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PERSONAL AND CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION DATE: ____________________________

1. Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated or about to divorce		
2. Your Name (First, Middle, Last)	Soc. Sec. No.	Date of Birth
3. Spouse's Name (First, Middle, Last)	Soc. Sec. No.	Date of Birth
4. Home Address (Number, Street)	City	State Zip
5. Mailing Address If Different From Above (Number, Street)	City	State Zip
6. Home Phone ( )	Your Cell Phone ( )	Spouse's Cell Phone ( )
7. Your E-Mail	Spouse’s E-Mail	Preferred Contact Method
8. Your Employer	Your Occupation	
9. Spouse's Employer	Spouse's Occupation	

Circle or fill in your answers	You	Your Spouse
1. Are you a U.S. citizen?..	Yes No	Yes No
2. Have you served in the US Military?... If so, which branch?..	Yes No	Yes No
3. Do you have a will or trust now?	Yes No	Yes No
4. How many living children do you have?...		
5. Do you have any deceased children?	Yes No	Yes No
6. Are all your children legally yours (natural or legally adopted)?..	Yes No	Yes No
7. How many stepchildren do you have?...		
8. In which state do you vote?..		
9. Which state issued your driver's license ?		
10. In which state is your car registered?..		
11. In which state(s) do you own real estate?..		
12. Do you pay state income tax? If yes to which state?...		

13. In which state do you plan to retire/live permanently?..		
14. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR)	Yes No	Yes No
15. Do you have a pre-nuptial or post-nuptial agreement? ………………………………………	Yes No	Yes No
16. Do you have a divorce decree affecting your pension or other property rights?…………..	Yes No	Yes No
17. Are you a beneficiary of any trusts?	Yes No	Yes No
If "yes' to questions 3, 15, 16 or 17 , please bring these documents to your appointment		

FAMILY INFORMATION

Child's Name (First, Middle, Last)	Date of Birth	Spouse's Name (if any)
Home Address (Number, Street)	City	State Zip
Children of Child		

Child's Name (First, Middle, Last)	Date of Birth	Spouse's Name (if any)
Home Address (Number, Street)	City	State Zip
Children of Child		

Child's Name (First, Middle, Last)	Date of Birth	Spouse's Name (if any)
Home Address (Number, Street)	City	State Zip
Children of Child		

Child's Name (First, Middle, Last)	Date of Birth	Spouse's Name (if any)
Home Address (Number, Street)	City	State Zip
Children of Child		

Parents (indicate if deceased)
Siblings (indicate if deceased)
Spouse's Parents (indicate if deceased)
Spouse's Siblings (indicate if deceased)

FINANCIAL INFORMATION

Assets	Client	Spouse	Joint
A. Cash and Bank Accounts			
B. Notes, Accounts Receivable, Mortgages			
C. Bonds			
D. Listed Stocks			
E. Brokerage Accounts/Mutual Funds			
F. Closely-Held Business Interests			
G. Real Estate (Main Residence)			
H. Real Estate (additional properties)			
I. Insurance			
J. Retirement Accounts			
K. Miscellaneous (e.g., personal effects,collections, patents, trademarks, copy-rights, etc.)			
TOTAL ASSETS			
Liabilities			
A. Real Estate Mortgages			
B. Notes to Financial Institutions			
C. Loans on Insurance Policies			
D. Other Obligations			
E. Charitable Pledges			
F. Tax Liabilities			
TOTAL LIABILITIES			
TOTAL NET WORTH			

Retirement Accounts

Please list in this section any pertinent details regarding your retirement accounts. Such accounts include Individual Retirement Accounts (IRAs), Pension Plans, 401(k) plans, and 403(b) plans.

