



ESTATE PLANNING QUESTIONNAIRE

- Single -

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

Full Legal Name	_____
Name Preference	_____
Birthdate	_____
Home Address	_____
City/State/Zip Code	_____
Residence County	_____
Home Phone	_____
Work Phone	_____
Cell/Mobile Phone	_____
Email	_____

EMPLOYMENT INFORMATION

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		

PREVIOUS MARRIAGES

Marriage 1)

How Ended/When/Length

Living/Deceased

Marriage 1)

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

Address

Birthdate

Phone Number

Parents

Their children and ages

Disabled? Public Benefits?

Child Name

Address

Birthdate

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:	_____
Source:	_____
Amount per month:	_____
Source:	_____
Amount per month:	_____
Source:	_____
Amount per month:	_____
Source:	_____
Amount per month:	_____

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 (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

Company	Beneficiary	Policy #	Whole/ Term	Face Amt	Cash Value

OTHER NOTABLE ASSETS: Including notes receivable, tax shelter partnerships, etc.

Name	Type	Ownership

OUTSTANDING LIABILITIES: (NOT NOTED ELSEWHERE IN THIS FORM)

To Whom Payable	Amount Owed	Security

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	_____

Current Health Care Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	_____

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.

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.

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?

Name of Guardian	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____
Name of Alternate Guardian	_____
Street Address	_____
City/State/Zip Code	_____
Phone Number	_____

ADDITIONAL QUESTIONS

1. Do you expect to inherit any property? _____
If yes, from whom: _____ When? _____
Estimated value: \$ _____ Will the property be in trust? _____
2. Do you foresee any radical fluctuation in your total net worth in the next 5 years? _____
If yes, please explain: _____

Additional Notes:
