

Date: _____

The Law Offices of Nancy M. Rice
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ESTATE PLANNING QUESTIONNAIRE - SINGLE

(Please Print Legibly)

CLIENT NAME:

First MI Last

Also Known As (if any)

DATE OF BIRTH:

SOCIAL SECURITY #:

HOME ADDRESS:

HOME TELEPHONE:

_____ CELL: _____

EMAIL: _____

OCCUPATION:

EMPLOYER NAME:

ADDRESS:

WORK TELEPHONE:

CHILDREN (if any):

CHILD #1

Name

Address

Age DOB Marital Status

Born of this Marriage or prior Marriage?

HOW WERE YOU REFERRED TO OUR FIRM? _____

PLEASE LIST NAME, ADDRESS AND TELEPHONE NUMBER OF THE FOLLOWING:

Family/Corporate Attorney _____

Accountant _____

Financial Planner/Broker _____

Banker _____

Insurance Agent _____

Homeowners _____

Auto _____

Life _____

Assets:

Name: _____

Date: _____

ASSETS (Fill in Amounts/Values in boxes; check left column if no such asset)					
	✓ if None	In Your Name Only	In Your Name - With Beneficiary listed or (POD) or ITF (In Trust For)	Joint with Someone Else	Loans/Mortgages against - liabilities
Checking Account(s)					
Savings Account(s)					
Money Market Account(s)					
CD					
CD					
CD					
Residence					
Other Real Estate					
(State: _____)					
(State: _____)					
Time Shares					
Businesses					
(Name: _____)					
Mutual Funds					
Stocks					
Bonds					
Automobiles					
Personal Effects					
Anticipated Inheritances					
Pending Litigation					
Other					
TOTALS					

Assets:

Name: _____

Date: _____

ASSETS (Fill in Amounts/Values)					
	✓ if None	OWNER	INSURED / ANNUITANT	BENEFICIARY	VALUE/DEATH BENEFIT
QUALIFIED FUNDS					
IRA'S (including rollovers)					
401(K)					
403(b)					
TIAA/CREF					
Savings Plans					
Qualified Annuities					
NON-QUALIFIED ANNUITIES					
LIFE INSURANCE					
TOTALS					

DO YOU HAVE A POWER OF APPOINTMENT IN A TRUST CREATED BY ANOTHER PERSON OR IN ANOTHER PERSON'S ESTATE? _____ Yes _____ No