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Confidential Estate Planning Questionnaire

Date: _____

I. Personal Data

Name: _____

Social Security No. _____

Home Address: _____

Phone: _____

email: _____

Business Address: _____

Phone: _____

email: _____

Occupation: _____

Approximate Income per year _____

Percent of income from farming: _____

Date of Birth: _____

Place of Birth: _____

U.S Citizen? Yes _____ No _____

Previous Spouses? _____

Family

Spouse: _____

Social Security No. _____

Home Address: _____

Phone: _____

email: _____

Business Address: _____

Phone: _____

email: _____

Occupation: _____

Approximate Income per year _____

Percent of income from farming: _____

Date of Birth: _____

Place of Birth: _____

U.S Citizen? Yes _____ No _____

First Marriage? _____

Children

Name / Address	Age	Spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandchildren

Name / Address	Age	Parent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Assets

Please provide copies of all deeds or other title documents.

A. Farm Assets

	Asset Value		
	You	Your Spouse	Joint
Real estate:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you own farm real estate outside the state of Vermont? _____

Equipment:

_____	_____	_____	_____
_____	_____	_____	_____

Asset Value

You Your Spouse Joint

Livestock and crops in inventory:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Shares in a Business:
(Partnerships, LLCs, etc.)**

_____	_____	_____	_____
_____	_____	_____	_____

B. Non-farm assets:

Real estate:

_____	_____	_____	_____
_____	_____	_____	_____

Do you own real estate outside the state of Vermont? _____

Stocks / Bonds

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Checking/ Savings Accounts:

Bank	Type of Account/ Owner	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Money owed to:

	You	Your Spouse	Joint
Name of Debtor/ Type of Debt			
_____	_____	_____	_____
_____	_____	_____	_____

Personal Property:

Household Furnishings	_____	_____	_____
Automobiles	_____	_____	_____
Recreational Vehicles	_____	_____	_____
Jewelry	_____	_____	_____

Other Farm or Non-farm Assets:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Liabilities:

Farm Debt

Creditor	Amount Owed	Security Given	Signatures on Promissory Note

Non-farm Debt

Creditor	Amount Owed	Security Given	Signatures on Promissory Note

Retirement Accounts:

Owner	Type	Amount in plan	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. Current Planning

1. Do you have an existing will and/or trust? If so, please provide me with a copy.

2. Who would you designate as guardian for your minor children?

3. Who would you designate as your personal representative(s) or trustee(s) in your Will or Trust? _____

4. Have you ever resided in Arizona, California, Colorado, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? Yes ___ No ___

5. Have you ever made a gift in excess of \$14,000 to any one person in a year? Please list any substantial gifts below:

6. Have you ever filed a gift tax return with the IRS? Yes ___ No ___

7. Do you expect to receive a substantial inheritance? _____

8. Have you granted to anyone a durable power of attorney to handle your personal and business affairs should you become disabled? If so, please provide me with a copy.

9. Do you participate in USDA farm programs? Yes ___ No ___

Describe: _____

10. Are you enrolled in the current use program? Yes ___ No ___

11. Are you a party to any partnership agreements or any other agreements involving a closely held business interest? If so, please provide me a copy.

12. Have you executed an Advance Directive for health care matters? If so, please provide me with a copy.

13. Is your farm conserved? Yes ___ No ___

14. What are your plans for passing on your farm? What are your concerns about passing on the farm?

15. What plans do your heirs have for taking over the farm? If your heirs are not interested, are there non-family members who would like to take over your operation?

16. Do you have Long Term Care Insurance? If so, complete the following:

Insurance Company	Levels of Coverage
<hr/>	<hr/>

17. If you do not have an Advance Directive for Health Care, which of the following statements best describes your wishes with respect to life sustaining treatment? (Place your name next to the statement that you prefer.)

1. If I suffer a condition from which there is no reasonable prospect of regaining my ability to think and act for myself, I want only care directed to my comfort and dignity, and authorize my agent to decline all treatment (including artificial nutrition and hydration) the primary purpose of which is to prolong my life. I further authorize my agent to withdraw artificial nutrition and hydration if initiated and it later becomes clear that there is no reasonable prospect that I may regain my ability to think and act for myself.

2. If I suffer a condition from which there is no reasonable prospect of regaining my ability to think and act for myself, I want care directed to my comfort and dignity and also want artificial nutrition and hydration if needed, but authorize my agent to decline all other treatment the primary purpose of which is to prolong my life.

3. I want my life sustained by any reasonable medical measures, regardless of my condition.

18. Life Insurance

	Policy #1	Policy #2
Owner	_____	_____
Company	_____	_____
Policy Type	_____	_____
Face Amount	_____	_____
Loans Against	_____	_____
Cash Value	_____	_____
Primary Beneficiary	_____	_____
Secondary Beneficiary	_____	_____

If ownership of these policies has been changed please provide me with the date of that change.
