

## Estate Planning Questionnaire

### INSTRUCTIONS:

In order to properly advise you in planning your estate and drafting your will and related documents I need to have a wide range of information about you and your family. Some of this information will be incorporated directly into your will. Some of it will not actually be used in the will, but will be helpful as we discuss your estate planning goals and objectives. All of the information you provide will be kept in the strictest confidence. I will not discuss this information with anyone but you, unless you request me to do so. If, in my opinion, it becomes necessary for me to discuss this information with other professionals (i.e.: accountants, tax attorneys), I will obtain your permission to do so *before* any contact with those professionals is made.

Please complete all of the applicable portions of the attached pages. If a question does not apply to you, simply write n/a and go on to the next question. You need not type your answers to questions, but please write legibly. It is especially important that names be spelled correctly and that all information provided is accurate.

Thank you for your assistance.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ARE YOU KNOWN BY ANY OTHER NAME  YES  NO

IF YES, WHAT OTHER NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ IS IT OK TO CALL YOU AT WORK? \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ARE YOU A U. S. CITIZEN? \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

ARE YOU ADOPTED?  YES  NO DATE OF ADOPTION: \_\_\_\_\_

PLACE OF ADOPTION: \_\_\_\_\_

DO YOU HAVE ANY TERMINAL OR UNUSUAL HEALTH PROBLEMS? \_\_\_\_\_

PLEASE DESCRIBE: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

HAVE YOU SERVED IN THE MILITARY? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

FINAL (CURRENT) RANK AND SERIAL NO.: \_\_\_\_\_

ARE YOU IN A RELATIONSHIP?  YES  NO ARE YOU MARRIED?  YES  NO

DATE OF MARRIAGE: \_\_\_\_\_ WHERE MARRIED: \_\_\_\_\_

CURRENT PARTNER OR SPOUSE: \_\_\_\_\_

HAVE YOU EVER BEEN MARRIED?  YES  NO HOW MANY TIMES? \_\_\_\_\_

FORMER SPOUSE: \_\_\_\_\_

FORMER SPOUSE'S ADDRESS: \_\_\_\_\_

DATE OF PRIOR MARRIAGE: \_\_\_\_\_ DATE OF DIVORCE: \_\_\_\_\_

PLACE OF PRIOR MARRIAGE: \_\_\_\_\_

PLACE OF DIVORCE: \_\_\_\_\_

ANY FINANCIAL RESPONSIBILITIES TO FORMER SPOUSE: \_\_\_\_\_

IF THERE ARE ADDITIONAL FORMER SPOUSES, PLEASE USE ADDITIONAL PAPER AND INDICATE THE NAMES AND CURRENT ADDRESS OF EACH SPOUSE. ALSO INDICATE DATE AND PLACE OF MARRIAGE AND DATE AND PLACE OF DIVORCE. IF A FORMER SPOUSE IS DECEASED, PLEASE GIVE DATE AND PLACE OF DEATH.

Please complete the following for all your children, whether living or deceased:

	CHILD 1	CHILD 2
NAME	_____	_____
NICKNAME	_____	_____
DATE OF BIRTH	_____	_____
CURRENT ADDRESS	_____ _____	_____ _____
OTHER PARENT	_____	_____
PLACE OF BIRTH	_____	_____
PLACE OF ADOPTION	_____	_____
OCCUPATION	_____	_____
SOCIAL SEC. NO.	_____	_____
HEALTH PROBLEMS	_____ _____	_____ _____
EDUCATIONAL GOAL	_____	_____
SPOUSE	_____	_____
MARRIAGE DATE	_____	_____
SPOUSE'S OCCUPATION	_____	_____
CHILD'S CHILDREN	_____	_____
List name and birth date	_____ _____	_____ _____

CHILD 3

CHILD 4

NAME	_____	_____
NICKNAME	_____	_____
DATE OF BIRTH	_____	_____
CURRENT ADDRESS	_____ _____	_____ _____
OTHER PARENT	_____	_____
PLACE OF BIRTH	_____	_____
PLACE OF ADOPTION	_____	_____
OCCUPATION	_____	_____
SOCIAL SEC. NO.	_____	_____
HEALTH PROBLEMS	_____ _____	_____ _____
EDUCATIONAL GOAL	_____	_____
SPOUSE	_____	_____
MARRIAGE DATE	_____	_____
SPOUSE'S OCCUPATION	_____	_____
CHILD'S CHILDREN List name and birth date	_____ _____	_____ _____

