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ESTATE PLANNING QUESTIONNAIRE
(General)

This form is intended to help you organize information that we need to create an effective estate plan, tailored to your specific needs. **Please complete this questionnaire to the best of your ability and provide any requested documentation, if available, at our first meeting.**

CONFIDENTIALITY NOTE: As with all attorney-client communications, please note that any information you disclose to us orally, or in writing, will be held with the strictest confidence and not released to anyone without your consent.

General Documentation Request:
In some cases, it is necessary for us to review additional documents before we can make planning recommendations. Such documents would include any or all of the following documents, as applied to your situation, and should bring **with you** to our first meeting:

- ☐ Copy of your current Will, Health Care Proxy, and Durable Power of Attorney.
- ☐ Copy of your current Trust(s).
- ☐ Copy of any Trust(s) where you are a beneficiary.
- ☐ Copies of all deeds to real estate you may own. If you are unable to locate your deed(s), please notify our office **before** your first meeting. We are able to obtain most deeds online.
- ☐ Copies of your most recent financial statements showing ownership of bank accounts, investment accounts, retirement accounts, and annuities.
- ☐ Copies of any long-term care policies, life insurance policies, etc.
- ☐ Copies of any stock or bond certificates.
- ☐ Copy of Domestic, Premarital or Marital Agreement.
- ☐ Divorce decree or property settlement agreement for divorce where continued responsibilities exist (child and/or spousal support, maintain life insurance policy, etc.)
- ☐ Most recent personal income, corporate, or partnership tax returns.
- ☐ Any gift tax, estate tax, or trust tax returns you may have filed.

Questionnaire:
Please fill out the following pages as completely as possible. If you have a spouse/partner, please complete sections for Client 1 and Client 2. If single, please complete sections for Client 1 only.

Please skip any sections that do not apply to your situation.

Should you have any questions, concerns, or need help with this questionnaire, please call our office and we will set up a phone call to assist you.

Personal and Family Information

Date of Marriage: ____________________________

Client 1:

Full Legal Name: ____

Also known as: ____
(Name(s) used to title accounts, property, maiden name, etc)

Date of Birth: __________________________

US Citizen: Yes No If no, Country of Birth: __________________________________

Health: ____

Home Address: ____

City: ____________________________ State: _____ Zip-code: ________

Mailing Address: ____
(If different from Home Address)

City: ____________________________ State: _____ Zip-code: ________

Home Phone #: ______________________ Personal Cellphone #: ______________________

Personal Email: ____

U.S. Veteran: Yes No Dates of Service: ____________ to _____________

Prior Marriage(s): Yes No Ended in: Divorce Death

Business/Occupation: ____

Business Address: ____

City: ____________________________ State: _____ Zip-code: ________

Business Phone #(s): ____

Business Email: ____

Preferred written communications via: Mail Business Email Business Email

Preferred phone for contact: Home Cellphone Business

Preferred time of day to be contacted: ____

Client 2:

Full Legal Name: ____

Also known as: ____
(Name(s) used to title accounts, property, maiden name, etc)

Date of Birth: ________________________

US Citizen: Yes No If no, Country of Birth: _______________________________

Health: ____

Home Address: ____

City: __________________________ State: _____ Zip-code: ________

Mailing Address: ____
(If different from Home Address)

City: __________________________ State: _____ Zip-code: ________

Home Phone #: _____________________ Personal Cellphone #: _____________________

Personal Email: ____

U.S. Veteran: Yes No Dates of Service: ____________ to ____________

Prior Marriage(s): Yes No Ended in: Divorce Death

Business/Occupation: ____

Business Address: ____

City: __________________________ State: _____ Zip-code: ________

Business Phone #(s): ____

Business Email: ____

Preferred written communications via: Mail Business Email Business Email

Preferred phone for contact: Home Cellphone Business

Preferred time of day to be contacted: ____

Financial Advisor

Company: ____

Advisor Name: ____

Mailing Address: ____

City: ____________________ State: _____ Zip-code: ________

Phone #: ______________________________

Email: ____

Accountant

Company: ____

Advisor Name: ____

Mailing Address: ____

City: ____________________ State: _____ Zip-code: ________

Phone #: ______________________________

Email: ____

Life Insurance Agent

Company: ____

Advisor Name: ____

Mailing Address: ____

City: ____________________ State: _____ Zip-code: ________

Phone #: ______________________________

Email: ____

***We will contact your advisors only with your consent and only if needed to coordinate your estate planning with other aspects of your financial planning**

