

Estate Planning Questionnaire

Your Full Name: _____

Are you known by any other names: _____

Are you a US Citizen?: _____ Lawful Permanent Resident?: _____

Your Date of Birth: _____ Place of Birth: _____

Your Social Security Number: _____

Address: _____

City, State Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

e-mail address: _____

Are you: married divorced widowed single

Your Spouse's Name: _____

Is your spouse known by any other names: _____

Is your spouse a US Citizen?: _____ Lawful Permanent Resident?: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Address: _____

City, State Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

e-mail address: _____

Is your spouse: divorced widowed

How soon do you want your estate planning done? Is there a specific deadline, such as a trip, surgery, etc.? _____

What are your estate planning goals? _____

Is preserving assets from nursing home cost important to you? _____

Do you own long-term care insurance? _____

Do you or your spouse have any health problems? _____

Do you or your spouse presently have a will? _____

Do you or your spouse presently have a trust? _____

Children			
Name:	Age:	Name:	Age:
Date of Birth:	Lives with:	Date of Birth:	Lives with:
Name:	Age:	Name:	Age:
Date of Birth:	Lives with:	Date of Birth:	Lives with:
Name:	Age:	Name:	Age:
Date of Birth:	Lives with:	Date of Birth:	Lives with:

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Prior Marriages?

You		Your Spouse	
Name of Prior Spouse:		Name of Prior Spouse:	
Date:	Place:	Date:	Place:
Divorce/Death?	Date:	Divorce/Death?	Date:
Residence:		Residence:	
Children		Children	
Name:	Age:	Name:	Age:
Date of Birth:	Lives with:	Date of Birth:	Lives with:
Name:	Age:	Name:	Age:
Date of Birth:	Lives with:	Date of Birth:	Lives with:

If there is more than one prior marriage, attach an additional page with this information.

Are there any obligations from any of the prior marriages, such as alimony, child support, higher education costs for children, requirement to own life insurance? _____

Are there other people, institutions, charities or funds to whom you would like to leave some property? _____

Are any of your children, your spouse's children, or any other beneficiary disabled? Do any of them have any special health, dental or educational needs? _____

Do you have any religious or moral values you want reflected in your estate plan? _____

Employment

You	Your Spouse
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Occupation:	Occupation:
Employer's Phone:	Employer's Phone:

Assets

Real							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Business Interests

Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

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Bank Accounts							
CDs							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Investments							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Retirement							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

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IRA/Keogh							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Insurance							
Description (Policy No.)	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Vehicles							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Other (Jewelry, Etc.)							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Debts

Loans							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Credit Cards							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

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Other Debts							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Are there any children or other relatives whom you want to disinherit? Why? _____

Do you have any questions, or want to provide any more information? _____
