



CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

Date:	Client 1	Client 2
Full legal name		
Mailing Address City, State, ZIP		
Date of Birth		
Home Phone		
Cell/Work Phone		
Email		
Employer/Occupation		
Social Security Number		
What is your estimated net worth?		
What is your marital status?	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
What estate planning documents do you currently have?	<input type="checkbox"/> Will <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Trust <input type="checkbox"/> Medical Directive	<input type="checkbox"/> Will <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Trust <input type="checkbox"/> Medical Directive
How do you file your income tax return(s)?	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married Joint <input type="checkbox"/> Married Separate	
Who are your current financial advisors? (Accountants/CPAs/Brokers/Advisors/Insurance Agents)		
How did you learn of our firm?	<input type="checkbox"/> Print <input type="checkbox"/> Web/Google <input type="checkbox"/> Referral (name): _____ <input type="checkbox"/> Other (please list): _____	

CHILDREN & BENEFICIARIES

	Name	Address	Phone	Age	Marital Status	Relation to you
1						
2						
3						
4						
5						

PLANNING PRIORITIES

Please rank the importance of the following planning goals:	Low	-	Med	-	High
Avoiding probate taxes and court supervised administration of your estate	1	2	3	4	5
Minimizing federal and state estate and probate taxes	1	2	3	4	5
Protecting your children's inheritance from divorces, lawsuits, disability and taxes	1	2	3	4	5
Designating parties to make healthcare and financial decisions upon your incapacity	1	2	3	4	5
Providing for a special needs child, grandchild, parent, or spouse	1	2	3	4	5

MISCELLANEOUS

Do you have any legal issues I should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Have you ever signed an agreement limiting your right to modify your will or trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do you own your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own real estate other than your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	
Do you have any special religious considerations	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	