

KSW Law
57 Main Street, P.O. Box 836
Epping, New Hampshire 03042
(603) 679-5223

ESTATE PLANNING QUESTIONNAIRE

Family Information:

Client #1: _____

Address: _____

Telephone: Home: _____ Cell: _____

Work: _____ E-mail address: _____

Client #2: _____

Address: _____

Telephone: Home: _____ Cell: _____

Work: _____ E-mail address: _____

Names, addresses and ages of children

1. _____ of _____ Age: _____

2. _____ of _____ Age: _____

3. _____ of _____ Age: _____

4. _____ of _____ Age: _____

Any deceased children? _____

Client #1

Client #2

Intended Executor: _____ / _____

Successor Executor: _____ / _____

Intended Trustee: _____ / _____

Successor Trustee: _____ / _____

Intended Guardian: _____ / _____

Successor Guardian: _____ / _____

Intended Power of Attorney: _____ / _____

Successor Power of Attorney: _____ / _____

Intended Health Care Agent: _____ / _____

Successor Health Care Agent: _____ / _____

Intended Beneficiaries:

_____ / _____

_____ / _____

_____ / _____

_____ / _____

_____ / _____

Beneficiaries with special needs or disabilities:

_____ / _____

_____ / _____

Assets:

(FOR EACH ASSET, PLEASE PROVIDE the value and the ownership status and the beneficiary designation)

Real estate:

Bank accounts:

Investment assets (stocks, bonds, mutual funds, annuities):

Retirement Assets (401K, 403B, IRA, Others):

Personal property (cars, jewelry, artwork, coins, etc.):

Business interests:

Life insurance:

Anticipated inheritance: _____

Previously gifted assets: _____

Other: _____

Please provide copies of deeds, account statements:

ANY OTHER CONSIDERATIONS in your plan: _____

Name of Accountant: _____

Name of Financial Advisor: _____

Do you want communication by email: Yes _____ No _____

Names of persons to whom we can talk about your estate plan: _____

Signed this _____ day of _____, 20__

Client 1

Client 2

Date of Birth _____

Date of Birth _____