



**Estate Planning Questionnaire**

Please provide complete and accurate information. This document will be used by the attorneys to make recommendations regarding your estate plan.

**I. Family Information**

**Full Name:** \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_      SSN: \_\_\_-\_\_\_-\_\_\_      County: \_\_\_\_\_

Email: \_\_\_\_\_      Phone #: \_\_\_\_\_

Single  Married  Divorced  Widow(er)

**Spouse Full Name (if applicable):** \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_      SSN: \_\_\_-\_\_\_-\_\_\_      County: \_\_\_\_\_

Email: \_\_\_\_\_      Phone #: \_\_\_\_\_

**Children (if applicable):**

Name	Date of Birth	Spouse Name	No. and Ages of Children

Are any children or grandchildren adopted? If yes, specify: \_\_\_\_\_

Are any of the children listed above not the children of you and your current spouse? If yes, specify: \_\_\_\_\_

Do any children/grandchildren have a disability? If yes, specify: \_\_\_\_\_

Do you have any predeceased children? If yes, specify: \_\_\_\_\_

**Parents:**

Name of Living Parents: \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Name of Spouse's Living Parents: \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Marriages:**

Have you been previously married? If yes, how was it terminated (i.e. death, divorce, annulment)?

\_\_\_\_\_

Has your spouse been previously married? If yes, how was it terminated (i.e. death, divorce, annulment)?

\_\_\_\_\_

Do you and your current spouse have a prenuptial agreement? If yes, please provide. \_\_\_\_\_

Have you resided in a community property state while married? (AZ, CA, ID, LA, NM, NV, TX, WI, WA)

\_\_\_\_\_

**II. Asset Information**

**Bank Accounts:**

Name of Institution	Type of Account (Checking/Savings/Money Market/CD)	Ownership (Joint?)	POD Beneficiaries	Average Balance

**Brokerage Accounts:**

Name of Institution	Ownership (Joint?)	TOD Beneficiaries	Current Balance

**Additional Stocks and Bonds** (include: type, # of shares or face amount of bond, name of company, ownership, and fair market value): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Collections:** Do you have any collections? If yes, provide details and approximate value. \_\_\_\_\_

\_\_\_\_\_

**Real Estate:**

Address	Ownership (Joint?)	Approximate Value	Outstanding Debt

**Life Insurance:**

Type (Term, whole etc.)	Company	Amount	Beneficiaries

**Business Interests:**

Name of Entity	Type of Entity	Ownership %	Approximate Value

**Retirement Plans:**

Type	Name of Institution	Approximate Value	Beneficiaries

**Automobiles/Boats/Motorcycles etc.:**

Type	Make/Model	Ownership	Approximate Value

**Estates/Trusts:** Are you a beneficiary under any estate or trust or do you have the right to direct payment under a trust? If yes, provide details. \_\_\_\_\_

\_\_\_\_\_

**Expected Inheritances:** Do you expect to inherit any substantial amount of property from anyone? If so, please provide details and approximate amount. \_\_\_\_\_

\_\_\_\_\_

**Additional Debts:** Do you have any additional debts of substance? If so, include the amount of debt and creditor. \_\_\_\_\_

**Lifetime Gifts:** Have you made any gifts of \$10,000 or more in any one year to one person? If so, provide the amount, the year, and whether you filed a gift tax return.

\_\_\_\_\_

\_\_\_\_\_

### III. Planning Decisions:

**Personal Representative:** A Personal Representative is in charge of managing the affairs of your estate including the probate administration process after your death.

Name of Personal Representative(s)	Address

Name of Alternate Personal Representative(s)	Address

**Guardian:** If you are not survived by a parent of your child(ren), you may name one or more guardians for your minor or disabled children.

	Name	Address
Primary Guardian		
Alternate Guardian		

#### Minors/Young Adults:

Do you wish to establish a trust for your children/grandchildren to hold and manage their assets until they reach an age designated by you? \_\_\_\_ If yes, until what age(s)? \_\_\_\_\_

\_\_\_\_\_

If yes above, please designate a Trustee:

	Name	Address
Primary Trustee(s)		
Alternate Trustee(s)		

Are you the custodian of any minor accounts (UGMA/UTMA)? If yes, provide details. \_\_\_\_\_

\_\_\_\_\_

Have you established any 529 accounts for relatives? If yes, provide details. \_\_\_\_\_

\_\_\_\_\_

**Special Needs:**

Do you have any beneficiaries that have a disability or special needs? If yes, provide details. \_\_\_\_\_

\_\_\_\_\_

**Living Trust:** Are you interested in a Living (Revocable) Trust? \_\_\_\_\_

**Charitable Organizations:** Are there any charitable organizations that you want to include in your planning? \_\_\_\_\_

\_\_\_\_\_

**Durable Power of Attorney:** A durable power of attorney allows you to appoint an agent to manage your wellbeing and financial affairs during your lifetime.

Do you currently have a Durable Power of Attorney? If yes, have you recorded it? \_\_\_\_\_

\_\_\_\_\_

If no, please give the name and addresses of your selected agent(s).

	Name	Address
Primary Agent		
Alternate Agent		

**Healthcare Power of Attorney:** A healthcare power of attorney allows you to designate someone to make healthcare decisions when you are incapacitated. Give the name and address and phone number(s) of your selected agents.

	Name	Address	Phone Number(s)
Primary Agent			
Alternate Agent			