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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.
You:

Legal Name:_____.
Other Names used _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home)_____ (work)_____ (cell) _____

Date of Birth: _____ Social Security No.: _____

US citizen? ☐ Yes ☐ No. If no, what nationality: _____

Business/Employment: _____

Wartime Veteran? ☐ Yes ☐ No

Spouse Information
Legal Name:_____.

Other Names used _____

E-Mail: _____

Telephone: (home)_____ (work)_____ (cell) _____

Date of Birth: _____ Social Security No.: _____

US citizen? ☐ Yes ☐ No. If no, what nationality: _____

Business/Employment: _____

Wartime Veteran? ☐ Yes ☐ No

Children:[1]

Child 1
Name: _____Age_____
Address: _____
Telephone: _____ E-Mail _____
Living? ☐ Yes ☐ No
This child □ has □ does not have children.

Child 2
Name: _____Age_____
Address: _____
Telephone: _____ E-Mail _____
Living? ☐ Yes ☐ No
This child □ has □ does not have children.

Child 3
Name: _____Age_____
Address: _____
Telephone: _____ E-Mail _____
Living? ☐ Yes ☐ No
This child □ has □ does not have children.

Child 4
Name: _____Age_____
Address: _____
Telephone: _____ E-Mail _____
Living? ☐ Yes ☐ No
This child □ has □ does not have children.

Child 5
Name: _____Age_____
Address: _____
Telephone: _____ E-Mail _____
Living? ☐ Yes ☐ No
This child □ has □ does not have children.

[1] 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.

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 (if to be included in your plan):

Name: _____ Contact: _____

Address: _____ Telephone: _____

Property or percentage of Estate for this Person:_____

_____

☐ Primary Beneficiary ☐ Contingent Beneficiary

Add more on separate page if needed.

	YES	NO
• Any deceased children?	☐	☐
If yes, name: _____		
If yes, survived by issue?	☐	☐
• Any adopted children?	☐	☐
If yes, name: _____		
• Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?	☐	☐
• Do you have any relatives (other than children) who depend on you for all or part of their support?	☐	☐

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

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?

Name	Relationship	Address / Phone

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

Name	Relationship	Address / Phone

What do you own?

ESTIMATED VALUE OF ESTATE

TYPE OF ASSET:

- REAL ESTATE: $_____
  (fair market value, less 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)

TOTAL: $_____

† 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

Insurance Company Name and Address Agent Name	Insured Name (Owner)	Policy Number	Death Benefit

IRA / Retirement Information

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

IRA / Retirement Company Name and address	Account Number	Approximate Value

Bank / Money Market / Credit Union

Bank / Credit Unions Name and Address (Banker Name)	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)	**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
  ☐½ at Age _____, ½ at Age _____
    ☐1/3 at Age ____, 1/3 at Age ____, 1/3 at Age ____.

Questions or other concerns about creating your plan:

_____

_____

_____

_____

_____

BURIAL WISHES

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: _____.

Optional:
Other Family Contact Information:

Father
Name: _____Age_____
Address: _____
Telephone: _____ E-Mail _____

Mother
Name: _____Age_____
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 _____