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### CONFIDENTIAL WILL & ESTATE PLANNING QUESTIONNAIRE

#### **A. PERSONAL DATA:**

Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Approximate date when residency began in ID or WY: \_\_\_\_\_

Personal email address: \_\_\_\_\_

Home phone number: (\_\_\_\_\_) \_\_\_\_\_

Work number: (\_\_\_\_\_) \_\_\_\_\_

Cell phone number: (\_\_\_\_\_) \_\_\_\_\_

U.S. Citizen?     Y / N

Prior Marriage?   Y / N     Children?   Y / N

Currently Married: Y / N

#### **B. APPOINTMENT OF PERSONAL REPRESENTATIVE:**

The **Personal Representative** (or **Executor**) is the person who submits your Will to the Court for probate and collects and distributes assets in accordance with the terms of your Will. You should choose 2 people, a primary and an alternative personal representative. As with all appointments under your Will or healthcare documents, please discuss this with the people you plan to appoint.

**Personal Representative** [Legal name, relationship (*brother, sister, friend, etc.*) & home address]

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Alternate Personal Representative [Legal name, relationship (*brother, sister, friend, etc.*) & home address]

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**C. SUMMARY OF ASSETS AND LIABILITIES AND IDENTITY OF OWNERSHIP:**

This section is to help us determine whether asset ownership structure could cause potential estate tax issues and whether there are unique ownership interests in any assets. General information as to type and value is sufficient (account numbers, etc. not necessary).

**We recommend that you create and periodically update a LIST OF ASSETS & LIABILITIES to keep with your Will, including bank and investment accounts and account numbers, names/contact information for brokers, other investments, IRA's, 401k's, interests in businesses, loans made by you to others (copies of promissory notes), life insurance information, and major liabilities such as mortgages, credit cards, loans outstanding to others. Also indicate who owns which assets.**

1. What is your approximate **Net Worth**? (Assets minus debts/liabilities) and how much of your net worth is liquid and how much is illiquid and why it is illiquid?

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2. **Real Estate:** Please provide copies of your deeds or provide us with addresses so we can obtain the deeds. We will be looking at how your real estate is titled.

3. **Bank Accounts, Stocks, Bonds:** How are these accounts titled, and have you designated beneficiaries with the investment companies?

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4. Please list any business interests and ownership in **legal entities** and **partnerships**:

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5. Do you have any qualified retirement accounts such as and **IRA, 401K, SEP, or Pensions?**

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6. Do you have a **safe deposit box?** Location: \_\_\_\_\_

**D. WILL PROVISIONS.**

Please indicate how you want your estate to be distributed. You should choose who will be your primary beneficiaries, and in the event a primary beneficiary does not survive you, who would be the contingent beneficiaries.

1. Do you want to leave your house outright to one or more beneficiaries or sold and the proceeds distributed?

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2. Do you want to leave any specific bequests of money or property to family, friends, employees or others?

Amount	Beneficiary	Contingent Beneficiary
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3. Would you like to make specific bequests of personal effects? *It is recommended that specific bequests of personal effects be listed outside the Will so that it can be changed in the future. A separate writing for tangible personal property (not money) is allowed if dated and signed.*

To Whom	Describe Item	Contingent Beneficiary

4. Do you want the rest of your personal effects to go to anyone, or distributed/disposed of at your Personal Representative's discretion?

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5. Do you want to leave any other real property or other property to any other person or charity?

Name:	Brief Description:

**E. OTHER DOCUMENTS.** We recommend that you consider a **Healthcare Power of Attorney**, which is a statutory form where you appoint one person to make healthcare decisions if you are unable or incapacitated. It is also a good idea to appoint at least one alternate agent in case your primary agent is unavailable. In Idaho, a **Living Will** is a separate document to consider, which we will discuss. (For Wyoming residents, the statutory Healthcare Power of Attorney includes a Living Will.)

**Healthcare Agent:** [Full legal name, relationship, address, phone number]

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**Alternate Healthcare Agent:** [Full legal name, relationship, address, phone number]

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**F. Miscellaneous.** Is there anything else that you think would be helpful for us to know about your family or financial situation?

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