

# **Estate Planning Questionnaire**

Please fill out this document in COMPLETE DETAIL. Failure to do so will delay the preparation of your Will(s). If you have any questions, please do not hesitate to contact us at the number provided above.

**Your Will is an important legal document. The information provided by you should be as accurate and detailed as possible.**

## **YOUR INFORMATION:**

1. Full Legal Name: \_\_\_\_\_  
Nickname (if any): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_
  
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_
  
3. Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

## **SPOUSE'S INFORMATION:**

4. Spouse's Full Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
  
Name of Spouse's Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**IF NOT CURRENTLY MARRIED, circle one of the following:**

**NEVER BEEN MARRIED**

**DIVORCED**

**WIDOWED**

If you were previously married, please give details on back of this page.

**5. CHILDREN:**

<b>FULL LEGAL NAME OF CHILD</b>	<b>ADDRESS</b>	<b>DATE OF BIRTH</b>	<b>PARENTS</b>

Is there any reason to treat your children other than equally? If so, give details on the back of this page.

Are any of the children under a disability? If so, give details on the back of this page.

**6. Names of any Deceased Children, if any:**

<b>NAME OF CHILD</b>	<b>DATE OF DEATH</b>	<b>ISSUE OF DECEASED CHILDREN</b>

**7. If previously married, children from said marriage: (Please give details on back).**

<b>FULL LEGAL NAME OF CHILD</b>	<b>ADDRESS</b>	<b>DATE OF BIRTH</b>	<b>PARENTS</b>

8. Has there been any substantial advancements, gifts or loans to any of the children? If so, please describe: \_\_\_\_\_

Has any child worked at home or in your business significantly more than others with little or no compensation? \_\_\_\_\_  
Explain: \_\_\_\_\_

**RECIPIENT OF ESTATE:**

9. Who do you want as the recipient of your estate in the event of your death? \_\_\_\_\_

a. If married and your children will be the recipients upon your spouse's death, and if any child should predecease her/his parents, should his/her share pass through to his/her children?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

or

should the estate be equally divided amongst your surviving children? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If the estate is to go to your children's issue(s) (your grandchildren) please indicate their names, date of birth and parent's names below:

<b>FULL LEGAL NAME OF CHILD</b>	<b>ADDRESS</b>	<b>DATE OF BIRTH</b>	<b>PARENTS</b>

b. If you do not have any children and are not married, please indicate to whom your estate should pass to:

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

If those individuals do not survive you, is your estate to be divided amongst only the named individuals who have survived you? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

or

Should the predeceased individual's share pass to his/her children?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

### **GUARDIAN PROVISION**

**IF YOU HAVE MINOR CHILDREN, YOU ARE PROBABLY INTERESTED IN NAING THE INDIVIDUAL WHO WILL TAKE CARE OF THE CHILD(REN) IF YOU AND YOUR SPOUSE SHOULD DIE SIMULTANEOUSLY.**

#### **GUARDIAN:**

10. Person you would like to act as Guardian of your minor child(ren) in the event that you and your spouse should die simultaneously:

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Alternate Guardians (if person above is unable to do it):

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Current Address: \_\_\_\_\_

## TRUST PROVISION

**IF YOU HAVE CHILDREN, AND YOU WISH TO EXPRESS A DESIRE ON HOW THE MONEY THEY RECEIVE IS HANDLED, SHOULD YOU AND YOUR SPOUSE DIE SIMULTANEOUSLY, YOU ARE PROBABLY INTERESTED IN SETTING UP A TRUST.**

11. Do you wish to have a trust established for the benefit of your children?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

### TRUSTEE:

If yes, please indicate who the trustee should be (person in charge of the money):

- a. First Choice:

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Current Address: \_\_\_\_\_

- b. Second Choice/Alternate:

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Current Address: \_\_\_\_\_

- c. Terms of distribution (at the time of marriage, after graduation, for use in secondary education, etc.): \_\_\_\_\_  
\_\_\_\_\_

- d. Age(s) of distribution to children from the trust: (Example: 1/3 @ age 21, 1/3 @ age 25, and 1/3 @ age 30): \_\_\_\_\_  
\_\_\_\_\_

- e. What age do you wish for your child(ren) to receive the entire balance of their inheritance? \_\_\_\_\_