1. Account Type____

   Account Owner____

   Company/Broker Managing Account

      Company Name____

      Individual Name____

      Address____

      Phone Number____

   Account Number____

2. Account Type____

   Account Owner____

   Company/Broker Managing Account

      Company Name____

      Individual Name____

      Address____

      Phone Number____

   Account Number____

3. Account Type____

   Account Owner____

   Company/Broker Managing Account

Company Name____

Individual Name____

Address____

Phone Number____

Account Number____

4. Account Type____

Account Owner____

Company/Broker Managing Account

Company Name____

Individual Name____

Address____

Phone Number____

Account Number____

5. Account Type____

Account Owner____

Company/Broker Managing Account

Company Name____

Individual Name____

Address____

Phone Number____

Account Number____

Life Insurance Policies

Policy #1: Policy No. ________________________________

1. Owner____

2. Insured____

3. Face Value____

4. Premium & Due Dates____

5. Cash Surrender Value____

6. Company/Agent____

Policy #2: Policy No. ________________________________

1. Owner____

2. Insured____

3. Face Value____

4. Premium & Due Dates____

5. Cash Surrender Value____

6. Company/Agent____

Policy #3: Policy No. ________________________________

1. Owner____

2. Insured____

3. Face Value____

4. Premium & Due Dates____

5. Cash Surrender Value____

6. Company/Agent____

Fiduciaries

1. **Personal Representative/Executor**: Manages the probate and settlement of your estate. Examples: your spouse, adult children, or trusted friends.

	For You	**For Your Spouse**
Name:	______________________________	___________________________________

2. **Successor Personal Representative**: Back-up Manager-Steps in after your first personal representative dies/resigns.

	For You	**For Your Spouse**
Name:	______________________________	___________________________________

2nd Successor:

	For You	**For Your Spouse**
Name:	______________________________	___________________________________

3. **Trustee**: Manages the administration and investments in your trust. Should be someone with financial responsibility and experience. If you are creating a trust of which your spouse is to be both the beneficiary and trustee (e.g, a tax saving Credit Shelter Trust (B Trust) you ***should*** also name a co-trustee to make discretionary decisions.

	For You	**For Your Spouse**
Name:	______________________________	___________________________________

4. **Successor Trustee (or Co Trustee)**: Back-up Manager-Steps in after your first Trustee dies/resigns. Examples: your spouse, adult children, or trusted friends, and/or a corporate fiduciary.

	For You	**For Your Spouse**
Name:	______________________________	___________________________________

2nd Successor:

	For You	**For Your Spouse**
Name:	______________________________	___________________________________

5. **Guardians For Minor Children**: Responsible adult who will raise your children if something happens to you.

	For You	**For Your Spouse**
Name:	______________________________	___________________________________

2nd Choice:

	For You	**For Your Spouse**
Name:	______________________________	___________________________________

POWERS OF ATTORNEY / LIVING WILLS

1. Medical Power of Attorney

Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to make such decisions, but not necessarily terminal? If so provide the following:

	For You	**For Your Spouse**
Name:	______________________________	__________________________________

<u>2nd Choice:</u>

	For You	**For Your Spouse**
Name:	______________________________	__________________________________

2. Advance Healthcare Directive

An Advance Healthcare Directive makes your wishes known to family and doctors regarding life support and other life-sustaining decisions in the event you become terminally ill or injured with no hope for recovery. You can direct that either you DO NOT want to receive such treatments, or that you DO want to receive such treatments.

	You	Your Spouse
Do you want a living will that directs that you do not want to receive life-prolonging treatments?	☐ Yes ☐ No	☐ Yes ☐ No

OR

	You	Your Spouse
Do you want a life-prolonging declaration that directs you want to receive life prolonging treatments?	☐ Yes ☐ No	☐ Yes ☐ No

You can also state in your Advance Healthcare Directive whether you want the individual named in your Medical Power of Attorney to be required to follow your wishes, or whether you want the individual named to use their own judgment regarding your care, but guided by your wishes.

	You	Your Spouse
Should your wishes be binding or just be used as guidance?	☐ Binding ☐ Guidance	☐ Binding ☐ Guidance

3. General Power of Attorney

A ***Durable General Power of Attorney*** appoints an agent that can make any decision and do any act that you can with regard to your finances, and it will continue to be in force even after you become incapacitated. It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. If you want a Durable General Power of Attorney provide the following

	For You	For Your Spouse
Name:	______________________________	__________________________________

2nd Choice:

	For You	For Your Spouse
Name:	______________________________	__________________________________

OTHER INFORMATION

Please feel free to list here any other information you would like us to know at this point, such as your goals and objectives in preparing your estate plan, special concerns, or anything else.

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