

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

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

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
Initial		
Successor 1		
Successor 2		

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
Client		
Spouse / Partner		

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

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

ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE