



CONFIDENTIAL  
ESTATE PLANNING QUESTIONNAIRE

The following questionnaire is designed to expedite our efforts to plan your estate. Whether you are a new or an established client, we have found this questionnaire extremely helpful, and therefore ask your indulgence in completing it fully. Those questions that do not apply to your family or financial situation may simply be ignored. If you are not married, simply read husband or wife as male or female. Please feel free to attach additional pages where space is insufficient or to provide other information you feel is relevant.

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DATED: \_\_\_\_\_

**I. CLIENT & FAMILY**

**Client Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ US Citizen: Yes \_\_\_ No \_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**Spouse/Significant Other Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ US Citizen: Yes \_\_\_ No \_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**Client (Prior Marriages)**

Name of Former Spouse: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Year Terminated: \_\_\_\_\_

**Spouse (Prior Marriages)**

Name of Former Spouse: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Year Terminated: \_\_\_\_\_

Have you ever resided in a "community property" state, like Florida? Yes  No

**CHILDREN, GRANDCHILDREN AND/OR RELATIVES**

**1. Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**4. Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**5. Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ US Citizen: Yes \_\_\_ No \_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**II. BUSINESS INTERESTS:**

**Name:** \_\_\_\_\_ **Value:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No.: Office \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Succession Planning:  Public, or Private Sale  Buy & Sell Agreement  Family Continuation

Insurance  Gifts & Transfers  Key Man  Consulting Agreement  Independent Board of Directors  Other \_\_\_\_\_

**III. PROFESSIONALS & ADVISORS**

**ATTORNEY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. Office: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**ACCOUNTANT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. Office: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**BANK or TRUST COMPANY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. Office: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**FINANCIAL PLANNER NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. Office: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**LIFE INSURANCE AGENT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. Office: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**STOCK BROKER NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. Office: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**IV. ASSETS & LIABILITIES**

**Safe Deposit Box Number & Location:** \_\_\_\_\_

**Cash, CDs and Bank Balances:**

<u>Name of Bank/Branch</u>	<u>Account No.</u>	<u>Type of Account</u>	<u>Balance</u>	<u>How Title Held</u>

**Securities (Bonds, Marketable Securities, etc.): (Or attach stock brokerage account statement)**

<u>Company/Insurer</u>	<u>Type</u> (Common/ Preferred)	<u>No. of Shares/ Face Value</u>	<u>Cost</u>	<u>Value</u>	<u>How Title Held</u>

**IRA, Keogh, and/or Other Retirement Plans** *(provide copies of plan documents and beneficiary designations):*

<u>Where Held</u>	<u>In Whose Name</u>	<u>When Begun</u>	<u>Amount</u>

**Life and Accident Insurance & Annuities:**

<u>Description (Co. &amp; Type of Contract)</u>	<u>Policy No.</u>	<u>Owner</u>	<u>Primary &amp; Contingent Beneficiary</u>	<u>Present Cash Value</u>	<u>Face Amount of Death Benefit</u>

**Real Estate:** *Please provide us with a copy of the deed and most recent tax bill.*

<u>Description (Location)</u>	<u>Title Held</u>	<u>Cost/Basis</u>	<u>Encumbrances</u>	<u>Market Value</u>
1.				
2.				
3.				

**Mortgages:**

Amount (original) \$ \_\_\_\_\_ Amount (current) \$ \_\_\_\_\_  
 Maturity and Payments \_\_\_\_\_

On which Real Estate Property Listed Above: \_\_\_\_\_

Amount (original) \$ \_\_\_\_\_ Amount (current) \$ \_\_\_\_\_  
 Maturity and Payments \_\_\_\_\_

On which Real Estate Property Listed Above: \_\_\_\_\_

**Personal Property:** *(Indicate how ownership is held)*

	<u>Value</u>	<u>How Held</u>
Home Furnishings:	\$ _____	
Automobiles, Boats, etc.	\$ _____	
Jewels &/or furs:	\$ _____	
Other (collections, etc.)	\$ _____	

