

**ESTATE PLANNING QUESTIONNAIRE**

LEGAL NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SPOUSE'S LEGAL NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS:  Home  Business  Other

\_\_\_\_\_  
\_\_\_\_\_

**CONTACT NUMBERS:**

Home: \_\_\_\_\_ O.K. to leave message?  YES  NO

Work: \_\_\_\_\_ O.K. to leave message?  YES  NO

Wireless: \_\_\_\_\_ O.K. to leave message?  YES  NO

Email: \_\_\_\_\_ O.K. to send info.?  YES  NO

DATE AND PLACE OF THIS MARRIAGE:

DATE AND PLACE OF ANY DIVORCE:

\_\_\_\_\_  
\_\_\_\_\_

DATE AND PLACE OF ANY PRIOR WILL OR ESTATE PLANNING DOCUMENT:

\_\_\_\_\_

**CHILDREN OF THIS MARRIAGE:**

Name	Address	Phone #	Date of Birth
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN OF PRIOR MARRIAGE:**

Name	Address	Phone #	Date of Birth
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\_\_\_\_\_  
\_\_\_\_\_

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PERSONS YOU WANT APPOINTED IN YOUR WILL:

Name	Address	Phone#
Personal Representative/Trustee _____		
Alternate P.R./Trustee _____		
Guardian for Children _____		
Alternate Guardian _____		
Trustee of Children's Funds _____		

Briefly describe how you would like your estate to be distributed upon your death (attach sheet if necessary):

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ASSETS (If you and your spouse are both listed as owners, please list owner as "joint"):

REAL PROPERTY (residence)

Name of Owner	Address	Value	Mortgage Balance
_____			

OTHER REAL PROPERTY

Name of Owner	Address	Value	Mortgage Balance
_____			

BANKING

Account Description	Bank and Branch	Name of Owner	Balance
_____			

STOCKS AND BONDS

Account Description	Company	Name of Owner	Value
_____			

