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## Estate Planning Questionnaire

*Confidential Client Communication*

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Thank you for choosing our firm to assist you with your planning goals. The information you provide in this questionnaire will help you organize your personal and financial information so that we can properly assess your current situation and evaluate what estate planning documents can best serve your needs. The information requested in this form is necessary to provide you with proper advice and recommendations. We request that you complete Sections I through VI of this questionnaire to the best of your ability and as applicable to you, and bring the same with the documents requested in Part IX, with you to your initial consultation.

### General Timeline:

Whether you want just a basic Will, or a more complicated estate or asset protection plan is needed, our timeline for the preparation and completion of your personalized plan will most likely follow the format below:

- **Initial Consultation:** Review and discuss estate planning questionnaire, as well as discuss the appropriate documents to meet your estate plan goals. Please plan on about an hour for this meeting.
- **Preparation of drafts.** After your consult and agreement, we will prepare drafts of your documents for your review.
- **Execution Meeting.** After you review the documents, you should call us to schedule a meeting to review and execute the documents.

**Appointment:**

**Date:**

**Time:**

# Estate Planning Questionnaire

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## I. PERSONAL INFORMATION

Full Name \_\_\_\_\_

Citizenship \_\_\_\_\_

Age \_\_\_\_\_

Existing Estate Planning Documents? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_

*Street Address* *City* *State* *Zip*

Mailing Address \_\_\_\_\_

*(if different)* *Street Address* *City* *State* *Zip*

Home Phone/Fax \_\_\_\_\_

Cell Number \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Referred by \_\_\_\_\_

Marital Status \_\_\_\_\_

How do you wish for your name to be listed on your estate planning documents?

\_\_\_\_\_

**II. CHILDREN (if any)**

*Please continue on back if necessary.*

<u>Children – Full Names and Addresses</u>	<u>Age</u>	<u>Married? (Y/N)</u>	<u>No. of children</u>
<b>Child 1:</b> _____ Address: _____ _____ Spouse's name: _____	_____	_____	_____
<b>Child 2:</b> _____ Address: _____ _____ Spouse's name: _____	_____	_____	_____
<b>Child 3:</b> _____ Address: _____ _____ Spouse's name: _____	_____	_____	_____
<b>Child 4:</b> _____ Address: _____ _____ Spouse's name: _____	_____	_____	_____

Do you have any children that are deceased? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

Child Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Does deceased child have living descendants? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list names below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. PREFERRED BENEFICIARIES (if not your children)**  
*Please continue on back if necessary.*

<u>Full Names and Addresses</u>	<u>Age</u>	<u>Married (Y/N)</u>	<u>No. of children</u>	<u>Relationship to You</u>
<b>Name 1:</b> _____ Address: _____ _____	_____	_____	_____	_____
Spouse's name: _____				
<b>Name 2:</b> _____ Address: _____ _____	_____	_____	_____	_____
Spouse's name: _____				
<b>Name 3:</b> _____ Address: _____ _____	_____	_____	_____	_____
Spouse's name: _____				
<b>Name 4:</b> _____ Address: _____ _____	_____	_____	_____	_____
Spouse's name: _____				

**IV. ADVISORS**

<b>Accountant</b>	_____	_____	_____
	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Life Insurance Professional</b>	_____	_____	_____
	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Investment Advisor/ Stock Broker</b>	_____	_____	_____
	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Private Banker/ Trust Officer</b>	_____	_____	_____
	<i>Name</i>	<i>Firm</i>	<i>Phone</i>

## V. FINANCIAL INFORMATION

**In addition to the following, please bring any current financial statements if any to our meeting.**

**Real Estate:** Please be sure to bring all current Deeds for the property listed below.

List Address, description of property and use (primary residence, second residence, rental property, vacant, commercial property, etc.)	Is this owned solely by you or jointly with another individual?	Est. Value
1.		
2.		
3.		
4.		

**Checking, Savings Accounts, Money Market Funds, CDs:**

List Institution, Type of Account, and Name (s) on Account	Is this owned solely by you or jointly with another individual?	Estimated Balance
1.		
2.		
3.		
4.		

**Investment and Brokerage Accounts:**

List Institution, Type of Account, and Name (s) on Account	Is this owned solely by you or jointly with another individual?	Estimated Balance
1.		
2.		
3.		
4.		

**Individual Retirement Accounts:**

List Institution, Type of Account, and Name (s) on Account	Is this owned solely by you or jointly with another individual?	Estimated Balance
1.		
2.		
3.		
4.		

**Pension, Profit Sharing, or Stock Bonus Plans; Other Retirement Plans:**

List Employer, Type of Plan (i.e., 401(k), etc., and Beneficiary on Account	Who is the beneficiary of this account?	Estimated Balance
1.		
2.		
3.		
4.		