**V. FAMILY INCOME: MONTHLY PAYMENTS**

	<b>Description</b>	<b>Client Value</b>	<b>Spouse Value</b>
1.	WAGES	\$ _____	\$ _____
2.	INTEREST AND DIVIDENDS	\$ _____	\$ _____
3.	SOCIAL SECURITY	\$ _____	\$ _____
4.	RETIREMENT	\$ _____	\$ _____
5.	OTHER	\$ _____	\$ _____

**Please complete the portions of following paragraphs that provide for the names of personal representatives and alternates below.**

**VII. LAST WILL AND TESTAMENT:**

**A. PERSONAL PROPERTY**

(1)  Specific Bequests: \_\_\_\_\_  
\_\_\_\_\_

(2)  Spouse, then children, or their issue in equal shares by representation.

(3)  Refer to list provided to Personal Representative of Estate.

(4)  Other: \_\_\_\_\_

**B. RESIDUARY**

To spouse, then children

To children

Other: \_\_\_\_\_

**C. GUARDIAN: (If Children Under 18 years old, or disabled)**

Name:

Address:

(1) \_\_\_\_\_, \_\_\_\_\_

(2) \_\_\_\_\_, \_\_\_\_\_

(3) \_\_\_\_\_, \_\_\_\_\_

**D. EXECUTOR:**

Name:

Address:

(1) \_\_\_\_\_, \_\_\_\_\_

(2) \_\_\_\_\_, \_\_\_\_\_  
(3) \_\_\_\_\_, \_\_\_\_\_

**E. TRUSTEE:**

**Name:**

**Address:**

(1) \_\_\_\_\_, \_\_\_\_\_  
(2) \_\_\_\_\_, \_\_\_\_\_  
(3) \_\_\_\_\_, \_\_\_\_\_

**VIII. HEALTH CARE PROXY:**

**Name:**

**Address:**

**Phone:**

(1) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
(2) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
(3) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

**IX. DISPOSITION OF REMAINS APPOINTMENT:**

**Name:**

**Address:**

**Phone:**

(1) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
(2) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
(3) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

**Funeral Instructions (If any):**

Cremation  Memorial Service  Calling Hours  Open casket  Closed casket  Service  
at Funeral Home  Service/Mass in Church  With casket  Interment service at Cemetery  
 Other: \_\_\_\_\_

**Funeral Home:** \_\_\_\_\_  
**Cemetery Plot** \_\_\_\_\_

**X. DURABLE POWER OF ATTORNEY QUESTIONNAIRE**

Principal Name: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Agent(s) Names and Addresses:

(1) \_\_\_\_\_, \_\_\_\_\_

(2) \_\_\_\_\_, \_\_\_\_\_

(3) \_\_\_\_\_, \_\_\_\_\_

Agents to act  TOGETHER or  SEPARATELY?

Successor Agent(s)

Successor Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

Alternate Successor Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

Alternate Successor Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

Successor or Alternate Agents to act  TOGETHER or  SEPARATELY?

# CHECKLIST OF ITEMS TO BRING TO OUR OFFICE

## MISCELLANEOUS

**Check if you have any of the following instruments, and provide copies of same.**

Client

Spouse/Significant

Other

Prior Will

Existing Trust documents where you are donor or beneficiary

Power of Attorney

Living Will and/or Health Care Proxy

Business (partnership/shareholder) Agreements

Pre-Nuptial Agreements

Waiver of Right of Election

Deeds to Real Property

Recent Tax Bill associated with Deeds

Real Property Appraisals, if any

Qualified Plan/IRA documents, including the following:

Plan and Amendments

Summary Plan Description and any material modifications

Summary Annual Report (SAR)

Statement of Accrued Vested Pension Benefit

Explanation of Pre-retirement Survivor Benefits

Form 5329, if any, filed with your 1987 or 1988 federal income tax return making the "grandfather" election

A copy of any current beneficiary elections that have been executed by you

Life Insurance Policies

Prior Gift Tax Returns

Last Federal Income Tax Return