

ESTATE PLANNING QUESTIONNAIRE

Today's Date _____

PERSONAL DATA

Your Legal Name _____

Other Names You Have Been Known By _____

Date of Birth _____ Social Security No. _____

Marital Status: Married Single Divorced Widowed

Date of Marriage _____ Place of Marriage _____

Prior Marriages? _____

Spouse's Legal Name _____

Other Names Spouse Has Been Known By _____

Date of Birth _____ Social Security No. _____

Home Address _____

Telephone: Home _____ Wk _____

Cell Phones _____

Email Address _____

Are You a U.S. Citizen? _____ Spouse a U.S. Citizen? _____

Parents Still Living? Inheritance Expected? _____

Occupation _____ Spouse's Occupation _____

IMMEDIATE FAMILY AND RELATIVES

How many living children do you have? _____

How many from current marriage? _____ Prior Marriage? _____

- 1. Name _____ DOB _____
Address & Phone Number _____
- 2. Name _____ DOB _____
Address & Phone Number _____
- 3. Name _____ DOB _____
Address & Phone Number _____
- 4. Name _____ DOB _____
Address & Phone Number _____

Deceased Children? _____

How many grandchildren do you have? _____

- 1. Name _____ DOB _____
- 2. Name _____ DOB _____
- 3. Name _____ DOB _____
- 4. Name _____ DOB _____
- 5. Name _____ DOB _____
- 6. Name _____ DOB _____

How many siblings do you have? _____ Spouse? _____

- 1. Name _____ Age _____
- 2. Name _____ Age _____
- 3. Name _____ Age _____
- 4. Name _____ Age _____
- 5. Name _____ Age _____
- 6. Name _____ Age _____

ASSETS

1. Checking Accounts?

Bank & Account # _____
Approximate Balance _____
If joint, with whom? _____

Bank & Account # _____
Approximate Balance _____
If joint, with whom? _____

2. Savings Accounts or CDs?

Bank & Account # _____
Approximate Balance _____
If joint, with whom? _____

Bank & Account # _____
Approximate Balance _____
If joint, with whom? _____

3. Stock Accounts, Stocks, Bonds, Mutual Funds?

Name of Security & Account # _____
Approximate Balance _____
If joint, with whom? _____

Name of Security & Account # _____
Approximate Balance _____
If joint, with whom? _____

4. Retirement Accounts: IRAs, 401Ks, etc.?

Name of Company & Account # _____
Approximate Balance _____

Name & Account # _____
Approximate Balance _____

5. Life Insurance or Annuities?

Name of Company & Policy # _____
Type of Policy _____ Current Value _____
Death Benefit _____ Beneficiaries _____

Name of Company & Policy # _____
Type of Policy _____ Current Value _____
Death Benefit _____ Beneficiaries _____

6. Real Estate?

Description/Location _____
How is Title Held? _____
Purchase Price _____ Current Value _____
Current Loans on Property _____

Description/Location _____
How is Title Held? _____
Purchase Price _____ Current Value _____
Current Loans on Property _____

7. Personal Property (Jewelry, Household Furnishings, Automobiles, Art, Heirlooms, etc.)

Item _____ Approx. Value _____

Item _____ Approx. Value _____

Item _____ Approx. Value _____

Item _____ Approx. Value _____

Item _____ Approx. Value _____

Item _____ Approx. Value _____

Item _____ Approx. Value _____

Item _____ Approx. Value _____

DISTRIBUTION OF YOUR ESTATE

1. **SPECIAL GIFTS TO ORGANIZATIONS:** Do you want to make a gift (cash or specific items) to a charity, foundation, religious or fraternal organization?

Organization: _____

Address: _____

Item, Property or Sum of Money: _____

Organization: _____

Address: _____

Item, Property or Sum of Money: _____

Organization: _____

Address: _____

Item, Property or Sum of Money: _____

2. **SPECIAL GIFTS TO INDIVIDUALS:** Do you want to make a gift (cash or specific items) to a family member or other individual (for example: jewelry to your daughter)?

Person: _____

Item, Property or Sum of Money: _____

Person: _____

Item, Property or Sum of Money: _____

Person: _____

Item, Property or Sum of Money: _____

3. **BENEFICIARIES:** What person, persons, charity or charities (or combination of these) do you want to receive the rest of your estate after the special gifts have been distributed?

Person/Organization: _____

Amount/Percentage: _____

Person/Organization: _____

Amount/Percentage: _____

Person/Organization: _____

Amount/Percentage: _____

4. **ALTERNATE BENEFICIARIES:** What person, persons, charity or charities (or combination of these) do you want to receive the rest of your estate if you (and your spouse) outlive the beneficiaries you have named above?

Person/Organization: _____

Amount/Percentage: _____

Person/Organization: _____

Amount/Percentage: _____

5. **INHERITING INSTRUCTIONS:** Do you want your beneficiaries to receive their inheritance in installments, at certain ages, or all at once?

6. **DEPENDENTS WHO REQUIRE SPECIAL CARE:** Do you want to provide for “basic” care or luxuries and other extras to supplement government benefits?

7. **DISINHERITING:** Are there any relatives that you specifically do not want to receive anything from your estate?

8. **EXECUTOR OF WILL and TRUSTEE OF TRUST**

#1 Choice: Name _____
Address & Phone Number _____

#2 Choice: Name _____
Address & Phone Number _____

#3 Choice: Name _____
Address & Phone Number _____

POWER OF ATTORNEY FOR FINANCIAL MATTERS

Husband

#1 Choice: Name _____
Address & Phone Number _____

#2 Choice: Name _____
Address & Phone Number _____

#3 Choice: Name _____
Address & Phone Number _____

Wife

#1 Choice: Name _____
Address & Phone Number _____

#2 Choice: Name _____
Address & Phone Number _____

#3 Choice: Name _____
Address & Phone Number _____

ADVANCE HEALTH CARE DIRECTIVE

Husband

#1 Choice: Name _____
Address & Phone Number _____

#2 Choice: Name _____
Address & Phone Number _____

#3 Choice: Name _____
Address & Phone Number _____

Donation of Organs, and, if so, for any purpose or just transplant? _____
Burial or Cremation? _____

Wife

#1 Choice: Name _____
Address & Phone Number _____

#2 Choice: Name _____
Address & Phone Number _____

#3 Choice: Name _____
Address & Phone Number _____

Donation of Organs, and, if so, for any purpose or just transplant? _____
Burial or Cremation? _____

GUARDIANSHIP

If you have minor children, you should name a guardian for them in your will.

Guardian for the Person:

#1 Choice: Name _____
Address & Phone Number _____

#2 Choice: Name _____
Address & Phone Number _____

Guardian for Estate, if different from Guardian of the Person:

#1 Choice: Name _____
Address & Phone Number _____

#2 Choice: Name _____
Address & Phone Number _____

ADVISORS

Accountant: Name: _____
Address: _____
Phone Number: _____

Financial Planner: Name: _____
Address: _____
Phone Number: _____