

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

**A. CLIENT INFORMATION:**

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

2. Full Name of Spouse: \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. Mailing Address (if different): \_\_\_\_\_

5. Telephone No.: \_\_\_\_\_ 6. Email: \_\_\_\_\_

7. Do you have any legal issues I should be aware of?     Yes     No

7a. If yes, please explain:

8. Have you signed an agreement limiting your right to alter your Will?     Yes     No

9. Do you have a safe deposit box?     Yes     No

10. Are you an Organ Donor?     Yes     No

11. Do you have any religious or special concerns you wish to address? If yes, please identify:

**B. FINANCIAL INFORMATION:**

12. Do you own your primary residence?     Yes     No

10a. If yes, is there a mortgage and how much is currently owed? \_\_\_\_\_

13. Do you own real estate other than your primary residence?     Yes     No

Please Identify:

13a. Address: \_\_\_\_\_ Mortgage? \_\_\_\_\_

13b. Address: \_\_\_\_\_ Mortgage? \_\_\_\_\_

13c. Address: \_\_\_\_\_ Mortgage? \_\_\_\_\_

14. Have you ever filed a Federal Gift Tax Return? \_\_\_\_ Yes \_\_\_\_ No

15. Please identify the approximate values of your present assets and liabilities:

	<u>Assets</u>		<u>Joint?</u>	<u>Liabilities</u>
	<u>Husband</u>	<u>Wife</u>		
Bank Accounts	\$ _____	\$ _____	Y / N	\$ _____
Real Estate	\$ _____	\$ _____	Y / N	\$ _____
CDs	\$ _____	\$ _____	Y / N	\$ _____
Investment Accounts	\$ _____	\$ _____	Y / N	\$ _____
Notes Receivable	\$ _____	\$ _____	Y / N	\$ _____
Business Interests	\$ _____	\$ _____	Y / N	\$ _____
Jewelry / Collectables	\$ _____	\$ _____	Y / N	\$ _____
IRAs	\$ _____	\$ _____	Y / N	\$ _____
Non-IRA Retirement	\$ _____	\$ _____	Y / N	\$ _____
Life Insurance	\$ _____	\$ _____	Y / N	\$ _____
Annuities	\$ _____	\$ _____	Y / N	\$ _____
Other Assets	\$ _____	\$ _____	Y / N	\$ _____

**C. INFORMATION FOR CHILDREN (ADULTS AND MINORS):**

16. Do any of your children receive SSI or other government assistance? \_\_\_\_ Yes \_\_\_\_ No

17. Do any of your children have issues with alcoholism or drug use? \_\_\_\_ Yes \_\_\_\_ No

17a. If yes, please explain:

18. Please provide the following information for your children:

Child No. 1: Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Living?: \_\_\_\_ Yes \_\_\_\_ No

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

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Child No. 2: Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Living?: \_\_\_\_ Yes \_\_\_\_ No

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

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Child No. 3: Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Living?: \_\_\_\_ Yes \_\_\_\_ No

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

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

(Attach additional sheets if necessary)

**D. DISPOSITION OF ESTATE:**

19. Do you wish to provide primarily for your spouse and secondarily for your children?

\_\_\_ Yes \_\_\_ No

20. If you have children, do you wish to treat all your children equally? \_\_\_ Yes \_\_\_ No

20a. If not, why?

21. After your spouse's death, at what age do you want distribution to your children? \_\_\_\_\_

(options include distributions immediately, making distributions over a set period of time, or distributions at specific ages – e.g. 1/3 at age 25, 1/3 at age 30, and 1/3 at age 35)

22. Do you want your Will to benefit someone other than your spouse or children? This would include charities, friends, and other family. If yes, please identify:

Ben. No. 1: Full Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Percentage, dollar amount, or item of property: \_\_\_\_\_

Ben. No. 2: Full Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Percentage, dollar amount, or item of property: \_\_\_\_\_

**E. EXECUTORS, TRUSTEES, GUARDIANS, ATTORNEYS-IN-FACT, AND MEDICAL AGENTS:**

23. Please identify who you would like to serve as your Executor or Trustee:

23a. Full Name: \_\_\_\_\_

23b. Full Name: \_\_\_\_\_

23c. Full Name: \_\_\_\_\_

24. If you have minor children, please identify who you would like to care for your children in the event both biological parents predecease:

24a. Full Name: \_\_\_\_\_

24b. Full Name: \_\_\_\_\_

24c. Full Name: \_\_\_\_\_

25. Please identify who you would like to serve as your agent for legal and financial affairs:

25a. Full Name: \_\_\_\_\_

25b. Full Name: \_\_\_\_\_

25c. Full Name: \_\_\_\_\_

26. Please identify who you would like to serve as your agent for medical decisions:

26a. Full Name: \_\_\_\_\_

26b. Full Name: \_\_\_\_\_

26c. Full Name: \_\_\_\_\_