Children

Child 1:

Full Legal Name: ____

Date of Birth: ________________________

Home Address: ____

City: ________________________ State: _____ Zip-code: ________

Home Phone #: ____________________ Personal Cellphone #: ____________________

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

If child is not joint, names of biological parents: ______________________________

Any specific concerns about this child: ______________________________

Child 2:

Full Legal Name: ____

Date of Birth: ________________________

Home Address: ____

City: ________________________ State: _____ Zip-code: ________

Home Phone #: ____________________ Personal Cellphone #: ____________________

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

If child is not joint, names of biological parents: ______________________________

Any specific concerns about this child: ______________________________

Child 3:

Full Legal Name: ____

Date of Birth: ________________________

Home Address: ____

City: ________________________ State: _____ Zip-code: ________

Home Phone #: ________________________ Personal Cellphone #: ________________________

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

If child is not joint, names of biological parents: ____

Any specific concerns about this child: ____

Child 4:

Full Legal Name: ____

Date of Birth: ____________________________

Home Address: ____

City: _____________________________ State: _____ Zip-code: _________

Home Phone #: ________________________ Personal Cellphone #: ________________________

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

If child is not joint, names of biological parents: ____

Any specific concerns about this child: ____

Child 5:

Full Legal Name: ____

Date of Birth: ____________________________

Home Address: ____

City: _____________________________ State: _____ Zip-code: _________

Home Phone #: ________________________ Personal Cellphone #: ________________________

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

If child is not joint, names of biological parents: ____

Any specific concerns about this child: ____

*If you need additional space, please continue on a separate sheet following the same format

OTHER BENEFICIARIES

Person 1:

Full Legal Name: ____

Date of Birth: _________________________

Home Address: ____

City: __________________________ State: _____ Zip-code: ________

Home Phone #: _____________________ Personal Cellphone #: _____________________

Relation: ____

Person 2:

Full Legal Name: ____

Date of Birth: _________________________

Home Address: ____

City: __________________________ State: _____ Zip-code: ________

Home Phone #: _____________________ Personal Cellphone #: _____________________

Relation: ____

Person 3:

Full Legal Name: ____

Date of Birth: _________________________

Home Address: ____

City: __________________________ State: _____ Zip-code: ________

Home Phone #: _____________________ Personal Cellphone #: _____________________

Relation: ____

*If you need additional space, please continue on a separate sheet following the same format

Do you have any pet(s)? Yes No

Provisions for the guardian and care of your pet(s): _______________________________________

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Charitable Beneficiaries:

Organization #1:

Name: ____

Charitable Mission/Purpose: ____

Address: ____

Phone Number: ____

Website and/or Email:____

Organization #2:

Name: ____

Charitable Mission/Purpose: ____

Address: ____

Phone Number: ____

Website and/or Email:____

*If you need additional space, please continue on a separate sheet following the same format

FINANCIAL INFORMATION

Income

Source	Client #1	Client #2
Annual Salary		
Pensions ï Total Monthly		
Social Security - Monthly		
Disability ï Monthly		
Rental Income ï Monthly		
Investments/Dividends ï Monthly		
Other:		
Other:		

Assets

Cash Accounts: Checking Accounts, Savings Accounts, Certificates of Deposits (CDs), Money Market Accounts, Cash Management Accounts, Etc.

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners (#1,#2,Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*****If you need additional space, please continue on a separate sheet following the same format

Retirement Plans: 401K, Individual Retirement Accounts (IRAs), etc.

