

ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIAL CLIENT COMMUNICATION

Please complete the following pages as **thoroughly** as possible and return it to us by way of return email, fax or regular mail or bring it along to your office conference. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

GENERAL INFORMATION

	SELF	SPOUSE
Name:	_____	_____
Address:	_____	_____
Citizenship (list all):	_____	_____
Home Number:	_____	_____
Work Number:	_____	_____
Mobile Number:	_____	_____
Email:	_____	_____
Date of Birth:	_____	_____
Social Security (last 4):	XXX-XX-_____	XXX-XX-_____
Physician's Name:	_____	_____
Physician's Number:	_____	_____

MARITAL INFORMATION

Date and place of marriage: _____

Any prior marriages? Yes No

Ever entered into pre- or post-nuptial agreement? Yes No

CHILDREN

Please list **ALL** your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan. Identify any child who is not a biological or adopted child of both you and your spouse.

Child's Name: _____

Child's Name: _____

Address: _____

Address: _____

Date of Birth: _____ Social Sec (Last 4): XXX-XX-_____

Date of Birth: _____ Social Sec (Last 4): XXX-XX-_____

Please Check One: Child by Current Marriage
 Child by Previous Marriage
 Child by Adoption
 Grandchild

Please Check One: Child by Current Marriage
 Child by Previous Marriage
 Child by Adoption
 Grandchild

CHILDREN (continued)

Child's Name: _____

Address: _____

Date of Birth: _____

Social Security (Last 4): XXX-XX- _____

- Please Check One: Child by Current Marriage
 Child by Previous Marriage
 Child by Adoption
 Grandchild

Child's Name: _____

Address: _____

Date of Birth: _____

Social Security (Last 4): XXX-XX- _____

- Please Check One: Child by Current Marriage
 Child by Previous Marriage
 Child by Adoption
 Grandchild

a. Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please plan to prepare to discuss.

b. Is there any reason **NOT** to treat your children equally? If so, please explain. _____

c. Are any of the children under a disability? _____

d. Do you have any special concerns or objectives regarding your children? _____

e. Do you have anyone other than a child who is dependent on you? _____

f. If you'd like a trust established for your children, please indicate the age at which you would like the trust assets disbursed to the children:

Guardianship: Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18)

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

Alternate Guardian:

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

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POWER OF ATTORNEY APPOINTMENTS

Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name?

	SELF	SPOUSE
Primary (Name):	_____	_____
Address:	_____	_____
	_____	_____
Home Number:	_____	_____
Work Number:	_____	_____
Relationship:	_____	_____
1st Alternate (Name):	_____	_____
Address:	_____	_____
	_____	_____
Home Number:	_____	_____
Work Number:	_____	_____
Relationship:	_____	_____
2nd Alternate (Name):	_____	_____
Address:	_____	_____
	_____	_____
Home Number:	_____	_____
Work Number:	_____	_____
Relationship:	_____	_____

HEALTH CARE POWER OF ATTORNEY APPOINTMENTS

	SELF	SPOUSE
Primary (Name):	_____	_____
Address:	_____	_____
	_____	_____
Home Number:	_____	_____
Work Number:	_____	_____
Relationship:	_____	_____
1st Alternate (Name):	_____	_____
Address:	_____	_____
	_____	_____
Home Number:	_____	_____
Work Number:	_____	_____
Relationship:	_____	_____
2nd Alternate (Name):	_____	_____
Address:	_____	_____
	_____	_____
Home Number:	_____	_____
Work Number:	_____	_____
Relationship:	_____	_____

HEALTH CARE POWER OF ATTORNEY APPOINTMENTS (continued)

- a. Do you want to donate any organs upon your death? Yes No
- b. If yes, have you agreed in another document, e.g., driver’s license, to make the donation? Yes No
- c. Please indicate how you want the disposition of your remains after you die, e.g., cremation, regular burial, etc.: _____

- d. Do you have other living wills or health care powers of attorney forms which you want to revoke? We recommend revocation to keep your wishes and desires clear. _____

- e. Do you have any other instructions regarding your health care, living arrangements, burial, etc.? If so, please indicate: _____

APPOINTMENTS RELATIVE TO WILLS

Personal Representative: Who should be personal representative (“executor”) of your estate? A personal representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate. Generally, individuals choose their spouse as their first choice personal representative.

