

**ESTATE PLANNING QUESTIONNAIRE**  
**CONFIDENTIAL**

Date: \_\_\_\_\_

- |           | <b><u>PERSONAL</u></b>                                | <b>Husband</b>               | <b>Wife</b> |
|-----------|---|------------------------------|-------------|
| 1.        | Name _____<br><b>(Please include middle initials)</b> | _____                        | _____       |
| 2.        | Address (Permanent)<br>_____<br>_____                 | (Seasonal)<br>_____<br>_____ |             |
| 3.        | Telephone   |                              |             |
|           | (a) Home _____  | _____                        | _____       |
|           | (b) Work: _____                                       | _____                        | _____       |
|           | (c) E-Mail: _____                                     | _____                        | _____       |
| 4.        | Birth Date: _____                                     | _____                        | _____       |
| 5.        | S.S. No. _____  | _____                        | _____       |
| 6.        | Marriage Date: _____                                  | _____                        | _____       |
| 7.        | Place of Marriage: _____                              | _____                        | _____       |
| 8.        | Citizenship: _____                                    | _____                        | _____       |
| <b>B.</b> | <b><u>PRIOR MARRIAGES</u> (If applicable)</b>         |                              |             |
| 1.        | Former Spouse _____                                   | _____                        | _____       |
| 2.        | Marriage Date _____                                   | _____                        | _____       |
| 3.        | Terminated by<br>Death/Divorce<br>On _____            | _____                        | _____       |
| 4.        | Obligations to<br>Or from former                      |                              |             |

- Spouse \_\_\_\_\_
5. Child Support \_\_\_\_\_
6. Separate Maintenance \_\_\_\_\_

In the event of divorce, please provide a copy of the Decree of Dissolution and any related agreements.

C. **CHILDREN** (please indicate if child of prior marriage)

- (a) Name \_\_\_\_\_  
Birth Date \_\_\_\_\_
- (b) Name \_\_\_\_\_  
Birth Date \_\_\_\_\_
- (c) Name \_\_\_\_\_  
Birth Date \_\_\_\_\_
- (d) Name \_\_\_\_\_  
Birth Date \_\_\_\_\_

2. Deceased Child of Husband [Do you have any deceased children, with surviving children (i.e., grandchildren); if so, please list]

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3. Living Children of Wife:
- (a) Name \_\_\_\_\_  
Birth Date \_\_\_\_\_
- (b) Name \_\_\_\_\_  
Birth Date \_\_\_\_\_
- (c) Name \_\_\_\_\_  
Birth Date \_\_\_\_\_
- (d) Name \_\_\_\_\_

Birth Date \_\_\_\_\_

4. Deceased Children of Wife [Do you have any deceased children, with surviving children (grandchildren); if so, please list]

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D. **DEPENDENTS**

Are there any persons (other than minor children) who are partially or wholly dependent upon either husband or wife for support now or possibly in the future?

\_\_\_\_\_  
\_\_\_\_\_

E. **EXISTING WILL OR LIVING TRUST**

1. Have you ever executed a Will or Living Trust? \_\_\_\_\_
2. If yes, who prepared these documents? \_\_\_\_\_
3. Please furnish a copy of any Will or Living Trust you have executed.

F. **INTERSPOUSAL AGREEMENTS**

1. Have you ever executed a Community Property Agreement? \_\_\_\_\_
2. Have you ever executed any other agreements between Yourself and your spouse regarding your property?  
\_\_\_\_\_
3. Please furnish a copy of any agreements.

G. **TRUSTS**

1. Does any member of your family receive income from any trust? \_\_\_\_\_  
If yes, who created the trust? \_\_\_\_\_  
\_\_\_\_\_
2. Please furnish copies of all instruments relating to the trusts, as well as a current list of trust assets and statement of income.

H. **INSURANCE**

1. Are there any life insurance policies in existence on The life of either spouse? \_\_\_\_\_

2. If so, please provide information regarding:

(a) Name of Company(ies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Type of Insurance \_\_\_\_\_  
\_\_\_\_\_

(c) Amount and Cash Surrender Value \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Designated Beneficiary(ies) \_\_\_\_\_  
\_\_\_\_\_

I. **JOINT TENANCY ASSETS**

Do you own any real or personal property as joint tenants with each other or third parties?

\_\_\_\_\_

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. **RETIREMENT BENEFITS**

Is either spouse a participant in a retirement plan?

Husband's retirement benefits:

| <u>Type of Plan</u> | <u>Current Value</u> | <u>Beneficiary Designation</u> |
|---------------------|----------------------|--------------------------------|
| IRAs                | _____                | _____                          |
| 401(k)              | _____                | _____                          |
| Keogh               | _____                | _____                          |
| 403(b)              | _____                | _____                          |
| Profit Sharing      | _____                | _____                          |
| Other               | _____                | _____                          |

Wife's retirement benefits:

| <u>Type of Plan</u> | <u>Current Value</u> | <u>Beneficiary Designation</u> |
|---------------------|----------------------|--------------------------------|
| IRAs                | _____                | _____                          |
| 401(k)              | _____                | _____                          |
| Keogh               | _____                | _____                          |

|                |       |       |
|----------------|-------|-------|
| 403(b)         | _____ | _____ |
| Profit Sharing | _____ | _____ |
| Other          | _____ | _____ |