---

IS YOUR RELATIONSHIP WITH YOUR CHILDREN GOOD?  YES  NO

IF NO, WHICH CHILDREN DO YOU NOT GET ALONG WITH? \_\_\_\_\_

---

IS YOUR RELATIONSHIP WITH YOUR CHILDREN'S SPOUSES GOOD?  YES  NO

IF NO, WHICH SPOUSES DO YOU NOT GET ALONG WITH? \_\_\_\_\_

---

IS YOUR RELATIONSHIP WITH YOUR GRANDCHILDREN GOOD?  YES  NO

IF NO, WHICH GRANDCHILDREN DO YOU NOT GET ALONG WITH? \_\_\_\_\_

---

IF ANY OF YOUR CHILDREN ARE MINORS, WHO WOULD YOU LIKE TO DESIGNATE AS  
GUARDIAN FOR THEM IN THE EVENT OF YOUR DEATH? \_\_\_\_\_

WHAT IS THE PERSON'S ADDRESS? \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER? \_\_\_\_\_

DO YOU WANT TO DESIGNATE AN ALTERNATE GUARDIAN?  YES  NO

IF YES, WHAT IS THAT PERSON'S NAME? \_\_\_\_\_

WHAT IS THE PERSON'S ADDRESS? \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER? \_\_\_\_\_

IF ANY OF YOUR CHILDREN ARE MINORS, DO YOU WANT TO APPOINT A CONSERVATOR  
TO MANAGE THEIR FINANCES?  YES  NO

IF YES, WHAT IS THAT PERSON'S NAME? \_\_\_\_\_

WHAT IS THE PERSON'S ADDRESS? \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER? \_\_\_\_\_

DO YOU WANT TO DESIGNATE AN ALTERNATE CONSERVATOR?  YES  NO

IF YES, WHAT IS THAT PERSON'S NAME? \_\_\_\_\_

WHAT IS THE PERSON'S ADDRESS? \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER? \_\_\_\_\_

ON THIS PAGE, PLEASE LIST ALL THE LIVING MEMBERS OF YOUR FAMILY AND THEIR ADDRESSES INCLUDING: PARENTS, BROTHERS, SISTERS, NIECES, AND NEPHEWS.

ARE THERE ANY OTHER PERSONS WHO ARE DEPENDENT ON YOUR SUPPORT?

YES  NO IF YES, PLEASE LIST THOSE PERSONS ON THIS PAGE BY NAME, ADDRESS, RELATIONSHIP AND CURRENT SUPPORT ARRANGEMENTS.

LOCATION OF ASSETS; IDENTITY OF ADVISERS

WHERE IS (ARE):

YOUR CHECKING ACCOUNTS (name of bank, location, account number, name on account):

---

---

---

YOUR SAVINGS ACCOUNTS: \_\_\_\_\_

---

---

PASS BOOKS, BANK RECORDS (where kept): \_\_\_\_\_

YOUR SAFE DEPOSIT BOX (location, in what name, who has access, where are keys stored):

---

---

YOUR PRIVATE SAFE (where located, who has access): \_\_\_\_\_

---

---

YOUR SECURITIES: \_\_\_\_\_

YOUR REAL ESTATE (where located and how owned): \_\_\_\_\_

---

---

YOUR MORTGAGE (who holds mortgage and where are records stored): \_\_\_\_\_

---

---

YOUR DEEDS TO REAL ESTATE (where stored): \_\_\_\_\_

INSURANCE POLICIES (where stored): \_\_\_\_\_

CONTRACTS AND BUSINESS RECORDS (where kept): \_\_\_\_\_

INCOME TAX RECORDS (where kept): \_\_\_\_\_

JEWELRY AND OTHER VALUABLE PERSONAL POSSESSIONS (where kept): \_\_\_\_\_

---

---

TRUST AGREEMENTS (where kept): \_\_\_\_\_

MILITARY DISCHARGE PAPERS (where kept): \_\_\_\_\_

BIRTH, ADOPTION, MARRIAGE, DIVORCE PAPERS (where kept): \_\_\_\_\_

PASSPORT, NATURALIZATION PAPERS (where kept): \_\_\_\_\_

CEMETERY PLOT (location of plot, location of deed): \_\_\_\_\_

FUNERAL ARRANGEMENTS, INSTRUCTIONS: \_\_\_\_\_

INSTRUCTIONS FOR DISTRIBUTION OF SENTIMENTAL FAMILY VALUABLES (where stored): \_\_\_\_\_

WHO ARE YOUR ADVISORS AND WHAT ARE THEIR ADDRESSES?

PHYSICIANS: \_\_\_\_\_

CLERGY: \_\_\_\_\_

ACCOUNTANT: \_\_\_\_\_

STOCKBROKERS: \_\_\_\_\_

INVESTMENT COUNSELOR: \_\_\_\_\_

LIFE INSURANCE REPRESENTATIVE: \_\_\_\_\_

GENERAL INSURANCE REPRESENTATIVE: \_\_\_\_\_

LITERARY AND OTHER AGENTS: \_\_\_\_\_

\_\_\_\_\_

PERSONAL SECRETARY: \_\_\_\_\_

MORTGAGE HOLDER: \_\_\_\_\_

BANKER: \_\_\_\_\_

PERSONAL ASSET INVENTORY

Please list all current assets using current market values. In accounts that vary monthly (i.e., checking accounts) an average figure is fine. If any account is held jointly with another person, indicate the name and address for that person. Also indicate the percentage of the asset contributed by the joint owner.

CHECKING ACCOUNT: value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

SAVINGS ACCOUNT: value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

CDS, OTHER ACCOUNTS: value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

TRUST ACCOUNTS: value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

STOCKS: value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

TAX EXEMPT BONDS: value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

TREASURY BONDS: value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

E TYPE BONDS: value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

OTHER BONDS: value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

MORTGAGES, LEASES (which you own) value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

COPYRIGHTS, TRADEMARKS PATENTS value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

BUSINESS INTERESTS (attach brief description) value: \$ \_\_\_\_\_ Joint owner?  Yes  No  
Joint owner: \_\_\_\_\_

EMPLOYEE BENEFITS

	<u>Value</u>		<u>Value</u>
Deferred compensation	\$ _____	Group Life Insurance	\$ _____
Post-death salary benefit	\$ _____	Stock option	\$ _____
Pension plan (indicate if contributory)	\$ _____	Profit sharing	\$ _____
		Savings plan	\$ _____

TANGIBLES

Motor vehicles	\$ _____	Boats, planes	\$ _____
Jewelry, furs	\$ _____	Works of art	\$ _____
Household effects	\$ _____	Guns, hobby equipment	\$ _____
Precious metals	\$ _____	Office contents	\$ _____

REAL ESTATE

Home (show value less mortgage) \$ \_\_\_\_\_ Vacation home \$ \_\_\_\_\_  
Co-op, condo \$ \_\_\_\_\_

LIFE INSURANCE

Face value of policies on self (exclude group) \$ \_\_\_\_\_ Face value of policies on others; who? \$ \_\_\_\_\_

OTHER ASSETS

Union or other death benefits \$ \_\_\_\_\_ Taxable interest in other estates \$ \_\_\_\_\_  
Future possible inheritances \$ \_\_\_\_\_ Other assets (describe) \$ \_\_\_\_\_  
TOTAL ASSETS \$ \_\_\_\_\_

ESTATE PLANNING NEEDS SURVEY

Have you ever executed a will before?  Yes  No If yes, where is the original of that will stored? \_\_\_\_\_

Who do you want to be executor of your estate? \_\_\_\_\_

What is that person's address? \_\_\_\_\_

Who should be alternate executor? \_\_\_\_\_

What is that person's address? \_\_\_\_\_

Have you ever executed a living will?  Yes  No If yes, where is the original of that living will stored? \_\_\_\_\_

Do you wish to execute a living will?  Yes  No

Do you want to execute a power of attorney for health care decisions?  Yes  No

Who do you want to make health care decisions for you? \_\_\_\_\_