**Closely held Stock/LLC Interests/ LP Interests:**

List name of business, type of entity, name(s) on certificates, # of shares or % owned	Is this owned solely by you or jointly with another individual?	Estimated Value
1.		
2.		
3.		
4.		

**Other/Miscellaneous Assets of Significant Value:**

List automobiles, recreational vehicles, boats, household furnishings, collections	Is this owned solely by you or jointly with another individual?	Estimated Value
1.		
2.		
3.		
4.		

**Debts, loans and other obligations to third parties:**

Payee and description. If secured by a lien, describe collateral

List who debt is owed to and a description of the debt. If it is a lien, describe collateral.	Is this debt owed solely by you or jointly with another individual?	Estimated Balance
1.		
2.		
3.		
4.		

**Life Insurance:** Please list each of you insurance policies below. Please include policies that insure your life and policies that you own that insure the lives of others. Attach additional sheets or supporting documentation as needed.

<u>Company</u>	<u>Policy Type</u>	<u>Person Insured</u>	<u>Policy Owner</u>	<u>Beneficiary</u>	<u>Cash Value</u>	<u>Death Benefit</u>
1.						
2.						
3.						
4.						

Please estimate the size of your potential inheritance from your family: \_\_\_\_\_

## VII. FIDUCIARY AND DISTRIBUTION INFORMATION

**EXECUTOR:** An Executor is the person or company appointed by the court to administer a decedent's probate estate. Responsibilities of the Executor generally include the collecting of all assets, paying debts of the estate, filing applicable tax returns, and distributing the remainder of the estate according to the terms of a Will. Who would you designate as your Executor in the event of your death? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

1st Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

Backup: \_\_\_\_\_ City/State: \_\_\_\_\_

2nd Backup: \_\_\_\_\_ City/State: \_\_\_\_\_  
(if any)

**TRUSTEE:** A Trustee is the person or company designated to manage the affairs of your trust if any. Duties of a Trustee include the duty to carry out the express terms of the trust instrument, the duty to defend the trust, the duty to prudently invest trust assets, the duty of impartiality among the beneficiaries, and the duty to account for trust transactions. Who would you designate as the Trustee of your trust? *Please list at least one backup designee in the event a designee is unwilling to act.*

1st Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

Backup: \_\_\_\_\_ City/State: \_\_\_\_\_

2nd Backup: \_\_\_\_\_ City/State: \_\_\_\_\_  
(if any)

**POWER OF ATTORNEY:** Who would you designate to make financial and business decisions for you? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

1st Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

Backup: \_\_\_\_\_ City/State: \_\_\_\_\_

2nd Backup: \_\_\_\_\_ City/State: \_\_\_\_\_

**HEALTH CARE SURROGATE:** Who would you designate to make medical decisions for you if you become incapacitated? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

1st Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

Backup: \_\_\_\_\_ City/State: \_\_\_\_\_

2nd Backup: \_\_\_\_\_ City/State: \_\_\_\_\_  
(if any)

**GUARDIAN:** Who would look after and be legally responsible for the care and custody of your minor children in the event you are deceased or incapacitated? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

1st Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

Backup: \_\_\_\_\_ City/State: \_\_\_\_\_

2nd Backup: \_\_\_\_\_ City/State: \_\_\_\_\_  
(if any)

**HOLDBACK:** At what age (or ages) should your children and/or beneficiaries exercise control over their inheritance? When should they receive their inheritance outright?

\_\_\_\_\_  
\_\_\_\_\_

**ALTERNATE DISTRIBUTION:** If your entire family (you, your children, and your grandchildren) dies in a common disaster, which individuals and/or charities do you want to receive your property and in what shares?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VIII. BACKGROUND QUESTIONS

- |  | <u>YES OR NO?</u> |
|--|-------------------|
| 1. Are you the beneficiary or trustee of any trust?  | _____             |
| 2. Have you ever made gifts over the annual exclusion amount (now \$17,000)?   | _____             |
| 3. Are you subject to any divorce or other court decree or agreement limiting your estate planning choices? (If yes, please provide documentation) | _____             |
| 4. Do you plan on providing for a beneficiary with special needs?  | _____             |



## **IX. DOCUMENTS TO BRING WITH YOU**

*We can make copies at our meeting.*

- This Questionnaire.
- A copy of any existing Wills or Trusts.
- A copy of any deeds to real property owned by you or your existing Trust, wherever located
- A copy of all current financial account statements.
- A copy of any Community Property Agreements or Premarital Agreements you have signed.
- A copy of any Divorce Decrees or Agreements you have been party to.
- A copy of any "Buy-Sell" Agreements you have signed (shareholders agreements, partnership agreements, operating agreements, etc.)
- A copy of your most recent gift tax return (if any).