additional pages if necessary.

ASSET/LIABILITY INVENTORY

Having a general knowledge of the scope of your current assets and liabilities allows us to give you the most specific advice for estate planning.

REAL PROPERTY (Real estate, homes, land, agricultural parcels, and the like)

Do you have water rights (surface or groundwater) for any property you own? Yes No Don't know

Property Address	Property Type	% Owned	Owner(s)	Current Mortgage	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Combined Value: _____
- Total Real Property Liabilities: _____
TOTAL GROSS VALUE: _____

CASH ACCOUNTS

Bank Name	Account Type	Owner(s)	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Balance: _____

INVESTMENT ACCOUNTS (Other than Retirement Accounts)

Company Name	Account Type	Owner(s)	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Balance: _____

RETIREMENT ACCOUNTS (Including IRAs, 401Ks and other qualified plans)

Employer or Institution Name	Plan Type	Owner(s)	Death Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Value:				_____

PARTNERSHIP INTERESTS

Full Legal Name of Partnership	% General Partner	% Limited Partner	Owner(s)	Value of Partner Interests
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Value:				_____

LLC, CORPORATE, OR PROFESSIONAL INTERESTS

Full Legal Name Of Company Or Corporation	Type Of Entity	Buy/Sell Agree.?	% Owned	Owner(s)	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Value:					_____

SOLE PROPRIETORSHIP BUSINESS INTERESTS

Full Legal Name Of Company Or Corporation	Description Of Business	Owner(s)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Value:			_____

ANNUITIES

Whose life Is insured?	Company	Owner(s)	Payments for Life Only?	Death Beneficiary?	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Value:					_____

