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ESTATE PLANNING QUESTIONNAIRE

All Information You Provide Will be Considered Personal and Confidential

Date:___________________________

CLIENTS' NAMES: ____

Home Address: ____

____

Home Phone:___________________________________

Home Fax: ______________________________________

Name: ______________________________________

Business or Profession :__________________________

Business Phone :________________________________

Cell Phone : ___________________________________

Business Fax :__________________________________

Email :____

Date of Birth: __________________________________

Social Security Number: __________________________

Citizenship: ____________________________________

Name: ______________________________________

Business or Profession : __________________________

Business Phone: :________________________________

Cell Phone:_____________________________________

Business Fax : __________________________________

Email : ____

Date of Birth: __________________________________

Social Security Number: __________________________

Citizenship: ____________________________________

Children's Names	Date of Birth	Social Security Number
______________________	_______________	________________________
______________________	_______________	________________________
______________________	_______________	________________________
______________________	_______________	________________________

Identify Any Children From A Prior Relationship

Name	Date of Birth	Social Security Number
______________________________	____________________	_______________________________
______________________________	____________________	_______________________________
______________________________	____________________	_______________________________

How Many Grandchildren? ____________

Name	Date of Birth	Social Security Number
______________________________	____________________	_______________________________
______________________________	____________________	_______________________________
______________________________	____________________	_______________________________
______________________________	____________________	_______________________________
______________________________	____________________	_______________________________
______________________________	____________________	_______________________________

Prenuptial Agreement? __________________ Divorce From Prior Spouse? ___________________

Settlement Agreement? __________________ Court Order?___________________________

Child Support? _________________________ Alimony? ______________________________

Gifts:

Amount of Any Gifts Made by You to Your Children or Others:	Client	Spouse
(A) in Excess of $3,000 prior to 1982?	_________________	_________________
(B) in Excess of $10,000 after 1982 and before 2002?	_________________	_________________
(C) in Excess of $11,000 after 2002 and before 2006?	_________________	_________________
(D) in Excess of $12,000 after 2006 and before 2009?	_________________	_________________
(E) in Excess of $13,000 after 2009 and before 2012?	_________________	_________________
(F) in Excess of $14,000 after 2013?	_________________	_________________

	Name	Telephone Number
Accountant:		
Investment Manager:		
Insurance Agent:		

SUMMARY OF ASSETS & LIABILITIES

ASSETS	APPROX. FAIR MARKET VALUE	MORTGAGE OR OTHER LIABILITY	NET VALUE	BASIS	HOW IS TITLE HELD? (C/S/Joint)
RESIDENCE					
SECOND RESIDENCE					
OTHER REAL ESTATE & LOCATION					
OTHER REAL ESTATE & LOCATION					
STOCKS & BONDS					
BUSINESS INTERESTS					
CASH IN BANK					
NOTES RECEIVABLE					
COLLECTIBLES (COINS, ART, ANTIQUES, ETC.)					
OTHER PERSONAL PROPERTY					
RETIREMENT PLAN ASSETS					
OTHER ASSETS					

LIFE INSURANCE POLICIES	INSURED	OWNER	BENEFICIARY	FACE AMOUNT	VALUE OF PERMANENT POLICY

LIABILITIES

NET WORTH
(ASSETS LESS LIABILITIES)

Do you currently have the following documents? Please check Yes or No:

If Yes, please provide us with a copy

Yes	No	
☐	☐	Last Will and Testament
☐	☐	Revocable Trust/ Pourover Will
☐	☐	Power of Attorney
☐	☐	Health Care Proxy
☐	☐	Beneficiary Designations
☐	☐	Nomination of Guardian of Self
☐	☐	Nomination of Guardian of Child
☐	☐	Burial Instructions
☐	☐	Irrevocable Life Insurance Trust
☐	☐	Irrevocable Trust for life time gifts
☐	☐	Qualified Personal Residence Trust
☐	☐	Grantor Retained Annuity Trust
☐	☐	Charitable Remainder Trust
☐	☐	Charitable Lead Trust
☐	☐	Power of Appointment