

## Estate Planning Questionnaire

Please complete this Estate Planning Questionnaire with as much detail as possible so we can fully address and meet your estate planning needs. If more space is needed for a given response, please feel free to attach additional sheets.

### Client #1 Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital status: \_\_\_\_\_  
(married/single/divorced/widowed/domestic partnership)

Home address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Email address: \_\_\_\_\_ Employer: \_\_\_\_\_

- **Financial Power of Attorney:** Who do you want to make financial decisions for you if you are unable to do so?

	Name	Relationship to you	Current City of Residence
1 <sup>st</sup> choice:			
2 <sup>nd</sup> choice:			
<p><b>Note:</b> A Durable Power of Attorney allows someone else to manage all of your financial affairs. Do you want the people named above to be able to act:</p> <input type="checkbox"/> immediately <sup>1</sup> ; <input type="checkbox"/> only if you are not competent; or <input type="checkbox"/> first choice immediately and second choice only if you are not competent.			

- **Health Care Power of Attorney:** Who do you want to make medical and health care decisions for you if you are unable to do so?

	Name	Relationship to you	Current City of Residence
1 <sup>st</sup> choice:			
2 <sup>nd</sup> choice:			

- **Personal Representative:** Who do you want to appoint as Personal Representative of your Last Will and Testament?

	Name	Relationship to you	Current City of Residence
1 <sup>st</sup> choice:			
2 <sup>nd</sup> choice:			

<sup>1</sup> Bear in mind that if you check "immediately" and name your spouse/partner first, but your spouse/partner dies before you, then your second choice will have power over your assets even if you don't feel you need help yet.

**Client #2 Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital status: \_\_\_\_\_  
(*married/single/divorced/widowed/domestic partnership*)

Home address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Email address: \_\_\_\_\_ Employer: \_\_\_\_\_

➤ **Financial Power of Attorney:** Who do you want to make financial decisions for you if you are unable to do so?

	Name	Relationship to you	Current City of Residence
1 <sup>st</sup> choice:			
2 <sup>nd</sup> choice:			
<p>Note: A Durable Power of Attorney allows someone else to manage all of your financial affairs. Do you want the people named above to be able to act:</p> <input type="checkbox"/> immediately <sup>2</sup> ; <input type="checkbox"/> only if you are not competent; or <input type="checkbox"/> first choice immediately and second choice only if you are not competent.			

➤ **Health Care Power of Attorney:** Who do you want to make medical and health care decisions for you if you are unable to do so?

	Name	Relationship to you	Current City of Residence
1 <sup>st</sup> choice:			
2 <sup>nd</sup> choice:			

➤ **Personal Representative:** Who do you want to appoint as Personal Representative of your Last Will and Testament?

	Name	Relationship to you	Current City of Residence
1 <sup>st</sup> choice:			
2 <sup>nd</sup> choice:			

**Children:** If any children are from a prior marriage or adopted, please so indicate. Attach additional sheets, if necessary.

Name	Date of Birth	Current City of Residence

<sup>2</sup> Bear in mind that if you check "immediately" and name your spouse/partner first, but your spouse/partner dies before you, then your second choice will have power over your assets even if you don't feel you need help yet.

Do any of your children have special needs?  Yes  No

**Guardians:**

Who do you want to appoint as guardians for your minor children, if you are unable to care for them?

*(Note: Selecting an individual rather than a couple helps prevent difficulties in the future if the couple separates)*

	Name	Relationship to you	Current City of Residence
Initial Guardian:			
Successor Guardian:			

**Parents, Siblings, and Grandchildren (if living):**

Name	Relationship to Client #1 or #2	Current City of Residence

**Special Family Considerations:** *(Prior marriages, children of prior marriages or relationships, support obligations beyond immediate family, health problems, etc.)*

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**General Dispositive Desire of Client:** *(Transfers to Family, Charities, etc.)*

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Do you have a Safe Deposit Box?  Yes  No

If you answered "yes," please provide the name of the bank where the safe deposit box is located:

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Are any of your accounts or assets held with someone other than your spouse?  Yes  No

If you answered "yes," please indicate which account/assets, and identify the joint owner:

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### Asset Summary

(Round to Even \$1,000; Attach additional sheets if necessary)

	Client #1 Name: _____	Client #2 Name: _____	Jointly held?
Cash, Checking Accounts, Savings Accounts			
Tangible Personal Property			
Residential Real Property, Location and Value			
Investment Real Property, Location and Value			
Securities			
Business Interests (describe generally; estimate values)			
SUBTOTAL			
Plus (from following pages) Life Insurance, Retirement Plans, and Other Property			
TOTAL			

### Liabilities

	Client #1	Client #2	Jointly held?
Mortgages			
Other			
TOTAL			

**Retirement, Disability, and Death Benefits**

(e.g. pension, profit-sharing, stock bonus, self-employed retirement plan, individual retirement accounts (IRA), deferred compensation plan)

Name of Company and Plan	Name of Owner	Current Value	Beneficiary & Payment Options Available

(Note: Please furnish copies of explanatory brochures on each plan.)

**Other Property**

List and describe here: (1) any property which is held jointly with other persons and not mentioned elsewhere on this form; (2) any property held in trustee form for others; and (3) any property held in custodian form for others. Also list any gifts for which federal gift tax returns have been filed and any other gifts over \$14,000. Attach copies of gift tax returns or, if no return has been filed, specify names of donees, dates, and amounts.

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**Miscellaneous Information**

Describe any patents, copyright claims against others, or other assets not listed above, including any trust of which you are a beneficiary or over which you may possess any powers. Describe any significant potential inheritances. Indicate any specific preferences as to anatomical donations, funeral arrangements, etc., which have not already been arranged.

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**Referral Information:**

Name of referrer: \_\_\_\_\_ Address: \_\_\_\_\_

**Insurance Policies**

Company & Policy Number	Type* Annual Premium	Name of Insured	Name of Owner	Names of Primary & Contingent Beneficiaries	Face Value	Cash Value	Loan Balance

\*Group term, individual term, ordinary (whole) life, universal life, split-dollar, accidental death, travel, etc.