K. **GIFTS AND/OR INHERITANCES**

1. Is husband, wife or children likely to receive any gifts Or inheritances? \_\_\_\_\_

2. Does either husband or wife make, or intend to make regular gifts to any person? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

L. **PLANNING OBJECTIVES AND PRIORITIES**

Please describe any significant planning objectives or priorities you may have. These may include bequests that you would like to make to family members and friends, as well as any charitable gifts you wish to make. Attach an additional page if more room is required.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

M. **ASSET SCHEDULE** (Please indicate if any asset is separate property of either husband or wife and approximate current value)

|  | <u>Current Value</u> | <u>Basis, if known</u> |
|--|----------------------|------------------------|
| 1. Your home   | \$ _____             | \$ _____               |
| 2. Other real estate   | \$ _____             | \$ _____               |
| 3. Savings/Investments   | \$ _____             |                        |
| 4. Qualified Retirement Plans/<br>IRAs   | \$ _____             |                        |
| 5. Life Insurance/annuities  | \$ _____             |                        |
| 6. Business Assets   | \$ _____             |                        |
| 7. Personal property (including<br>Furniture, furnishings, antiques,<br>Automobiles, boats, collectibles,<br>Etc.) | \$ _____             |                        |

- 8. Other \$ \_\_\_\_\_
- Subtotal: \$ \_\_\_\_\_
- 9. LESS Liabilities \$( \_\_\_\_\_ )
- 10. Net Worth (Approximate) \$ \_\_\_\_\_

N. **TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY**

- 1. Personal Representative(s) (Administers Will During Probate)
  - 1<sup>st</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_
  - 2<sup>nd</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_
- 2. Trustee(s) (Manages estate for the benefit of beneficiaries)
  - 1<sup>st</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_
  - 2<sup>nd</sup> Choice \_\_\_\_\_  
\_\_\_\_\_
- 3. Guardian(s) of Minor(s) (Raises children who are not yet age 18)
  - 1<sup>st</sup> Choice \_\_\_\_\_  
\_\_\_\_\_
  - 2<sup>nd</sup> Choice \_\_\_\_\_  
\_\_\_\_\_
- 4. Distribution of Trust Estate
  - (a) Age of youngest child  
Before Distribution \_\_\_\_\_
  - (b) Age of Distribution
    - (1) First Portion \_\_\_\_\_
    - (2) Second Portion \_\_\_\_\_
    - (3) Third Portion \_\_\_\_\_

5. Disposition of tangible personal property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Specific Bequests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Charitable Gifts (your attorney will ask for the legal name, address, and Federal Tax I.D. Number for each organization)

(a) Charitable Gift 1

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Federal Tax I.D. No. \_\_\_\_\_

Gift Use by Organization Establish the \_\_\_\_\_ Endowment  
(e.g., The John and Jane Doe Endowment)

Specific Amounts \_\_\_\_\_

Percentage of estate \_\_\_\_\_

Residuary/remainder  
Of estate \_\_\_\_\_

(b) Charitable Gift 2

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Federal Tax I.D. No. \_\_\_\_\_

Gift Use by  
Organization \_\_\_\_\_  
\_\_\_\_\_

Specific Amounts \_\_\_\_\_

Percentage of estate \_\_\_\_\_

Residuary/remainder  
Of estate \_\_\_\_\_

(c) Charitable Gift 3

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Federal Tax I.D. No. \_\_\_\_\_

Gift Use by  
Organization \_\_\_\_\_  
\_\_\_\_\_

Specific Amounts \_\_\_\_\_

Percentage of estate \_\_\_\_\_

Residuary/remainder  
Of estate \_\_\_\_\_

8. Funeral/Burial Arrangements (Note: We do not recommend that this provision be included in the Will because the contents of the Will are not always known to the person in charge at the time the arrangements are being made. It is suggested that if the client has specific wishes, that they be made known to the persons who would be in charge at the time of his or her death.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Other specific provisions or information to be included in Will, such as operation or provision for family business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O. **DURABLE POWER OF ATTORNEY**

The Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetency (a/k/a incapacity) of an individual to handle his or her own affairs. The value of this document is that it would hopefully avoid the necessity of guardianship in the event of incompetency.

1. Have you executed a power of attorney: \_\_\_\_\_

2. If you have done so, please provide a copy \_\_\_\_\_
3. Effective upon signing or incapacity?  
\_\_\_\_\_

P. **DIRECTIVE TO PHYSICIANS (LIVING WILL)**

The purpose of the Directive of Physicians is to make known the desire of the person signing the document of his or her wish not to have his or her life "artificially prolonged" in the case of any injury, disease, or terminal condition. Does client wish to have such a document prepared or discuss this further?

Yes \_\_\_\_\_ No \_\_\_\_\_

Q. **ORGAN DONOR INFORMATION**

Do you wish to discuss organ donation at death?

Yes \_\_\_\_\_ No \_\_\_\_\_

R. **OTHER ISSUES YOU WOULD LIKE TO DISCUSS WITH YOUR ATTORNEY?**

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