

# SULLIVAN LAW OFFICE

Alaina S. Sullivan, Esq.

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## Estate Planning Questionnaire:

Please complete the following questions after careful consideration of your estate plan. Bring to your initial meeting or mail to: Sullivan Law Office, P.O. Box 767, Oxford, Michigan 48371.

**Full Legal Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Full Legal Name:** \_\_\_\_\_

**Primary Address:** \_\_\_\_\_

**County of residence:** \_\_\_\_\_ **State of residence:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**What is your preferred method for communication:**  Email or  Phone

**Have you previously had a will or trust done? If so, when was it created or last amended.**

Yes: \_\_\_\_\_  No

Please list individual(s) you wish to be in charge of your trust. It is highly recommended you choose the same person as you list for your personal representative.

**Trustee:**

\_\_\_\_\_  
**Address:**

**Alternate Trustee:**

\_\_\_\_\_  
**Address:**

**Second Alternate Trustee:**

\_\_\_\_\_  
**Address:**

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Please list the individual you wish to be in charge of handling your estate upon your death. These individuals are your Personal Representatives. It is highly recommended at least two individuals be listed in the event the preceding individual is unable or unwilling to accept this appointment. If you have chosen to use a trust, list the same individuals as you have for the trustee for the personal representative position.

**Personal Representative (for Will):**

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**Address:**

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**Alternate Personal Representative (for Will):**

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**Address:**

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**Second Alternate Personal Representative (for Will):**

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**Address:**

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If you have minor children, you will need to appoint someone to be a guardian upon your death. Please carefully consider who you wish to be that guardian. Please note that this individual does not need to be your Personal Representative or your chosen Power of Attorney or Health Care Representative.

**Guardian:**

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**Alternate Guardian:**

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**Second Alternate Guardian:**

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By law, your spouse, if you are married, will automatically receive your estate upon your death. If you are not married, your property will then go to your living children. Please list the names of these individuals.

**Spouse's full legal name:**

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Please list all full legal names, ages, and dates of birth of your children (This needs to be any of your children that you would like to include in your beneficiary, including biological and adopted children, as well as stepchildren). Additionally, if you have a trust, please list how old you wish your children to be when they receive their property:

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Are there any children you wish to disinherit from your estate? If so, please put their full names:

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Do you have any pets? If so, do you have someone you wish to take care of them if you still have pets at the time of your death?

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How would you like your children to receive their estate? How old would you like them to be, and what percentage of the estate would you like to give them at each age?

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If you have items of personal property you wish to go to certain individuals, please list those items here, as well as who should receive them.

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If you would like your property to go to someone other than your spouse and/or children, please list the name(s) of these individuals below. Consider several individuals as you will need to appoint who will receive your property upon the death of the previous person.

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In the event that your spouse and all lineal descendants or appointed recipients of your estate are deceased, it is advised you choose an entity, profit or non-profit, to receive your estate. This can be in full or divided amongst several entities by a percentage. Please list your wishes below:

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**Please answer the following questions if you wish to appoint a Power of Attorney and/or Health Care/Medical Power of Attorney. Please note these do not have to be the same individuals. Please consider at least one alternate in the event your initial choice does not wish to or is unable to accept the appointment.:**

**Power of Attorney:**

Address:

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**Alternate Power of Attorney:**

Address:

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**Second Alternate Power of Attorney:**

Address:

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**Medical Power of Attorney:**

Address:

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**Alternate Medical Power of Attorney:**

Address:

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**Second Alternate Medical Power of Attorney:**

Address:

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Address:

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Secondary Address:

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Vacation Home etc.

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If you have a personal business, please list information regarding the business and how you would like it handled in your estate.

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Please list any specific wishes you may have regarding funeral planning.

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**For Hyatt Legal members or ARAG legal members only**

Case Numbers:

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Last 4 digits of your SSN or membership number: \_\_\_\_\_

This form can be emailed to me at [asullivan@sullivanlawonline.com](mailto:asullivan@sullivanlawonline.com), faxed to (248) 800-4322, or mailed to PO Box 767, Oxford, MI 48371.

*Thank you! Additional information may be requested at our initial meeting.*