

ESTATE PLANNING QUESTIONNAIRE

LEGAL NAME: _____
DATE OF BIRTH: _____

SOCIAL SECURITY #: _____
PLACE OF BIRTH: _____

SPOUSE'S LEGAL NAME: _____
DATE OF BIRTH: _____

SOCIAL SECURITY #: _____
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
Fax: _____	O.K. to send info.?	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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN OF PRIOR MARRIAGE:

Name	Address	Phone #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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):

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
_____	_____	_____	_____

RETIREMENT BENEFITS (from employer, Keogh, IRA, etc.):			
Account Description	Company	Name of Owner	Value
_____	_____	_____	_____

LIFE INSURANCE				
Policy #	Company	Owner	Beneficiary	Value
_____	_____	_____	_____	_____