



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.

DATED: _____

Client's Full Name: First Middle Last

Spouse's Full Name: _____

Home Address: _____

	<u>Client</u>	<u>Spouse</u>
Telephone Number:	(h) _____	(h) _____
	(w) _____	(w) _____
	(c) _____	(c) _____

E-Mail: _____
Date and Place of Marriage: _____
If deceased, date of death: _____

**SEE CHECKLIST OF ITEMS TO BRING
TO OUR OFFICE IN PART 8**

PART 1 - PERSONAL INFORMATION

	<u>Client</u>	<u>Spouse/Significant Other</u>
Social Security #:		
Other/Former Names:		
Employer:		
Business Address		
Job/Position:		
Annual Income:		
Citizenship:		
Date of Birth:		
Birth Place:		
Military Service:		

Health Problems (Attach additional paper if necessary): Client

Health Problems (Attach additional paper if necessary): Spouse/Significant Other

Prior Marriage(s): Client

<u>Name of Former Spouse</u>	<u>Date of Marriage</u>	<u>Place of Marriage</u>	<u>Year Terminated</u>

Prior Marriage(s): Spouse/Significant Other

<u>Name of Former Spouse</u>	<u>Date of Marriage</u>	<u>Place of Marriage</u>	<u>Year Terminated</u>

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

PART 2 - CHILDREN AND GRANDCHILDREN

Children (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. Indicate if deceased by putting "D" and give date of death next to name. Please indicate whether any deceased child left any surviving children.

A. Children of present marriage:

<u>Name</u>	<u>Address</u>	<u>Phone Number(s)</u>	<u>Date of Birth</u>	<u>SS#</u>
1.				
2.				
3.				
4.				

B. Children of prior marriage: Client

<u>Name</u>	<u>Address</u>	<u>Phone Number(s)</u>	<u>Date of Birth</u>	<u>SS#</u>
1.				
2.				
3.				
4.				

C. Children of prior marriage: Spouse/Significant Other

Name Address Phone Number(s) Date of Birth SS#

1.

2.

3.

4.

D. Grandchildren

Name Address Phone Number(s) Date of Birth SS#

1.

2.

3.

4.

E. Do any beneficiaries have "special needs?" (Explain. Think about their health and general financial status, including needs and abilities. Attach additional paper, if necessary).

F. Please list parents, brothers, sisters, grandparents, and others who will be part of your estate plan. Please note if any of those listed are dependent on you for support. (*Attach additional paper if necessary*).

Client
Name Address Birth Date Phone Number

Spouse/Significant Other
Name Address Birth Date Phone Number

PART 3 - PROFESSIONAL ADVISORS

Other Attorney:

Tax Advisor:

Insurance Agent:

Financial Planner:

Bankers:

Securities Broker:

PART 4 - ASSETS AND LIABILITIES

1. **Safe Deposit Box Number and Location:**

2. **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>

3. **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>

4. **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>

5. **Life and Accident Insurance & Annuities:**

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

6. **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.				

7. **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:

8. **Property Income:**

Gross Income \$ _____ Real Estate Taxes \$ _____
Average annual maintenance \$ _____ Lease Costs \$ _____
Annual Net Income \$ _____

9. **Money Owed to You:**

<u>Name/Address of Debtor</u>	<u>Description (Note, Mortgage, etc.)</u>	<u>Original Debt Amount</u>	<u>Payment Terms</u>	<u>Date Due</u>	<u>Current Balance</u>

10. **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.)	\$ _____	

11. **Business Interests:**

Please give name, location, percentage owned by you, names and relationship of co-owners, the form (i.e., sole proprietorship, closely held corporation, partnership, etc.) of business, if there is a buy-sell agreement (**BRING A COPY**), or any agreements relating to death, disability, or retirement of a partner or shareholder; its present value; your estimate; bring copies of last five years of financial statements, and any other information regarding its value.

12. **Employee Benefits:** *(Vested interest in Profit Sharing or pension plan; Stock Options)*
BRING A COPY OF PLAN DOCUMENTS AND BENEFICIARY DESIGNATIONS.

Name and Address of Employer(s):

<u>Nature</u>	<u>Present Value</u>	<u>Retirement Income</u>	<u>Death Benefit Amount</u>	<u>Beneficiary of Benefit</u>

Payment of Death Benefits: Lump Sum Annuity

To be elected by _____

13. **Rights or Interests in Trusts, Estates, or Prospective Inheritance:**

Give the name of the person who is the source of the interest, as well as the nature and value of the interest. **Include Powers of Appointment.** Please bring a copy of the instrument which creates the power of appointment, if applicable.

