

# ESTATE PLANNING QUESTIONNAIRE

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

1. Full Name: \_\_\_\_\_

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

Place of Birth \_\_\_\_\_

Social Security No.: \_\_\_\_\_

U.S. Citizen: Yes  No

Other Names Known By: \_\_\_\_\_

Are You a Widow or Widower? Yes  No

If 'Yes,' Do You Wish to be Referred to as a Widow or Widower in the Documents? Yes  No

Name of deceased spouse: \_\_\_\_\_

Are You Presently Employed? Yes  No

For How Long? \_\_\_\_\_

Occupation (former if retired): \_\_\_\_\_

Employer: \_\_\_\_\_

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

Office Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

     **Preferred Method of Communication:** Email    Home Phone    Cell Phone

2. Home Address: \_\_\_\_\_ Resident Since: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Other Residences: \_\_\_\_\_

3. Advisors:

Accountant: \_\_\_\_\_

Trust Officer: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Investment Advisor: \_\_\_\_\_

4. Prior Marriages: Yes  No

5. Names of Children, Whether Natural or Adopted:

A. \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of Child's Other Parent: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

B. \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of Child's Other Parent: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

C. \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of Child's Other Parent: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

6. Do You Have Any Pets? Yes  No

7. Do You Have Any Other Relative Dependent Upon You For Support? Yes  No

(If yes, give names and relationships): \_\_\_\_\_  
\_\_\_\_\_

8. Names and Addresses of Other or Alternate Persons to Receive Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please List Any Specific Items or Amounts That You Wish to Give to Any Individuals or Organizations:

NAME	GIFT
_____	_____
_____	_____
_____	_____
_____	_____

10. All Other Tangible Personal Property (automobiles, clothing, furniture, pictures, etc.) to be Distributed to: (check one)

Children Equally \_\_\_

Other (specify): \_\_\_\_\_

11. Do You Have a Present Will? Yes  No  (if yes, attach a copy)

12. Who Will Serve as Your Personal Representative? (Indicate relationship to you.)

\_\_\_\_\_

Alternate (if above person(s) unable to serve): \_\_\_\_\_

13. Do you have an Attorney-in-Fact? Yes  No  (if yes, name: \_\_\_\_\_)

14. Do you have a Health Care Surrogate? Yes  No  (if yes, name: \_\_\_\_\_)

15. Have You Ever Created a Trust? Yes  No

If yes, attach a copy and list approximate value: \$ \_\_\_\_\_

16. Do You Have Any Obligations Under a Divorce Decree from a Prior Marriage? Yes  No

(if yes, attach a copy)

17. Have You Ever Received a Substantial Amount by Inheritance? Yes  No

If Yes, When? \_\_\_\_\_ Approximate Amount: \$ \_\_\_\_\_

18. Are You a Beneficiary of a Trust That Was Created by Someone Else? Yes  No

If Yes, Attach a Copy and List Approximate Amount: \$ \_\_\_\_\_

19. Do You Anticipate Receiving an Inheritance? Yes  No

If Yes, Give Approximate Amount: \$ \_\_\_\_\_

20. Have You Given Away More Than \$3,000 in Money or Property to Any Person in Any Single Year After 1976

(or \$10,000 in 1982 or later)? Yes  No  (If yes, list amounts by years below or on the reverse side)

Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

21. Are You Receiving or Will You Receive an Annuity? Yes  No

If Yes, to Who Will the Payments be Made? \_\_\_\_\_

Is This a Life Annuity? Yes  No

Will the Amounts Continue After Your Death? Yes  No

For How Long? \_\_\_\_\_ What Will the Amount of Each Payment Be? \_\_\_\_\_

22. a. Do You Now or Have You Ever Participated in a Plan Maintained by an Employer That Will Provide Benefits in the Event of Your Retirement and/or Death? Yes  No  Not Sure

b. If Yes, Have You Made any Elections With Respect to Beneficiary Designations, Survivor Benefits, Spousal Rights, Waivers, or Forms of Payment Under Your Employer's Plan(s)? Yes  No

23. Do You Presently Have, or Were You Ever a Participant in a Qualified Plan or an IRA?

Yes  No

24. Please Attach Copies of Your Designation of Beneficiary Form and Your Most Recent IRA and/or Retirement Plan Benefit Statements.