	SELF	SPOUSE
Executor/trix (Name):	_____	_____
Address:	_____	_____
Home Number:	_____	_____
Work Number:	_____	_____
Relationship:	_____	_____
1st Alternate (Name):	_____	_____
Address:	_____	_____
Home Number:	_____	_____
Work Number:	_____	_____
Relationship:	_____	_____
2nd Alternate (Name):	_____	_____
Address:	_____	_____
Home Number:	_____	_____
Work Number:	_____	_____
Relationship:	_____	_____

APPOINTMENTS RELATIVE TO WILLS (continued)

Trusts: If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your trustee.

	SELF	SPOUSE
Trustee (Name):	<hr/>	<hr/>
Address:	<hr/> <hr/>	<hr/> <hr/>
Home Number:	<hr/>	<hr/>
Work Number:	<hr/>	<hr/>
Relationship:	<hr/>	<hr/>
1st Alternate (Name):	<hr/>	<hr/>
Address:	<hr/> <hr/>	<hr/> <hr/>
Home Number:	<hr/>	<hr/>
Work Number:	<hr/>	<hr/>
Relationship:	<hr/>	<hr/>
2nd Alternate (Name):	<hr/>	<hr/>
Address:	<hr/> <hr/>	<hr/> <hr/>
Home Number:	<hr/>	<hr/>
Work Number:	<hr/>	<hr/>
Relationship:	<hr/>	<hr/>

APPOINTMENTS RELATIVE TO WILLS (continued)

Financial Inventory: Use approximate values under each person showing ownership of each asset. **BRING SUPPORTING DATA FOR EACH ASSET**, i.e., bank statements, retirement reports, stock and bond account reports, etc. **NOTE:** If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

ASSETS	SELF	SPOUSE	JOINT
Home (equity only):	_____	_____	_____
Other Real Estate:	_____	_____	_____
Checking Account:	_____	_____	_____
Savings Account:	_____	_____	_____
Money Market Account:	_____	_____	_____
Automobiles:	_____	_____	_____
Mutual Funds:	_____	_____	_____
Stocks and Bonds:	_____	_____	_____
Personal Property:	_____	_____	_____
Life Insurance (Face):	_____	_____	_____
Retirement Accounts:	_____	_____	_____
IRA:	_____	_____	_____
Pension:	_____	_____	_____
Profit Sharing/401 K:	_____	_____	_____
Other Assets:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
TOTAL ASSETS:	_____	_____	_____

APPOINTMENTS RELATIVE TO WILLS (continued)

LIABILITIES	SELF	SPOUSE	JOINT
Home Mortgage:	_____	_____	_____
Other Mortgages:	_____	_____	_____
Debts to Family Members:	_____	_____	_____
Other Debts:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
TOTAL LIABILITIES:	_____	_____	_____

FAMILY BUSINESS

Name of Business: _____

Address: _____

Form of Ownership: Corporation
 Partnership
 Sole Proprietorship
 Other – Explain: _____

BENEFICIARY DESIGNATION

Life Insurance:

POLICY NAME/NUMBER	FACE VALUE	OWNER	INSURED	BENEFICIARY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADVISORS

Accountant (Name): _____

Address: _____

Phone Number: _____

Insurance Agent (Name): _____

Address: _____

Phone Number: _____

Financial Broker (Name): _____

Address: _____

Phone Number: _____

MISCELLANEOUS

	SELF	SPOUSE
Current Will. Do you now have a will or revocable trust? If so, provide a copy.	_____	_____
Do you have a safe deposit box? If so, where?	_____	_____
Have you received or expect any inheritances or gifts?	_____	_____
Do you have Long Term Care Insurance?	_____	_____
Are you the beneficiary of a trust?	_____	_____
Do you hold a power of appointment?	_____	_____
Prior Gifts. Have you made any gifts worth more than \$14,000 to any one person?	_____	_____
Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.	_____	_____
If No Children. If you do not have children, to whom should your estate pass (beyond a spouse, if any)?	_____	_____