

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Personal Data

Full Name: _____ Age _____
 Address: _____
 Other Names Used: _____ SS # _____
 Name as it appears on Driver's License, DMV Identification Card or Current Passport: _____

U.S. Citizen Yes _____ No _____
 Marital Status: Married _____; Single _____; Divorced _____; Widow/Widower _____
 When Married: _____ Where: _____
 Previous Marriages: _____
 Phone Numbers: Home: _____ Work: _____
 Cell: _____ Other: _____
 E-mail: _____

Spouse's Full Name: _____ Age _____
 Other Names Used: _____ SS # _____
 Name as it appears on Driver's License, DMV Identification Card or Current Passport: _____

U.S. Citizen Yes _____ No _____
 Address: _____
 Previous Marriages: _____
 Phone Numbers: Home: _____ Work: _____
 Cell: _____ Other: _____
 E-mail: _____

Children

Full Name	Living? Yes/No	Date of Birth	Married? Yes/No	Children? Yes/No	H/W*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Attach pages as needed)

*If the above named child(ren) are not the child(ren) of both spouses, please indicate "H" if he/she/they are the child(ren) of Husband or "W" if he/she/they are the child(re) of Wife.

Assets

Real Property: Please indicate next to the estimated net value, the method of holding title (Joint Tenancy-J/T, Tenancy in Common-T/C, Separate Property-S/P, Community Property-C/P).

Address	Estimated Net Value	Method of Holding
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide in your current vesting deeds for all properties

Personal Property: (J/T-Joint Tenancy, T/C-Tenancy in Common; S/P-Separate Property, C/P-Community Property. Please use appropriate designation).

1. Checking and Savings Accounts:

Name of Bank	Type of Account & Number (Ckg/Svgs/CD/MM)	How Held	Approx. Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Brokerage Accounts:

Name of Firm	Type of Account & Number	How Held	Approx. Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. **Stocks and Bonds Held Outside of Brokerage Account:**

Stock Name	Type & No. of Shares Certificate No.	How Held	Approx. Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. **Partnership Interests:**

Name of Partnership	General/Limited	How Held	% Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. **Insurance Policies:** Indicate next to policy owner what type of policy: death benefit, term or whole life.

Insured	Beneficiary	Owner	Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. **Business Interests**

Name of Business	Type (sole/corp/ptrnship)	Owners	How Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. **Miscellaneous:** Please list any other assets such as promissory notes, copyrights/patents/mineral rights, expected inheritances, beneficial interest in trust, retirement plans and/or tangible personal property of significant value.

8. **Name of Executor, Successor Trustee, and any alternates for each.** (Please bring in a copy of your existing estate plan documents)

Name _____
Relationship _____
Address: _____

Home Phone: _____
Cell Phone: _____

Name _____
Relationship _____
Address: _____

Home Phone: _____
Cell Phone: _____

List any person or persons specifically not to be named as Executor or Trustee: _____

9. **Testamentary Wishes:** (Disposition of assets after death) - **please use separate sheet.**

- a. Specific gifts of specific items of property
- b. Gift of remaining personal belongings
- c. General gifts, particularly monetary gifts and interest on such gifts
- d. Residuary gifts
- e. Terms of gifts in trust, including, e.g. names of trustee and beneficiaries, distribution terms, invasion powers, investment powers
- f. Names and address of contingent beneficiaries
- g. Disinheritance of any persons

10. **Guardian and alternate guardian of the person of minor child(ren), if applicable:**

First: _____
Address: _____

Phone: _____

Alternate: _____
Address: _____
Phone: _____

List any person or persons specifically not to be named as guardian: _____

11. Names of Agents for:

a. Durable Power of Attorney (financial power of attorney):

First Agent: _____
Address: _____
Phone: _____

Alternate: _____
Address: _____
Phone: _____

Alternate: _____
Address: _____
Phone: _____

b. Advance Health Care Directive (power of attorney for health care):

First Agent: _____
Address: _____
Phone: _____

Alternate: _____
Address: _____
Phone: _____

Alternate: _____
Address: _____
Phone: _____