



## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

### PERSONAL INFORMATION

Date: \_\_\_\_\_

#### Client 1

#### Client 2

\_\_\_\_\_  
*Name (list name as you want on your documents)*

\_\_\_\_\_  
*Name (list name as you want on your documents)*

\_\_\_\_\_  
*Home Address (street, city, state and zip code)*

\_\_\_\_\_  
*Home Telephone Number*

\_\_\_\_\_  
*Home Telephone Number*

\_\_\_\_\_  
*Business Telephone Number*

\_\_\_\_\_  
*Business Telephone Number*

\_\_\_\_\_  
*Mobile Telephone Number*

\_\_\_\_\_  
*Mobile Telephone Number*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Social Security Number (last four digits)*

\_\_\_\_\_  
*Social Security Number (last four digits)*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Years lived in State of Residence*

\_\_\_\_\_  
*Years lived in State of Residence*

\_\_\_\_\_  
*Date of Marriage*

*Prior Marriages?*

Yes  No

*Prior Marriages?*

Yes  No

## OTHER INFORMATION

	Yes	No
A. Client 1: Are you a U.S. citizen? If no, what country?	<input type="checkbox"/>	<input type="checkbox"/>
B. Client 2: Are you a U.S. citizen? If no, what country?	<input type="checkbox"/>	<input type="checkbox"/>
C. Did either of you own a substantial amount of property prior to this marriage?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have either of you made any large gifts? (exceeding \$3,000 prior to 1982 and \$10,000 during or after 1982)	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you received an inheritance? If yes, indicate amount and year:	<input type="checkbox"/>	<input type="checkbox"/>
F. Do either of you expect to receive any gifts or inheritances in the future?	<input type="checkbox"/>	<input type="checkbox"/>
G. Are either of you the beneficiary of a trust?	<input type="checkbox"/>	<input type="checkbox"/>
H. Do you own any real estate outside your state of residence? <i>If so, indicate state and county and include the property address on the attached net worth statement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
I. Do you own a business which has made an "s" election for income tax purposes?	<input type="checkbox"/>	<input type="checkbox"/>
J. Do you have any dependents with special needs?	<input type="checkbox"/>	<input type="checkbox"/>
K. Have any of your children received (or are likely to receive) any government assistance, such as SSI? If so, who:	<input type="checkbox"/>	<input type="checkbox"/>
L. Has anyone in your family been adopted? <i>Please attach explanation</i>	<input type="checkbox"/>	<input type="checkbox"/>
M. Do you have any deceased children?	<input type="checkbox"/>	<input type="checkbox"/>
N. Do you have any of the following estate planning documents?		
Will	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Other Trust	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Advance Directive	<input type="checkbox"/>	<input type="checkbox"/>
Physician Orders for Life Sustaining Treatment (POLST)	<input type="checkbox"/>	<input type="checkbox"/>
Community Property Agreement	<input type="checkbox"/>	<input type="checkbox"/>
O. Do either of you own a long-term care insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
P. Do you own any pets?	<input type="checkbox"/>	<input type="checkbox"/>
Q. Do you own any accounts located outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>

***Please provide copies of relevant documents***

## ADVISOR INFORMATION

Accountant/Tax Preparer:

<i>Name</i>	<i>Telephone</i>
<i>Address</i>	

Investment Counselor:

<i>Name</i>	<i>Telephone</i>
<i>Address</i>	

Casualty and  
Homeowners Insurance  
Agent:

<i>Name</i>	<i>Telephone</i>
<i>Address</i>	

## LIFE INSURANCE INFORMATION

	Policy No. 1	Policy No. 2
Company		
Face Amount		
Type (variable, whole life, term)		
Loans on Policy		
Owner of Policy		
Beneficiary(ies)		
	Policy No. 3	Policy No. 4
Company		
Face Amount		
Type (variable, whole life, term)		
Loans on Policy		
Owner of Policy		
Beneficiary(ies)		