14. **Miscellaneous:** Do you have an interest in any of the following?

- | | |
|-------------------------------|---|
| a. Leaseholds: _____ | e. Contracts? _____ |
| b. Annuities? _____ | f. Rights as Creditor _____ |
| c. Oil/Mineral Rights? _____ | g. Memberships? _____ |
| d. Franchises/Licenses? _____ | h. Other not described
herein? _____ |

Details:

15. **Liabilities:** (Debts owed by you or your spouse, contractual and leasehold obligations, pending lawsuits and claims, etc.)

<u>Description</u>	<u>Name of Debtor</u>	<u>Amount</u>	<u>When Due</u>
Notes and accts. payable by you	_____		
Loans on insurance policies	_____		
Unsecured promissory note	_____		
General obligations	_____		
Other	_____		

PART 5 – OTHER

1. Have you ever made gifts to any one person in a calendar year between 1932 and 1981 greater than \$3,000/year or after 1981 having a value greater than \$13,000 or more? Yes No
2. a. Have you and your spouse jointly made gifts to any one person in a calendar year between 1981 and 2002 having a value greater than \$20,000? Yes No
- b. Have you and your spouse jointly made gifts to any one person in a calendar year between 2002 and 2005 having a value greater than \$22,000? Yes No
- c. Have you and your spouse jointly made gifts to any one person in a calendar year after 2005 having a value greater than \$26,000? Yes No
- (1) If so, were gift tax returns filed? Yes No
(If yes, please provide copies or preparer's name and address, or complete part B).
- (2) Prior Gifts of \$10,000 or more (not necessary to complete if copies of returns are available).

<u>Beneficiary</u>	<u>Date of Gift</u>	<u>Amount of Gift</u>

PART 6 - DISPOSITIVE PLANNING

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations. **Please note that we expect that this will be completed during our first conference with you regarding estate planning. You may want to use this section as items to consider before our conference.**

Consider to whom your property should go if your first-choice beneficiaries do not survive you, or - if your property is left in Trust - if they do not survive until complete distribution is made (i.e., charities, other siblings, spouse of child, etc.)

1. Client #1:

Does Spouse/Significant Other survive you? Yes No

If Spouse/Significant Other does not survive you:

If neither Spouse/Significant Other, nor children survive you:

2. Client #2:

Does Spouse/Significant Other survive you? Yes No

If Spouse/Significant Other does not survive you:

If neither Spouse/Significant Other nor children survive you:

3. Any specific disposition of your residence?

Client #1:

PART 7 - FIDUCIARIES

Please consider the following information regarding the appointment of fiduciaries. Please give the name, address, telephone number and relationship, if any, of your chosen fiduciaries listed below. For each, specify order of preference of alternates by numbering. ***We will discuss this section at our conference and will assist you with the completion.***

	<u>Name, Address and Telephone Number</u>	<u>Relationship</u>
A1. Executor	_____	_____

2. Co-Executor	_____	_____

3. Successor Executor	_____	_____

4. May surviving Co-Executor act alone?	Yes _____	No _____

	<u>Name, Address and Telephone Number</u>	<u>Relationship</u>
B1. Trustee	_____	_____

2. Co-Trustee	_____	_____

3. Successor Trustee	_____	_____

4. May surviving Co-Trustee act alone?	Yes _____	No _____

	<u>Name, Address and Telephone Number</u>	<u>Relationship</u>
C1. Trustee	_____	_____

2. Co-Trustee	_____	_____

3. Successor Trustee	_____	_____

4. May surviving Co-Trustee act alone?	Yes _____	No _____

	<u>Name, Address and Telephone Number</u>	<u>Relationship</u>
D1. Guardian of Minor	_____	_____

2. Co-Guardian	_____	_____

3. Successor Guardian	_____	_____

4. May surviving Co-Guardian act alone?	Yes _____	No _____

E1. Agent designated under Power of Attorney: Name and Address

2. Co-Agent under Power of Attorney: Name and Address

3. Should Agent and Co-Agent act separately or jointly? _____

4. Designate Successor-Agent under Power of Attorney: Name and Address

5. Designate Agent under Health Care Proxy: Name, Address, and Telephone #

6. Designate Successor-Agent under Health Care Proxy: Name, Address and Telephone #

CHECKLIST OF ITEMS TO BRING TO OUR OFFICE

PART 8 - 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

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