



ESTATE PLANNING QUESTIONNAIRE

Date Completed _____

**SECTION
1**

GENERAL INFORMATION Primary Phone _____

E-Mail Address: _____

Marital Status ☐ Married ☐ Single ☐ Divorced* ☐ Widowed

Your Full Legal Name

Spouse's Full Legal Name

Street Address

City State Zip

Your Employer

Address of Employer

Your Occupation

Work Phone

Spouse's Employer

Address of Spouse's Employer

Spouse's Occupation

Spouse's Work Phone

Referred by: _____

Military Service? ☐ Yes ☐ No Describe Branch and dates of service _____

	YOU (Husband)	YOUR SPOUSE (Wife)
Social Security #		
Date of Birth		
U.S. Citizen?	Yes No	Yes No
Currently have a Will or Trust? If so, Give year and state In which prepared.	Yes No Yr. _____ State _____	Yes No Yr. _____ State _____
Expect to receive money or other assets from (circle one)	Gift Inheritance Lawsuit Other	Gift Inheritance Lawsuit Other
If so, approximately how much?	\$	\$

*If divorced please submit a copy of divorce decree and property settlement agreement

SECTION
2

ABOUT YOUR CHILDREN, GRANDCHILDREN, AND FAMILY

1. _____
Full Legal Name _____ Date of Birth _____
_____ ☐ Natural ☐ Legally Adopted ☐ Foster
Goes By _____ Soc. Security # _____ ☐ Married ☐ Needs Special Care ☐ Dependent
_____ *Related To:*
Street Address _____ Phone _____ ☐ You Only ☐ Spouse Only ☐ Both
City _____ State _____ Zip _____ Gender: ☐ Male ☐ Female
-
2. _____
Full Legal Name _____ Date of Birth _____
_____ ☐ Natural ☐ Legally Adopted ☐ Foster
Goes By _____ Soc. Security # _____ ☐ Married ☐ Needs Special Care ☐ Dependent
_____ *Related To:*
Street Address _____ Phone _____ ☐ You Only ☐ Spouse Only ☐ Both
City _____ State _____ Zip _____ Gender: ☐ Male ☐ Female
-
3. _____
Full Legal Name _____ Date of Birth _____
_____ ☐ Natural ☐ Legally Adopted ☐ Foster
Goes By _____ Soc. Security # _____ ☐ Married ☐ Needs Special Care ☐ Dependent
_____ *Related To:*
Street Address _____ Phone _____ ☐ You Only ☐ Spouse Only ☐ Both
City _____ State _____ Zip _____ Gender: ☐ Male ☐ Female

4.

Full Legal Name _____	Date of Birth _____	<input type="checkbox"/> Natural	<input type="checkbox"/> Legally Adopted	<input type="checkbox"/> Foster
Goes By _____	Soc. Security # _____	<input type="checkbox"/> Married	<input type="checkbox"/> Needs Special Care	<input type="checkbox"/> Dependent
Street Address _____	Phone _____	<i>Related To:</i>		
City _____ State _____	Zip _____	<input type="checkbox"/> You Only	<input type="checkbox"/> Spouse Only	<input type="checkbox"/> Both
		Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	

5.

Full Legal Name _____	Date of Birth _____	<input type="checkbox"/> Natural	<input type="checkbox"/> Legally Adopted	<input type="checkbox"/> Foster
Goes By _____	Soc. Security # _____	<input type="checkbox"/> Married	<input type="checkbox"/> Needs Special Care	<input type="checkbox"/> Dependent
Street Address _____	Phone _____	<i>Related To:</i>		
City _____ State _____	Zip _____	<input type="checkbox"/> You Only	<input type="checkbox"/> Spouse Only	<input type="checkbox"/> Both
		Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	

GRANDCHILDREN

1.

Full Legal Name _____	Date of Birth _____	<input type="checkbox"/> Natural	<input type="checkbox"/> Legally Adopted	<input type="checkbox"/> Foster
Goes By _____	Soc. Security # _____	<input type="checkbox"/> Married	<input type="checkbox"/> Needs Special Care	<input type="checkbox"/> Dependent
Street Address _____	Phone _____	<i>Related To:</i>		
City _____ State _____	Zip _____	<input type="checkbox"/> You Only	<input type="checkbox"/> Spouse Only	<input type="checkbox"/> Both
		Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	
Parents _____				

2.

Full Legal Name

Date of Birth

Natural

Legally Adopted

Foster

Goes By

Soc. Security #

☐ Married ☐ Needs Special Care ☐ Dependent

Street Address

Phone

Related To:

☐ You Only ☐ Spouse Only ☐ Both

City

State

Zip

Gender:

☐ Male

☐ Female

Parents

3.

Full Legal Name

Date of Birth

☐ Natural ☐ Legally Adopted ☐ Foster

Goes By

Soc. Security #

☐ Married ☐ Needs Special Care ☐ Dependent

Street Address

Phone

Related To:

☐ You Only ☐ Spouse Only ☐ Both

City

State

Zip

Gender:

☐ Male

☐ Female

Parents

4.