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners (#1,#2,Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*****If you need additional space, please continue on a separate sheet following the same format

Broker Held Investments:

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners (#1,#2,Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Stocks:

Stock Name	Number of Shares	Owners (#1,#2,Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Bonds: Savings Bonds, Treasury Bonds, etc.

Type of Bond	Date Purchased	Number of Bonds	Owners (#1,#2,Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Life Insurance: Term Life, Whole Life, Group Life, Employer-Provided Life Insurance, etc.

Company Name: ______________________ Owner: ______________ Insured: ______________ Primary Beneficiary: ______________________ Contingent Beneficiary(ies): ______________________ Type: ___Whole ____Term Employer Provided: ___Yes ___No	Death Benefit: ____________ Cash Value: ____________
Company Name: ______________________ Owner: ______________ Insured: ______________ Primary Beneficiary: ______________________ Contingent Beneficiary(ies): ______________________ Type: ___Whole ____Term Employer Provided: ___Yes ___No	Death Benefit: ____________ Cash Value: ____________

*If you need additional space, please continue on a separate sheet following the same format

Annuities:

Company: ____ Owner(s): ____ Primary Beneficiary: ______________________________________ Contingent Beneficiary(ies): _________________________________	Estimated Value: ____________ Within IRA: ____________
Company: ____ Owner(s): ____ Primary Beneficiary: ______________________________________ Contingent Beneficiary(ies): _________________________________	Estimated Value: ____________ Within IRA: ____________

*If you need additional space, please continue on a separate sheet following the same format

Real Estate: Your Residence, Vacation Property, Rental Property, Business Property, Vacant Land, etc.

Property Address: _______________________________________ County/State: ____ Owner(s): ____ Year Purchased: ____________________ ___ Primary Residence ___ Second Home/Vacation ___ Rental Property ___ Business Property ___ Vacant Land ___ Other:________________	Estimated Value: ____________ Mortgage/Loan(s): ____________
Property Address: _______________________________________ County/State: ____ Owner(s): ____ Year Purchased: ____________________ ___ Primary Residence ___ Second Home/Vacation ___ Rental Property ___ Business Property ___ Vacant Land ___ Other:________________	Estimated Value: ____________ Mortgage/Loan(s): ____________

*If you need additional space, please continue on a separate sheet following the same format

Motor Vehicles: Car(s), Motorcycle(s), Boat(s), Snowmobile(s), etc.

Owner(s): ____ Primary Driver: ____ Type: ______________ Year/Make/Model: ______________________	Estimated Value: ______________ Loan Amount: ______________
Owner(s): ____ Primary Driver: ____ Type: ______________ Year/Make/Model: ______________________	Estimated Value: ______________ Loan Amount: ______________

*If you need additional space, please continue on a separate sheet following the same format

Business Interest(s): List any business interest(s) that you own (corporations, LLC, partnerships, etc)

Company Name: ____ Owner(s): ____ Type of Business: ____ Percent of Ownership: ______ % Is there a buy/sell agreement? ____	Estimated Value: ______________
Company Name: ____ Owner(s): ____ Type of Business: ____ Percent of Ownership: ______ % Is there a buy/sell agreement? ____	Estimated Value: ______________

*If you need additional space, please continue on a separate sheet following the same format

Other Assets: List any other assets not mentioned previously, including money owed to you, timeshares, pending lawsuit judgments, pending inheritance, bitcoin, etc.

	Estimated Value:
	Estimated Value:
	Estimated Value:

*If you need additional space, please continue on a separate sheet following the same format

Additional Questions:

Are you the heir/beneficiary of any estate? Yes No
If so, please explain: ____

Do you have any marital agreement that would manage the distribution of your property upon divorce or at death (includes pre- and post-nuptial agreements)? Yes No

Are you and/or your partner current beneficiaries or trustees of any trust? Yes No
If so, please explain: ____

Do you and/or your partner anticipate receiving any inheritance anytime soon? Yes No
If so, please explain: ____

Do you have any questions or is there anything specific you would like to discuss during your consultation?

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We look forward to meeting you and assisting you with your estate planning. Should you have any questions, please do not hesitate to contact our office.