

**Estate Planning Questionnaire**  
**[Strictly Confidential]**

**When completing this form do not panic if you do not have all the information at hand. Complete as much as you can. (If you are single disregard spouse questions.)**

Husband's Legal Name: \_\_\_\_\_ . Other Names used by Husband: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Business/Employment: \_\_\_\_\_

**Wife's Legal Name:** \_\_\_\_\_

Other Names used by Wife: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Business/Employment: \_\_\_\_\_ E-Mail \_\_\_\_\_

Telephone (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

**Prior Marriages?**

Husband:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

Wife:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

## Children:<sup>1</sup>

Treat all children as if they were the children of this marriage?  No  Yes

### Child 1

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Child of**  Both (includes adoption)  His  Hers

This child  has  does not have children.

### Child 2

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Child of**  Both (includes adoption)  His  Hers

This child  has  does not have children.

### Child 3

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Child of**  Both (includes adoption)  His  Hers

This child  has  does not have children.

### Child 4

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Child of**  Both (includes adoption)  His  Hers

This child  has  does not have children.

### Child 5

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

<sup>1</sup> Occasionally social security numbers are required by banks or investment companies to name beneficiaries. It is a good idea to have them handy if needed.

**Child of**  Both (includes adoption)  His  Hers

This child  has  does not have children.

**Names and relations of any other person who you would like to inherit something from you.**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Property or percentage of Estate for this Person:** \_\_\_\_\_

**Primary Beneficiary**  **Contingent Beneficiary**

Add more on separate page if needed.

**Charities or Organizations:**

**Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Property or percentage of Estate for this Person:** \_\_\_\_\_

**Primary Beneficiary**  **Contingent Beneficiary**

Add more on separate page if needed.

	<u>YES</u>	<u>NO</u>
• Any deceased children?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name: _____		
If yes, survived by issue?	<input type="checkbox"/>	<input type="checkbox"/>
• Any adopted children?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name: _____		
• Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
•		

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| • Do you have any relatives (other than children) who depend on you for all or part of their support?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Marital Property Agreement?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do either of you expect to inherit substantial assets (\$100,000 +)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to make anatomical bequests (organ donor)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing Wills?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Should the surviving spouse have the power to control the distribution of the entire estate after the first death?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want any assets to pass to your children before the second spouse's death?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have either of you been diagnosed with or have any cognitive mental condition such as Alzheimer's, ALS or dementia? | <input type="checkbox"/> | <input type="checkbox"/> |
| •   |                          |                          |
| •   |                          |                          |

# Who do you trust?

**Medical Decisions:** Who would you want to make medical or housing decisions if you become incapacitated and cannot do so for yourself?

Husband: Spouse as primary? Yes No (Please rank in order)

Name	Relationship	Contact Information

Wife: Spouse as primary? Yes No (Please rank in order)

Name	Relationship	Contact Information

**Financial Decisions:** Who would you want to make financial decisions if you become incapacitated and cannot do so for yourself?

Husband: Spouse as primary? Yes No (Please rank in order)

Name	Relationship	Contact Information

Wife: Spouse as primary? Yes No (Please rank in order)

Name	Relationship	Contact Information

# What do you own?

## ESTIMATED VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>HUSBAND'S SEP. PROP.</u>	<u>WIFE'S SEP. PROP.</u>	<u>JOINT PROPERTY</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

## **LIFE INSURANCE**

*It is usually better to have copies of the policies with the policy number, agent name, etc. It may be advisable to obtain change of beneficiary forms.*

### **Life Insurance Information**

<b>Insurance Company Name and Address Agent Name</b>	<b>Insured Name (Owner)</b>	<b>Policy Number</b>	<b>Death Benefit</b>

### **IRA / Retirement Information**

*It is usually better to have a copy of statement with the account number and other information.*

<b>IRA / Retirement Company Name and address</b>	<b>IRA Holder (husband or wife)</b>	<b>Account Number</b>	<b>Approximate Value</b>

**Bank / Money Market / Credit Union**

Bank / Credit Unions Name and Address (Banker Name)	Account Holder (husband / wife / joint)	Account Number	Approximate Balance

**Real Estate Information**

*It is very helpful to have a copy of the deed or other conveyance with the legal description in addition to the address.*

Legal Description & Address	Year & how acquired (bought/inherited)	Ownership (husband / wife / joint / other)	Approximate Value / Purchase Price



# Planning Decisions:

## Delayed Distributions:

Sometimes it is not a good idea to give large sums of money to someone who is not financially mature to handle it. Therefore, many people prefer to delay or stager distributions without any restrictions. What are your initial thoughts on this subject?

- No restrictions
- Distribute all at age \_\_\_\_\_
- Stager distributions
  - 1/2 at Age \_\_\_\_\_, 1/2 at Age \_\_\_\_\_
  - 1/3 at Age \_\_\_\_\_, 1/3 at Age \_\_\_\_\_, 1/3 at Age \_\_\_\_\_.

## Questions or other concerns about creating your plan:

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## BURIAL WISHES

### HUSBAND:

At my death, I wish to be:  cremated  buried.

If cremation, I would like my ashes disposed as follows:

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If buried, I would like my remains interred as follows:

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I have already made arrangements at: \_\_\_\_\_.

**WIFE:**

At my death, I wish to be:             cremated                             buried.

If cremation, I would like my ashes disposed as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If buried, I would like my remains interred as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have already made arrangements at:

\_\_\_\_\_

\_\_\_\_\_

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**Other Family Contact Information:**

Husband's Father

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Husband's Mother

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Wife's Father

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Wife's Mother

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Other relatives:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Advisors:** It is a good idea to have this information available to your heirs in your estate planning binder. It may be necessary to contact some for change of beneficiary forms, etc.

Clergy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Accountant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Stockbroker/Investment Advisor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Insurance Agent/Advisor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Funeral Home/Cemetery:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_