Full Legal Name

Date of Birth

☐ Natural ☐ Legally Adopted ☐ Foster

Goes By

Soc. Security #

☐ Married ☐ Needs Special Care ☐ Dependent

Street Address

Phone

Related To:

☐ You Only ☐ Spouse Only ☐ Both

City

State

Zip

Gender:

☐ Male

☐ Female

Parents

5.

Full Legal Name

Date of Birth

☐ Natural ☐ Legally Adopted ☐ Foster

Goes By

Soc. Security #

☐ Married ☐ Needs Special Care ☐ Dependent

Street Address

Phone

Related To:

☐ You Only ☐ Spouse Only ☐ Both

City

State

Zip

Gender: ☐ Male ☐ Female

Parents

OTHER FAMILY MEMBERS (who you may want to discuss as a beneficiary of your assets such as a niece or nephew)

1.

Full Legal Name

Date of Birth

Natural Legally Adopted Foster

Goes By

Soc. Security #

☐ Married ☐ Needs Special Care ☐ Dependent

Street Address

Phone

Related To:

☐ You Only ☐ Spouse Only ☐ Both

City

State

Zip

Gender: ☐ Male ☐ Female

Relationship

2.

Full Legal Name

Date of Birth

Natural Legally Adopted Foster

Goes By

Soc. Security #

☐ Married ☐ Needs Special Care ☐ Dependent

Street Address

Phone

Related To:

☐ You Only ☐ Spouse Only ☐ Both

City

State

Zip

Gender: ☐ Male ☐ Female

Relationship

3.

Full Legal Name

Date of Birth

Natural

Legally Adopted

Foster

Goes By

Soc. Security #

☐ Married ☐ Needs Special Care ☐ Dependent

Street Address

Phone

Related To:

☐ You Only ☐ Spouse Only ☐ Both

City

State

Zip

Gender:

☐ Male

☐ Female

Relationship

SECTION
3

FINANCIAL INFORMATION

1. Do you own your own home or any other **real estate**?

Description	Titled in whose Name	Purchase Price	Current Value	Mortgage (=)	Equity

2. Do you own **other titled property** (car, boat, etc.)?

Description	Titled in whose Name	Purchase Price	Current Value	Loan (=)	Equity

3. Do you have any **checking or savings accounts or CDs?**

Name of institution	Titled in whose Name	Account Number	Approx. balance

4. Do you own any **stocks, bonds or mutual funds?**

No. of shares	Description	Account Number	Titled in Whose name	Purchase price	Current value

5. Do you have any **IRAs, profit sharing or pension plans?**

Description	Titled in Whose Name	Current Value

6. Do you or your Spouse own a **business or partnership interest?**

Name of Company	Type of Company (S Corp., LLC, Partnership)	Home state of Company	Value and Type of Interest

7. Do you have any **life insurance or annuities**?

Name of Company	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit

8. Does anyone owe you money?

Description

9. Do you have any **special items of value** (antiques, jewelry, etc.)

Description

Approximate
Value

10. What is the approximate total value of all of your **personal property** (clothes, furniture, etc.) not accounted for above?

\$ _____

11. Do you have any **debts** other than mortgage (credit cards, personal loans, home equity loans, etc.)

Description

Amount Owed

BENEFICIARIES

12. How would you like your property distributed at your death?

13. If you want to make specific bequests of personal property (i.e., jewelry, automobiles, etc.), please list below.

14. What individual(s) do you want to serve as the guardian of your minor children (under age 18)? Please list names of those you would want to appoint as the guardian (in the order you would want them to serve).

15. If you have a trust for your children, a Living Trust, or some other type of trust, what individual or what bank do you want to serve as the Trustee of such trust(s)? If you are going to name individuals instead of a bank, please list the names of those you would want to appoint as Trustee (in the order you would want them to serve). (NOTE: If you want to name your spouse, put his/her name on the first line.)

16. Do you wish to possibly consider a trust that would protect some or all of your estate from the spouses or creditors of your children or grandchildren?

Yes ____ No ____ Not sure ____

17. Do you want to leave any of your estate to a church, college, foundation or similar organization? If yes, please list organizations and amount or property.

Organization

Amount/Property

18. Are you on a tight time table to have your estate planning completed? ____ If so, when would you like to have your plan completed? ____

19. Once your estate plan is completed, do you want to have an annual meeting to have your plan reviewed and updated? Yes ____ No ____

20. If there is anyone I should talk with about your estate planning (such as your insurance agent, broker, CPA, banker or financial adviser), who is it:

Name and telephone number: _____

Name and telephone number: _____

**SECTION
5**

OTHER ESTATE PLAN INFORMATION

21. Do you expect any substantial inheritance during your lifetime? If so, please explain and give the approximate values.

22. Did you make any gifts of over \$3,000 between the years 1976 through 1981 to any one person in any one year or \$10,000 after 1981 to any one person? If yes, please give the name of the donee and the date of the gift and its approximate value.

23. Any other information which you feel may be helpful in understanding your family and/or financial situation?

24. Do you have a lock box? _____

If yes, at what bank or financial institution is it located?

25. Do you wish to make arrangements for your pet? _____yes _____no

QUESTIONS TO ASK MY ATTORNEY

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.