



ESTATE PLANNING QUESTIONNAIRE
- Married/Partners-

Please complete to the best of your abilities. If you have questions, please note them and we will discuss them at your initial appointment.

PERSONAL INFORMATION

| | Spouse/Partner 1 | Spouse/Partner 2 |
|----------------------|------------------|------------------|
| Full Legal Name | _____ | _____ |
| Name Preference | _____ | _____ |
| Birthdate | _____ | _____ |
| Home Address | _____ | _____ |
| City/State/Zip Code | _____ | _____ |
| Residence County | _____ | _____ |
| Home Phone | _____ | _____ |
| Work Phone | _____ | _____ |
| Cell/Mobile Phone | _____ | _____ |
| Email | _____ | _____ |
| Date of Marriage | _____ | _____ |
| Location of Marriage | _____ | _____ |

EMPLOYMENT INFORMATION

| | Spouse/Partner 1 | Spouse/Partner 2 |
|---------------------|------------------|------------------|
| Employer | _____ | _____ |
| Title | _____ | _____ |
| Work Address Street | _____ | _____ |
| City/State/Zip Code | _____ | _____ |

CITIZENSHIP

| | | |
|---------------------|-------|-------|
| U.S. Citizen | _____ | _____ |
| Other (please fill) | _____ | _____ |

EXISTING DOCUMENTS

If there are previous documents, please bring to your appointment.

| | Date | Location (Place of execution) |
|----------------------------|------|-------------------------------|
| Will | | |
| Trust | | |
| Pre/Post Marital Agreement | | |

PREVIOUS MARRIAGES

| | | |
|-----------------------|----|----|
| Spouse 1 | 1) | 2) |
| How Ended/When/Length | | |
| Living/Deceased | | |
| Spouse 2 | 1) | 2) |
| How Ended/When/Length | | |
| Living/Deceased | | |

FAMILY INFORMATION

Children

Child Name & Birthdate

Address

Phone Number

Parents

Their children and ages

Disabled? Public Benefits?

Child Name & Birthdate

Address

Phone Number

Parents

Their children and ages

Disabled? Public Benefits?

Child Name & Birthdate

Address

Phone Number

Parents

Their children and ages

Disabled? Public Benefits?

Child Name & Birthdate

Address

Phone Number

Parents

Their children and ages

Disabled? Public Benefits?

Child Name & Birthdate

Address

Phone Number

Parents

Their children and ages

Disabled? Public Benefits?

Note: Additional children or individuals may be identified in the space at the end of this form. Be sure to include their legal name, preferred name, address, and phone number.

Close FAMILY MEMBERS OR FRIENDS that *you may name in any estate planning.*

Name

Approx Age or Birthdate

Phone Number

Relationship to

Children and ages

Disabled? Public Benefits?

Name

Approx Age or Birthdate

Phone Number

Relationship to

Children and ages

Disabled? Public Benefits?

Name

Approx Age or Birthdate

Phone Number

Relationship to

Children and ages

Disabled? Public Benefits?

OTHER INFORMATION:

Safe Deposit Box: Yes No Bank: _____

Veteran: Yes No Period of Service:

Serial No.: _____

Discharge type: _____

Disability Rating: _____

Financial Advisor: _____ Agency/Institution: _____

Contact information: _____

Long Term Care Insurance: Yes No Insurer: _____

Policy No.: _____

Physician/Primary Care provider: _____ Office: _____

Treatment/Provider Network (UW, etc):

REAL ESTATE

| Location/County | Owned (sole/joint) | Mortgage Balance | Approx Value | Monthly pymnt |
|-----------------|--------------------|------------------|--------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

BANKING INFORMATION – FOR PURPOSE OF ESTATE TAXES

| Bank / Credit Union | Owned (sole/joint) | Account Type | Approx Value | Beneficiary |
|---------------------|--------------------|--------------|--------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

INCOME

| | |
|----------------------|-------|
| Source: | _____ |
| Amount per month: | _____ |
| WHO receives (name): | _____ |
| Source: | _____ |
| Amount per month: | _____ |
| WHO receives (name): | _____ |
| Source: | _____ |
| Amount per month: | _____ |
| WHO receives (name): | _____ |
| Source: | _____ |
| Amount per month: | _____ |
| WHO receives (name): | _____ |
| Source: | _____ |
| Amount per month: | _____ |
| WHO receives (name): | _____ |

