

Rentschler Law LLC

Legal Services To Meet Your Needs

To help us prepare to discuss your estate planning needs, please complete the following questionnaire and return it to Rentschler Law LLC by regular mail or by email to info@rentschlerlawllc.com as a PDF. We will review your information and schedule a call with you to make sure we understand your specific needs before we prepare your documents.

Estate Planning Questionnaire (Simple Will/No Trust)

CLIENT ONE

Name _____ Date of Birth _____

Social Security No. _____ Male _____ Female _____

Spouse _____ Male _____ Female _____

Address _____

County _____ Cell Phone _____ Home Phone _____

Work Phone _____ E-mail _____

Best Way to Contact (circle) Cell Home Work E-Mail

CLIENT TWO

Name _____ Date of Birth _____

Social Security No. _____ Male _____ Female _____

Spouse _____ Male _____ Female _____

Address _____

County _____ Cell Phone _____ Home Phone _____

Work Phone _____ E-mail _____

Best Way to Contact (circle) Cell Home Work E-Mail

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Children

Name _____ Date of Birth _____

Social Security No. _____ Male _____ Female _____

Child of: Both _____ Client _____ Client 2 _____

Address _____

Cell Phone _____ Home Phone _____

Is Child Married? Yes ___ No ___ Spouse's Name _____

Does this Child have any children of his/her own? Yes _____ No _____

Name _____ Date of Birth _____

Social Security No. _____ Male _____ Female _____

Child of: Both _____ Client _____ Client 2 _____

Address _____

Cell Phone _____ Home Phone _____

Is Child Married? Yes ___ No ___ Spouse's Name _____

Does this Child have any children of his/her own? Yes _____ No _____

Name _____ Date of Birth _____

Social Security No. _____ Male _____ Female _____

Child of: Both _____ Client _____ Client 2 _____

Address _____

Cell Phone _____ Home Phone _____

Is Child Married? Yes ___ No ___ Spouse's Name _____

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Does this Child have any children of his/her own? Yes _____ No _____

If additional space is needed, attach another sheet of paper to the questionnaire including the above information.

Guardians for Minor Children Under Age 18

Primary Guardian: _____ Relationship to you _____

Address _____

Phone _____ Email _____

Contingent Guardian: _____ Relationship to you _____

Address _____

Phone _____ Email _____

Executor of Your Will

Client One- I am selecting my spouse as my Executor Yes _____ No _____

Client Two- I am selecting my spouse as my Executor Yes _____ No _____

Do Client One and Two want the same Contingent Executor Yes _____ No _____

Do you want to have Co-Executors or Co-Contingent Executors? Yes _____ No _____

(If so, we need to discuss this issue during our phone consultation)

If you are not selecting your spouse as your Executor, who do you want in this role? If you are selecting your spouse as your Executor, please list your selection for Contingent Executor(s).

Executor: _____ Relationship to you _____

Address _____

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Phone _____ Email _____

Contingent Executor: _____ Relationship to you _____

Address _____

Phone _____ Email _____

Same Individual for Client 1 and Client 2 Yes ___ No ___ (if no, we will need to discuss in phone consultation)

2nd Contingent Executor: _____ Relationship to you _____

Address _____

Phone _____ Email _____

Same Individual for Client 1 and Client 2 Yes ___ No ___ (if no, we will need to discuss in phone consultation)

Durable Financial Power of Attorney (POA)

Client One- I am selecting my spouse as my POA Yes ___ No ___

Client Two- I am selecting my spouse as my POA Yes ___ No ___

Do Client One and Two want the same Contingent POA Yes ___ No ___

Do you want to have Co-POAs or Co-Contingent POAs? Yes ___ No ___

(If so, we need to discuss this issue during our phone consultation)

If you are not selecting your spouse as your POA, who do you want in this role? If you are selecting your spouse as your POA, please list your selection for Contingent Executor(s).

POA: _____ Relationship to you _____

Address _____

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Phone _____ Email _____

Contingent POA: _____ Relationship to you _____

Address _____

Phone _____ Email _____

Same Individual for Client 1 and Client 2 Yes ___ No ___ (if no, we will need to discuss in phone consultation)

2nd Contingent POA: _____ Relationship to you _____

Address _____

Phone _____ Email _____

Same Individual for Client 1 and Client 2 Yes ___ No ___ (if no, we will need to discuss in phone consultation)

Durable Healthcare Power of Attorney (HPOA)

Client One- I am selecting my spouse as my HPOA Yes ___ No ___

Client Two- I am selecting my spouse as my HPOA Yes ___ No ___

Do Client One and Two want the same Contingent HPOA? Yes ___ No ___

Do you want to have Co-HPOAs or Co-Contingent HPOAs? Yes ___ No ___

(If so, we need to discuss this issue during our phone consultation)

If you are not selecting your spouse as your HPOA, who do you want in this role? If you are selecting your spouse as your HPOA, please list your selection for Contingent Executor(s).

HPOA: _____ Relationship to you _____

Address _____

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Phone _____ Email _____

Contingent HPOA: _____ Relationship to you _____

Address _____

Phone _____ Email _____

Same Individual for Client 1 and Client 2 Yes ___ No ___ (if no, we will need to discuss in phone consultation)

2nd Contingent HPOA: _____ Relationship to you _____

Address _____

Phone _____ Email _____

Same Individual for Client 1 and Client 2 Yes ___ No ___ (if no, we will need to discuss in phone consultation)

Please use this space to add notes or questions you have:
