

# ESTATE PLANNING QUESTIONNAIRE

## GENERAL INFORMATION

### Client Name Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

How You Prefer to Sign Your Name: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Alias Name (if any): \_\_\_\_\_

Gender: Male Female Nonbinary DOB: \_\_\_\_\_

U.S. Citizen? Yes No

If No, specify citizenship: \_\_\_\_\_

Health: Excellent Reasonably good Poor Serious Adverse Condition

Legally blind? Yes No Disabled? Yes No

Employer (if applicable) : \_\_\_\_\_ Retired? Yes No

### Spouse or Domestic Partner (if Estate Plan is for more than one person)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

How You Prefer to Sign Your Name: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Alias Name (if any): \_\_\_\_\_

Gender: Male Female Nonbinary DOB: \_\_\_\_\_

U.S. Citizen? Yes No

If No, specify citizenship: \_\_\_\_\_

Health: Excellent Reasonably good Poor Serious Adverse Condition

Legally blind? Yes No Disabled? Yes No

Employer (if applicable) : \_\_\_\_\_ Retired? Yes No

Marital Status: Unmarried Married Unmarried Domestic Partners

If Married, date of Marriage: \_\_\_\_\_

If Married, have you entered into a pre- or post-marital agreement?    Yes      No

If yes, please provide a copy.

**Contact Information**

	<b>Client</b>	<b>Spouse/Partner (if applicable &amp; different)</b>
<b>Street Address / P.O. Box</b>		
<b>City</b>		
<b>State</b>		
<b>Zip</b>		
<b>County</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Business Phone</b>		
<b>Personal Email</b>		
<b>Business Email</b>		

**Referral Information**

How did you hear about us or who referred you to our office?

**CHILDREN (if applicable)**

	Name	Living	Gender	Date of Birth	Child Disabled	Child Married	Is Child a Parent
Child 1		Y / N	M / F / NB		Y / N	Y / N	Y / N
Child 2		Y / N	M / F / NB		Y / N	Y / N	Y / N
Child 3		Y / N	M / F / NB		Y / N	Y / N	Y / N
Child 4		Y / N	M / F / NB		Y / N	Y / N	Y / N
Child 5		Y / N	M / F / NB		Y / N	Y / N	Y / N
Child 6		Y / N	M / F / NB		Y / N	Y / N	Y / N

	If estate plan is for > 1 person and child is not child of both persons, then provide Name(s) of Parent(s)	Any Comments
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		
Child 6		

**GUARDIAN(S) (for minor or disabled children, if applicable)**

**Guardian who would care for the child – “Guardian of the Person”**

	Name	Relationship
<b>Initial</b>		
<b>Successor 1</b>		
<b>Successor 2</b>		

**Guardian who would handle the child’s finances – “Guardian of the Property”**

	Name	Relationship
Initial		
Successor 1		
Successor 2		

**BENEFICIARIES AT DEATH**

**Spouse/Partner (if applicable)**

Provide primarily for your Spouse/Partner (and then secondarily for children/descendants, if any)?

Yes      No

If Yes, prefer gift to Spouse/Partner to be given:      Outright      In Trust

**Children/Descendants (if applicable)**

Prefer gift to children (if any) to be given:      Outright      In Trust

Do you wish to treat children equally?      Yes      No

Prefer gift to grandchildren (if any) to be given:      Outright      In Trust

Do you wish to treat grandchildren equally?      Yes      No

**Other Beneficiaries (if applicable)**

Please list any other individual or charitable beneficiaries you wish to name:

Name	Relationship	Disabled
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

**PETS (if applicable)**

Name	Cat/Dog/Other	Age	Desired Caretaker if Incapacitated or at Death

**RETIREMENT ACCOUNTS (IRAs, SEP, 401(k), Pensions, Annuities, Etc.)**

Financial Institution	Account Type	Owned By	Beneficiaries Designated	Value

**OTHER BANK ACCOUNTS, BROKERAGE ACCOUNTS, CDs, ETC.**

Financial Institution	Account Type	Owned By	Beneficiaries Designated	Value

**REAL PROPERTY (Homes, Land, Time Shares, Mineral Rights, Etc.)**

Address	Home/Rental	Owned By	Value

**ENTITIES**

Name of Entity	State Formed In	Owned By (including %s)	Taxed As

Please provide a copy of the operating, buy-sell, partnership or similar agreements for each of the above-named entities, if any. If an above-named entity is a corporation, please provide a copy of your stock certificate(s).

**OTHER STOCKS OR BONDS (not in brokerage account & not listed above)**

Description (include # of shares or face value of bonds)	Owned By	Value

**VEHICLES (cars, boats, RVs, titled trailers or farm equipment, etc.)**

Year/Make/Model	Owned By	Loan	Value
		Y/N	
		Y/N	
		Y/N	
		Y/N	

**VALUABLE ARTWORK, JEWELRY OR COLLECTIBLE ITEMS**

Description	Value

**MONEY OWED TO YOU**

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance

Please provide a copy of any promissory notes.

**OTHER ASSETS (any assets not otherwise listed)**

Description	Owned by	Value

## ESTIMATED TOTAL VALUE OF ASSETS & LIABILITIES

	Assets	Liabilities
<b>Client</b>		
<b>Spouse / Partner</b>		

## OTHER PLANNING ISSUES

	Client	Spouse/ Partner
Are you receiving Social Security, disability or other government benefits?	Y / N	Y / N
Any existing estate planning documents? If yes, please provide a copy(ies).	Y / N	Y / N
Do you want to leave assets to one or more charities at your death?	Y / N	Y / N
Do you have a donor advised fund or established endowment?	Y / N	Y / N
Any life insurance policies? If yes, please provide a copy of the policy(ies).	Y / N	Y / N
Any long-term care policies? If yes, please provide a copy of the policy(ies).	Y / N	Y / N
Any concerns about needing to apply for Medicaid for long-term care?	Y / N	Y / N
Have you ever filed a gift tax return? If yes, please provide a copy(ies).	Y / N	Y / N
Do you anticipate a substantial inheritance or judgment from a lawsuit?	Y / N	Y / N
Do you have a safe deposit box? If yes, at which bank?	Y / N	Y / N
Ownership in a medical, dental, veterinarian, legal or other professional practice?	Y / N	Y / N
Ownership interest in a farm or ranch?	Y / N	Y / N
Ownership interest in time shares or mineral rights?	Y / N	Y / N
Any patents, copyrights or trademarks? If yes, please provide a copy of the registration(s).	Y / N	Y / N
If married, have you lived in any of these states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin	Y / N	Y / N
Are you currently the beneficiary of anyone else's trust? If yes, please provide a copy of the applicable trust agreement(s) or the relevant pages.	Y / N	Y / N
Do any of your children have special educational needs?	Y / N	Y / N
Do you provide primary or major financial support to adult children or others?	Y / N	Y / N



**PROFESSIONAL ADVISORS**

<b>Type</b>	<b>Name</b>	<b>Client</b>	<b>Spouse/ Partner</b>
<b>Accountant</b>		Y / N	Y / N
<b>Financial Advisor</b>		Y / N	Y / N
<b>Other Attorney</b>		Y / N	Y / N
<b>Insurance Agent</b>		Y / N	Y / N

**ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE**