

ESTATE PLANNING QUESTIONNAIRE

Personal Information

Client 1

Name: _____

Address: _____

Telephone: _____ Social Security Number: _____ Date of Birth: _____

Citizenship: _____ Have you been in a prior marriage? Yes No

List any states where you and your spouse have lived during your marriage: _____

Client 2

Name: _____

Address: _____

Telephone: _____ Social Security Number: _____ Date of Birth: _____

Citizenship: _____ Have you been in a prior marriage? Yes No

List any states where you and your spouse have lived during your marriage: _____

Family Information

Children

Name	Address	Date of Birth	Married?	From a Prior Marriage?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Grandchildren

Name	Date of Birth	Parent
_____	_____	_____
_____	_____	_____
_____	_____	_____



Parents

Client 1	Date of Birth	Approximate Estate Value
Mother: _____	_____	\$ _____
Father: _____	_____	\$ _____

Client 2	Date of Birth	Approximate Estate Value
Mother: _____	_____	\$ _____
Father: _____	_____	\$ _____

Do you expect to inherit any portion of the parents' estate? _____

Please indicate any other expected inheritance: _____

Special Needs

Do you have family members with a physical or mental disability whose required special care will be incorporated into your estate planning? Yes No

If yes, list the family member(s) below:

Other Beneficiaries

Name	Date of Birth	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you plan to leave any portion of your estate to charity? Yes No

If yes, list the charities below:

Estate Planning Documents

Do you currently have any of the following estate planning documents?

Will(s)	Yes	No
Powers of attorney	Yes	No
Living will(s)	Yes	No
Trust(s)	Yes	No
Pre- or post-nuptial agreement	Yes	No
Business succession agreement	Yes	No
Other: _____	Yes	No

Business Interests

Company Name	Form (Corp., LLC, etc.)	Approximate Value	Buy/Sell Agreement?
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Indicate the percentage ownership of the business:

Client 1: _____ Client 2: _____ Children: _____ Other: _____

Have you drafted a business succession or exit plan? Yes No

Liabilities

	Lender	Approximate Amount
Primary residence mortgages	_____	\$ _____
Vacation home mortgages	_____	\$ _____
Investment property mortgages	_____	\$ _____
Credit cards	_____	\$ _____
Auto loans	_____	\$ _____
Other debts	_____	\$ _____

Insurance Policies

Insurance Company	Policy Type	Policy Owner	Insured	Face Beneficiary	Cash Amount	Loan Value	Amount
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Gifts

Do you intend to make annual gifts to take advantage of the annual gift tax exclusion?	Yes	No
Have you made prior gifts—to anyone other than your spouse—that, with a fair market value at the time of the gift, exceeded the annual exclusion for gift tax?	Yes	No
Do you intend to make any gifts to charity during your lifetime?	Yes	No

Disposition of Estate

Indicate your intentions, or any relevant information, with regard to the final disposition of your estate:

Fiduciary

Please list current or potential guardians for children, trustees, or executors.

Guardian(s) for children

_____	Primary	Secondary	Potential
_____	Primary	Secondary	Potential
_____	Primary	Secondary	Potential

Trustee(s)

_____	Primary	Secondary	Potential
_____	Primary	Secondary	Potential
_____	Primary	Secondary	Potential

Executor(s)

_____	Primary	Secondary	Potential
_____	Primary	Secondary	Potential
_____	Primary	Secondary	Potential

