

Date: _____

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ESTATE PLANNING QUESTIONNAIRE

(Please Print Legibly)

YOUR NAME:

First MI Last

Also Known As (if any) Date of Birth

SOCIAL SECURITY #:

SPOUSE'S NAME:

First MI Last

Also Known As (if any) Date of Birth

SOCIAL SECURITY #:

HOME ADDRESS:

HOME TELEPHONE:

YOUR CELL: _____ **EMAIL:** _____

SPOUSE'S CELL: _____ **EMAIL:** _____

YOUR OCCUPATION: _____

EMPLOYER NAME: _____

ADDRESS: _____

WORK TELEPHONE: _____

SPOUSE'S OCCUPATION: _____

EMPLOYER NAME: _____

ADDRESS: _____

WORK TELEPHONE: _____

CHILDREN (if any, include deceased):

CHILD #1

Name

Address

Telephone No. Email Age DOB Marital Status

Born of this Marriage or prior Marriage?

CHILD #2

Name

Address

Telephone No. Email Age DOB Marital Status

Born of this Marriage or prior Marriage?

CHILD #3

Name

Address

Telephone No. Email Age DOB Marital Status

Born of this Marriage or prior Marriage?

CHILD #4

Name

Address

Telephone No. Email Age DOB Marital Status

Born of this Marriage or prior Marriage?

CHILD #5

Name

Address

Telephone No. Email Age DOB Marital Status

Born of this Marriage or prior Marriage?

GRANDCHILDREN (if any, include deceased):

GRANDCHILD #1

Name

Address

Age DOB Marital Status

Name of Parent

GRANDCHILD #2

Name

Address

Age DOB Marital Status

Name of Parent

GRANDCHILD #3

Name

Address

Age DOB Marital Status

Name of Parent

GRANDCHILD #4

Name

Address

Age DOB Marital Status

Name of Parent

GRANDCHILD #5

Name

Address

Age DOB Marital Status

Name of Parent

ARE ALL YOUR CHILDREN AND GRANDCHILDREN IN GOOD HEALTH? Yes ____ No ____

ARE ANY OF YOUR CHILDREN OR GRANDCHILDREN RECEIVING SSI OR OTHER FORM OF
GOVERNMENT ASSISTANCE? Yes ____ No ____

DATE OF MARRIAGE: _____

DO YOU HAE A PRENUPTIAL AGREEMENT? Yes ____ No ____

IS THIS YOUR FIRST MARRIAGE? Yes ____ No ____

If no, please list date(s) and method of termination (death, divorce, annulment) of prior marriages including names(s) of former spouse(s):

IF DIVORCED, indicate whether you entered any property settlement agreements with a former spouse.

IS THIS YOUR SPOUSE'S FIRST MARRIAGE? Yes ____ No ____

If no, please list date(s) and method of termination (death, divorce, annulment) of prior marriages including names(s) of former spouse(s):

IF DIVORCED, indicate whether you entered any property settlement agreements with a former spouse.

ARE YOU BOTH UNITED STATES CITIZENS? Yes ____ No ____

If no, please indicate which spouse is not a U.S. citizen and country of citizenship:

ARE YOU BOTH IN GOOD HEALTH? Yes ____ No ____

If no, please indicate the diagnosis of your ailment(s):

PLEASE INDICATE IF EITHER OF YOU HAVE HAD RECENT HOSPITALIZATIONS: Yes ____ No ____

DO EITHER OF YOU HAVE LONG TERM CARE INSURANCE? Yes ____ No ____

If yes, please indicate from which company, what the monthly or daily benefit is and the terms:

ARE EITHER OF YOU A VETERAN OF THE UNITED STATES ARMED FORCES? Yes ____ No ____

IF EITHER OF YOU IS A VETERAN, ARE YOU RECEIVING TRI-CARE? Yes ____ No ____

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 Agents _____

Homeowners

Auto

Life

PLEASE INDICATE WHETHER YOU HAVE EXECUTED ANY OF THE FOLLOWING ESTATE PLANNING DOCUMENTS:

		No	Yes – Date Signed	Do you want to make changes?
Will	Spouse #1			
	Spouse #2			
Living Will (a/k/a Advance Directive or Healthcare Power of Attorney)	Spouse #1			
	Spouse #2			
Financial Power of Attorney	Spouse #1			
	Spouse #2			
Trust	Spouse #1			
	Spouse #2			

****If yes, please attach copies****

Assets:

Name: _____

Date: _____

NON-RETIREMENT ASSETS (Fill in Amounts/Values in boxes; check left column if no such asset)					
	✓ if None	YOU (Amount)	SPOUSE (Amount)	JOINT (Amount)	LIABILITIES (Amount)
Checking Account(s)					
Savings Account(s)					
Money Market Account(s)					
CD(s)					
Residence					
Other Real Estate					
(State: _____)					
Time Shares					
Businesses					
(Name: _____)					
Mutual Funds (non-retirement)					
Stocks					
Bonds					
Automobiles					
Personal Effects					
Anticipated Inheritances					
Pending Litigation					
Other					
TOTALS					

Assets:

Name: _____

Date: _____

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

HAVE YOU BEEN GIVEN A POWER OF APPOINTMENT IN A TRUST CREATED BY ANOTHER PERSON OR IN ANOTHER PERSON'S ESTATE? Yes ____ No ____

Assets:

Name: _____

Date: _____

LIFE INSURANCE

INSURED	COMPANY	POLICY #	WHOLE LIFE OR TERM?	FACE VALUE	CASH SURRENDER VALUE	DEATH BENEFIT	BENEFICIARY

PLEASE CHECK WHETHER YOU WISH TO BE AN ORGAN DONOR:

Spouse #1: Yes ____ No ____

Spouse #2: Yes ____ No ____