TANGIBLE COLLECTIBLE PROPERTY (ART, JEWELRY, GUNS, ANTIQUES, COLLECTIBLES)

| Item | Value | Insured? | Insurer (Company) |
|-------|-------|----------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

BUSINESS INTERESTS (C Corps, S Corps, Partnerships, LLCs): Please bring operating agreement(s) or similar documents to your appointment

| Name | Type | Ownership |
|-------|-------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

STOCKS & BONDS

| Company/Entity | Owner | # of Shares & Value | Beneficiary |
|----------------|-------|---------------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please fill out to the best of your ability.

RETIREMENT ACCOUNTS OF SPOUSE/PARTNER 1 (401K, 403B, IRA, ETC).

| Type | Value/Death Benefit | Beneficiary/Beneficiaries and % |
|-------|---------------------|---------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

RETIREMENT ACCOUNTS OF SPOUSE/PARTNER 2 (401K, 403B, IRA, ETC).

| Type | Value/Death Benefit | Beneficiary/Beneficiaries and % |
|-------|---------------------|---------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

NON QUALIFIED ACCOUNTS, NON-RETIREMENT ACCOUNTS, ANNUITIES, ETC.

| Company | How | Value | Beneficiary |
|---------|-------|-------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

LIFE INSURANCE FOR SPOUSE/PARTNER 1

| Company | Beneficiary | Policy # | Whole/ Term | Face Amt | Cash Value |
|---------|-------------|----------|----------------|----------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

LIFE INSURANCE FOR SPOUSE/PARTNER 2

| Company | Beneficiary | Policy # | Whole/ Term | Face Amt | Cash Value |
|---------|-------------|----------|----------------|----------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

DESIGNATIONS FOR ANY NEW ESTATE PLANNING DOCUMENTS

You may require new (updated) powers of attorney for your finances or health decisions. Please think about who you would like to make decisions for you, and one backup person.

Current **Financial Power of Attorney?**

Spouse/Partner 1

Yes No
If yes, date: _____

Spouse/Partner 2

Yes No
If yes, date: _____

If no, who would you name as that **Agent?**

Street Address

City/State/Zip Code

Phone Number

Who would you name as **Alternate Agent?**

Street Address

City/State/Zip Code

Phone Number

Spouse/Partner 1

Yes No
If yes, date: _____

Spouse/Partner 2

Yes No
If yes, date: _____

Current **Health Care Power of Attorney?**

If no, who would you name as that **Agent?**

Street Address

City/State/Zip Code

Phone Number

Who would you name as **Alternate Agent?**

Street Address

City/State/Zip Code

Phone Number

Who would you like to designate as **PERSONAL REPRESENTATIVE** of your estate?

A personal representative is the person who is authorized to administer your will. This role is commonly referred to as the estate executor.

| | Spouse/Partner 1 | Spouse/Partner 2 |
|--|------------------|------------------|
| Name of Personal Representative | | |
| Street Address | | |
| City/State/Zip Code | | |
| Phone Number | | |
| Name of Alternate Personal Representative | | |
| Street Address | | |
| City/State/Zip Code | | |
| Phone Number | | |

IF you create and fund a trust, who would you like to designate as **TRUSTEE**?

If you and/or your partner are not able to serve as trustee, this person would serve as Trustee.

| | Spouse/Partner 1 | Spouse/Partner 2 |
|----------------------------------|------------------|------------------|
| Name of Trustee | | |
| Street Address | | |
| City/State/Zip Code | | |
| Phone Number | | |
| Name of Alternate Trustee | | |
| Street Address | | |
| City/State/Zip Code | | |
| Phone Number | | |

For any **minor** children, who would you like to name as **GUARDIAN**?

| | Spouse/Partner 1 | Spouse/Partner 2 |
|-----------------------------------|------------------|------------------|
| Name of Guardian | | |
| Street Address | | |
| City/State/Zip Code | | |
| Phone Number | | |
| Name of Alternate Guardian | | |
| Street Address | | |
| City/State/Zip Code | | |
| Phone Number | | |