### RETIREMENT/PENSION PLANS:

11. Do you have retirement or pension plans? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

### INCOME:

12. What is your approximate annual income from all sources? \$ \_\_\_\_\_  
Your spouse's \$ \_\_\_\_\_

13. Are you a guarantor on notes, etc., for which you may become liable?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

**GIFTS:**

14. Gifts for survivors (other than family) (i.e. friends, neighbors, etc.)

<b>NAME OF PERSON</b>	<b>DESCRIPTION OF ITEM</b>

15. Gifts for charitable organizations or causes:

<b>NAME OF CHARITY OR ORGANIZATION</b>	<b>DESCRIPTION OF ITEM</b>

16. If the entire immediate family (including grandchildren) meets simultaneous death, how should your entire estate be disposed of? \_\_\_\_\_

17. Do you have a Will? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If so, please provide us with a copy of it.

**PERSONAL REPRESENTATIVE:**

18. Personal Representative (Executor) to be appointed (the person who will wind up the affairs of your estate upon your death. Normally, the spouse is appointed first.)

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Alternative Personal Representative:

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Second Alternative:

Full Legal Name of Person: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Current Address: \_\_\_\_\_

**HOMESTEAD:**

19. Homestead:

Address: \_\_\_\_\_  
City, County and State: \_\_\_\_\_  
Name of all owners: \_\_\_\_\_  
\_\_\_\_\_

Approximate market value of homestead: \$ \_\_\_\_\_

Nature and amount of any mortgage(s), contract for deed, etc.:

<u>Creditor</u>	<u>Amount</u>
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**OTHER REAL ESTATE:**

20. Do you own any other real estate? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If so, please list the following:

Address: \_\_\_\_\_  
City, County and State: \_\_\_\_\_  
Name of all owners: \_\_\_\_\_  
\_\_\_\_\_

Approximate market value of homestead: \$ \_\_\_\_\_

Nature and amount of any mortgage(s), contract for deed, etc.:

Your wishes for its disposition upon your death: \_\_\_\_\_

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**BANK ACCOUNTS:**

21. Bank Accounts and Deposits:

a. Checking Account(s):

Name of Bank: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

Name of Bank: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

Name of Bank: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

b. Savings Account(s):

Name of Bank: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

Name of Bank: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

Name of Bank: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

d. Money Market Accounts:

Name of Fund: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

Name of Fund: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

Name of Fund: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

Name of Fund: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

g. Individual Retirement Account:

Name of Fund: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

Name of Fund: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

Name of Fund: \_\_\_\_\_  
Available Balance: \$ \_\_\_\_\_  
Name(s) of Owner(s): \_\_\_\_\_

**LIFE INSURANCE:**

22. Life Insurance:

Name of Company: \_\_\_\_\_  
Policy Number (if known): \_\_\_\_\_  
Insured: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Primary Beneficiary(ies): \_\_\_\_\_  
Secondary Beneficiary(ies): \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Policy Number (if known): \_\_\_\_\_  
Insured: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Primary Beneficiary(ies): \_\_\_\_\_  
Secondary Beneficiary(ies): \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Policy Number (if known): \_\_\_\_\_  
Insured: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Primary Beneficiary(ies): \_\_\_\_\_  
Secondary Beneficiary(ies): \_\_\_\_\_

**SECURITIES, STOCKS AND BONDS:**

23. Securities, Stocks and Bonds:

Name of Company: \_\_\_\_\_

Approximate Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_

Approximate Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_

Approximate Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_

Approximate Value: \$ \_\_\_\_\_

24. Are you entitled to any pension/profit sharing proceeds?

**YES** \_\_\_\_ **NO** \_\_\_\_ If so, please give approximate value: \$ \_\_\_\_\_

**PERSONAL PROPERTY:**

Describe and give a value of any items of substantial value, such as works of art, jewelry, etc.

<b>Description of Item</b>	<b>Approx. Value</b>


**If you wish, on a separate piece of paper, list any specific bequests of items of personal property, which you wish to make to children or others.**

26. Do you wish to make any charitable bequests? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

27. Do you have a safe deposit box? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 If so, where: \_\_\_\_\_

28. Do you expect any inheritance in the near future?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 If so, please give details: \_\_\_\_\_

29. Do you have any other assets of any kind? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 If so, please list: \_\_\_\_\_

30. Is there any other provision that you would like made in your Will(s) that has not been dealt with on this form? \_\_\_\_\_  
 \_\_\_\_\_