

## ESTATE PLANNING QUESTIONNAIRE

### 1. GENERAL INFORMATION

Date:

Referred by:

Marital Status: (Circle one)      Married   Single   Divorced   Widowed

Your Name (First, Middle, Last)      Soc. Sec. No.      Date of Birth

Home Address (Number, Street)      City      State      Zip

Mailing Address If Different From Above (Number, Street)      City      State      Zip

(      )      (      )      (      )  
Home Phone      Your Work Phone      Spouse's Work Phone

Your Employer      Your Occupation

Employer's Address (Number, Street)      City      State      Zip

Spouse's Employer      Spouse's Occupation

Spouse's Employer's Address (Number, Street)      City      State      Zip

Your Insurance Agent      Your C.P.A.

### 2. PERSONAL INFORMATION

You

Your Spouse

1. Are you a U.S. Citizen?

Yes No

Yes No

2. Do you have a will or trust now?

Yes No

Yes No

3. Are you expecting to receive property or money from  
(circle all that apply)

Gift, Lawsuit  
Inheritance, Other

Gift, Lawsuit  
Inheritance, Other

If so, approximately how much?

\_\_\_\_\_

4. Please list your children.

<i>Children (First, Middle, Last Names)</i>	<i>Age</i>	<i>M/F</i>	<i>Married/Single/ Divorced</i>	<i>No. of Grandchildren</i>	<i>Adopted ?</i>	<i>Husband/Wife/ Joint</i>

5. Do you have any deceased children?

Yes No

Yes No

6. Do you have any dependents who require special care?

Yes No

Yes No

If so, how are they related to you and how old are they?

7. Please list all of your personal property and real property.

<i>Description and Location</i>	<i>Title In Whose Name (H/W/J)</i>	<i>Purchase Price</i>	<i>Market Value</i>	<i>Mortgage</i>
Residence				
Residence				

<i>Description and Location</i>	<i>Title In Whose Name (H/W/J)</i>	<i>Purchase Price</i>	<i>Market Value</i>	<i>Mortgage</i>
Real Estate				
Real Estate				
Automobile				
Automobile				
Boat				
Others (coin collection, stamp collection, antiques, jewelry, etc.)				

**TOTAL NET VALUE.....\$**

**3. FINANCIAL INFORMATION**

2. Please list all of your financial accounts.

<i>Description</i>	<i>Title In Whose Name (H/W/J)</i>	<i>Market Value</i>	<i>Balance</i>
Checking			
Checking			
Savings			
Savings			
CD			
Money Market			



<i>Description</i>	<i>Policy Owner</i>	<i>Term or Whole Life</i>	<i>1st Beneficiary</i>	<i>2nd Beneficiary</i>	<i>Death Benefit</i>
Life Insurance					
Life Insurance					
Life Insurance					
Life Insurance					

**TOTAL VALUE.....\$**

3. Add lines 1, 2 and 3.

**TOTAL NET ESTATE VALUE = \$**

4. Do you have a **safe deposit box**? Whose name is it under and where is it located?

5. Are you or your spouse currently guarantors of any loans? Yes \_\_\_\_\_ No \_\_\_\_\_

**I/We have reviewed all \_\_\_\_ pages of this Estate Planning Questionnaire and I/we find it to be accurate and complete. I understand that this information will be used in the preparation of my estate plan and my attorney and advisors may rely solely on this statement.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SUPPLEMENT TO ESTATE PLANNING QUESTIONNAIRE**

**1. TRUST DECISIONS**

Date:

Referred by:

1. **Trustee(s)** - You will be the initial trustee and your spouse is typically named as successor trustee (but not required).
2. **Back-up Trustee(s)** - Steps in at your and your spouse's disability or death. Can be your adult children, trusted friends and/or a corporate trustee.

*#1 Choice:*      Name  
                            Address

*#2 Choice:*      Name  
                            Address

*#3 Choice:*      Name  
                            Address

3. **Guardians For Minor Children** - Responsible adult who will raise your children until age 18 if something happens to you and your spouse.

*#1 Choice:*      Name  
                            Address

*#2 Choice:*      Name  
                            Address

*#3 Choice:*      Name  
                            Address

**2. BENEFICIARIES**

1. **Special Gifts To Individuals or Organizations.** Do you want to make a gift (cash or a specific item) to an individual, charity, foundation, religious or fraternal organization?

<i>Name of Person or Organization</i>	<i>Description of Gift</i>

2. **Beneficiaries.** Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.

**Alternate Beneficiaries.** Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you have named above?

<i>Name of Child/Person</i>	<i>Amount/Percentage</i>
Beneficiary	
Beneficiary	
Beneficiary	
Alternate Beneficiary	
Alternate Beneficiary	
Alternate Beneficiary	

3. **Inheriting Instructions.** Do you want your children to receive their inheritance in installments, at certain ages, or all at once?

4. **Dependents Who Require Special Care.** Do you want to provide for "basic" care or luxuries and other extras to supplement government benefits?

5. **Disinheriting.** Are there any relatives that you specifically do not want to receive anything from your estate?

**3. SPECIAL INSTRUCTIONS FOR INCOMPETENCY**

1. **Keeping/Selling Assets.** If necessary to pay for your care, do you want certain assets sold first? Are there potential buyers you want contacted?

2. **Medical Care.** Do you want to be in (or avoid) a certain hospital/nursing home? How do you feel about blood transfusions, organ transplants, life support, etc.?

*You*

*Your*

*Spouse*

3. **A Living Will** makes your wishes known to family and doctors regarding life support in the event you become terminally ill or injured with no hope for recovery. Do you want a Living Will?

*You* Yes or No

*Your Spouse* Yes or No

4. **A Durable Power of Attorney** gives the person you choose the power to manage all of your financial affairs now, while you are competent, and if you become disabled or incompetent.

*#1 Choice:* Name  
Address

*#2 Choice:* Name  
Address

**4. SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL**

What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation?  
If you have a cemetery lot, where is it located?

**5. QUESTIONS TO ASK YOUR ATTORNEY ABOUT YOUR LIVING TRUST**

**I/We have reviewed all \_\_\_\_ pages of this Estate Planning Supplemental Questionnaire and I/we find it to be accurate and complete. I understand that this information will be used in the preparation of my estate plan and my attorney and advisors may rely solely on this statement.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**