25. Who Will Serve as Your **Personal Representative**? (Indicate relationship to you.)

\_\_\_\_\_  
Alternate (if above person(s) unable to serve): \_\_\_\_\_

26. Who Will Serve as Your **Attorney-in Fact**? (Indicate relationship to you.)

\_\_\_\_\_  
Alternate (if above person(s) unable to serve): \_\_\_\_\_

27. Who Will Serve as Your **Health Care Surrogate**? (Indicate relationship to you.)

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

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

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

Alternate (if above person(s) unable to serve): \_\_\_\_\_

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

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

28. Your Choice to Act as Guardian of Your Minor Children (if applicable): \_\_\_\_\_

\_\_\_\_\_  
City and State of Residence: \_\_\_\_\_

Alternate(s): \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

29. Do You Have a Safe Deposit Box? Yes  No

If Yes, Where is it Located? \_\_\_\_\_

Name(s) Deposit Box is Listed Under: \_\_\_\_\_

30. Please Circle Any of The Following States in Which You Have Lived or Acquired Property While Married:

Arizona

Louisiana

Texas

California

Nevada

Washington

Idaho

New Mexico

Wisconsin

None

31. Do You Own Any Property in a Foreign Country? Yes  No

32. Are You Concerned That One or More of Your Children or Grandchildren Will Not Behave Responsibly with Money That You Give Them? Yes  No

33. Are Any of Your Children or Grandchildren Attending Private School, College, or Graduate School?

Yes  No

34. Do You Have Any Relative Who Regularly Incurs Significant Medical Bills? Yes  No

**LIST OF ASSETS**

**(Attach additional sheets if necessary)**

	<b>Approximate Values</b>
<b>REAL ESTATE</b>	
<u>Residence:</u>	
(Approximate mortgage balance):	
Estimated Value of furnishings:	
<u>Other real estate</u> (give location or briefly describe):	
<b>STOCKS</b>	
<u>Publicly traded stock.</u> Name of corporation and type of shares and exchange on which traded:	
<u>Closely-held stock.</u> Name of corporation, number of shares, and shareholders:	

	Approximate Values
<p><b>BONDS AND MUTUAL FUNDS</b></p> <p><u>Bonds</u>: issuer, face value, interest rate, and maturity date.</p> <p><u>Mutual Funds</u>: name of fund, fund group, and number of units.</p>	
<p><b>BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.</b></p> <p>Please give name of bank or institution, type of account, and approximate balance or value:</p>	
<p><b>MORTGAGES, NOTES, OR DEBTS</b> (owed to you by someone else)</p> <p>Please list debtor's name, date acquired, and approximate balance remaining:</p>	
<p><b>OTHER BUSINESS INTERESTS (NON-CORPORATE)</b> Name of Partnership, Limited Liability Company, or sole proprietorship, percentage of ownership interest in business, and number of other partners or members of business.</p>	

<p><b>RETIREMENT ACCOUNTS</b> List Balances</p> <p><u>IRAs</u></p> <p><u>Pension or Profit Sharing</u></p> <p><u>Other (indicate type)</u></p>	
<p><b>ANNUITIES</b> (Value to be filled in by attorney)</p> <p>Please list debtor's name, date acquired, and approximate balance remaining:</p>	
<p><b>MISCELLANEOUS PROPERTY</b></p> <p><u>Motor vehicles</u> (including boats, etc.) List total value:</p>	
<p><u>Jewelry and Art:</u></p>	

<p><u>Other valuable items</u> (describe):</p>	
<p><b>DEBTS</b></p> <p>List any mortgages or other substantial debts owed by you that are not shown above:</p>	

**LIFE INSURANCE**

<b>Company</b>						
<b>Policy Number</b>						
<b>Type*</b>						
<b>Issue or Effective Date</b>						
<b>Face Value</b>						
<b>Cash Value</b>						
<b>Person Insured</b>						
<b>Policy Owner</b>						
<b>Beneficiary</b>						
<b>Annual Premium</b>						
<b>Loan Against Policy</b>						

\* Type means: Individual, Group, etc.

Rev.3/8/11- dmc