

## ESTATE PLANNING QUESTIONNAIRE

Please complete this questionnaire to the best of your ability and mail, email, or fax it to us so that we may review it prior to your appointment.

### Personal and Family Information

#### CLIENT

Full Name: \_\_\_\_\_

Nickname or Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

How would you prefer to be contacted? Phone \_\_\_\_\_ Email \_\_\_\_\_

If Phone, where is the best place to reach you? \_\_\_\_\_

Send Mail to: Home \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_

If Other, provide address: \_\_\_\_\_

#### SPOUSE

Spouse's Full Name: \_\_\_\_\_

Spouse's Nickname or Alias: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

#### CHILDREN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ # of Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ # of Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_ # of Grandchildren: \_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_ # of Grandchildren: \_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_ # of Grandchildren: \_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_ # of Grandchildren: \_\_\_\_

Are any of these children from prior marriages? If yes, indicate the parent of each child.

\_\_\_\_\_

Are any of these children adopted? Is so, please specify. \_\_\_\_\_

\_\_\_\_\_

Would you like to include a provision for children born after the will is executed? \_\_\_\_\_

\_\_\_\_\_

Are any children disabled, incapacitated or in poor health? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

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### Asset Information

This information will be used to help determine what type of estate planning is best for you in order to minimize the taxes on your estate. Please complete this statement or attach a current financial statement. Indicate the approximate values for each of the following:

	Client	Spouse	Annual Income
Cash (checking, savings accounts, certificates of deposit)			
Stocks, Bonds, Mutual Funds			
Notes and Recievables (money owed to you)			
Business you own			
Residence			
Other Real Estate			
Life Insurance on Client			
Life Insurance on Spouse			

Client's IRA's, 401(k), etc.			
Spouse's IRA', 401(k), etc.			
Furnishings			
Autos			
Jewelry, Furs			
Other Assets			
Client's Potential Inheritance			
Spouse's Potential Inheritance			
TOTALS			

### **Fiduciary Appointments**

NOTE: The most important factor in selecting your fiduciaries is trustworthiness. It is also important for those with financial responsibilities to have good money management skills. The physical location of the fiduciary is no longer as important as it once was. You may appoint more than one person to serve simultaneously, but co-guardians must be a married couple.

#### **WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?**

(Spouses normally name each other first) Please list address and phone number for each, if not previously provided.

Client Spouse

Primary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship: \_\_\_\_\_

WHO DO YOU WANT TO NAME AS AGENT ON YOUR GENERAL POWER OF ATTORNEY? (if applicable) Please list address and phone number for each, if not previously provided.

Client Spouse

Primary: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY? (if applicable) Please list address and phone number for each, if not previously provided.

Client Spouse

Primary: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_