## CHILDREN

*(list name as you want it on your documents)*

	First Child	Second Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		
Parent (if from prior marriage)		
	Third Child	Fourth Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		
Parent (if from prior marriage)		
	Fifth Child	Sixth Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		
Parent (if from prior marriage)		
	Seventh Child	Eighth Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		
Parent (if from prior marriage)		

## FIDUCIARY CHOICES

### Executor/Personal Representative

*Your personal representative is responsible for settling the financial affairs of your estate, including the investment of your assets, paying any final bills and distributing your assets in accordance with your Last Will.*

	Client 1	Client 2
First Choice		
Address		
Telephone		
Second Choice		
Address		
Telephone		
Third Choice		
Address		
Telephone		
Comments:		

### Trustee

*Your trustee manages your assets for the benefit of your beneficiaries after your death. Trusts are often used to protect beneficiaries, such as young children, from making ill-advised investments and spending decisions or to protect assets from the beneficiary's creditors (including situations involving divorce). Trusts can last for many years. Please consider this when selecting your trustee.*

	Client 1	Client 2
First Choice		
Address		
Telephone		
Second Choice		
Address		
Telephone		
Third Choice		
Address		
Telephone		
Comments:		

## Guardian for Children

*After your death, your guardian will be responsible for the care and upbringing of your children (or other dependents in your care) so long as they are minors or otherwise incapacitated.*

	Client 1	Client 2
First Choice		
Address		
Telephone		
Second Choice		
Address		
Telephone		
Third Choice		
Address		
Telephone		
Comments:		

## Durable Power of Attorney

*A Durable Power of Attorney is a document appointing another person (called the "attorney-in-fact") to make financial and health care decisions for you if you become incapacitated or disabled.*

A. Attorney-in-Fact (Financial). Powers include the purchase and sale of property; access to financial records and accounts; investment of assets; continuation of business interests; and tax and estate planning.

	Client 1	Client 2
First Choice		
Address		
Telephone		
Second Choice		
Address		
Telephone		
Third Choice		
Address		
Telephone		

Comments:	
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B. **Attorney-in-Fact (Health Care).** Powers include giving directions to health care providers regarding medical treatment and life-sustaining procedures; access to medical records; and addressing your long-term care needs.

	Client 1	Client 2
First Choice		
Address		
Telephone		
Second Choice		
Address		
Telephone		
Third Choice		
Address		
Telephone		
Comments:		

Describe state how you wish to have your property distributed upon your death:

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**Attach additional pages as necessary.**

## NET WORTH STATEMENT

### ASSETS

#### Real Estate

Home	\$
Vacation Home	\$
Business	\$
Other	\$

#### Personal Property

Home Furnishings	\$
Vehicles	\$
Jewelry, Collections, etc.	\$
Other	\$

#### Life Insurance

Client 1 <i>total of all policies</i>	\$
Client 2 <i>total of all policies</i>	\$

#### Cash in Bank

Checking Account	\$
Savings Account	\$
Other Accounts	\$

#### Retirement Plans

Client 1 IRA	\$
Client 2 IRA	\$
Client 1 401(k)	\$
Client 2 401(k)	\$

#### Other Investments

Stocks	\$
Bonds	\$
Mutual Funds	\$
Annuities	\$

#### Other

Trust Assets	\$
Foreign Assets	\$
Miscellaneous	\$

**TOTAL ASSETS**      \$

### LIABILITIES

#### Mortgages/Contracts Owing

Home	\$
Vacation Home	\$
Business	\$
Other	\$

#### Loans

Vehicles	\$
Personal	\$
Life Insurance	\$
Other	\$

**TOTAL LIABILITIES**      \$

**TOTAL ASSETS**      \$  
**Minus total liabilities**      \$  
**NET WORTH**      \$

Please list the address to any real estate (**including state and county**) owned outside your state of residence: