

**ESTATE PLANNING QUESTIONNAIRE**

Date \_\_\_\_\_ Referred by: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Veteran? \_\_\_\_\_ Receiving VA Benefits? \_\_\_\_\_  
United States Citizen? Occupation (if retired, prior occupation) \_\_\_\_\_

Spouse Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Veteran? \_\_\_\_\_ Receiving VA Benefits? \_\_\_\_\_  
United States Citizen? Occupation (if retired, prior occupation) \_\_\_\_\_

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Married? Yes No Date of Marriage \_\_\_\_\_

Names of Living Parents	Age	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NAMES OF LIVING CHILDREN**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Have you listed all of your children? Yes  No

Are there any of your natural heirs you wish to exclude from your estate plan? If so, whom?

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Do any of your children/grandchildren/heirs:	Yes	No
Have a medical, physical or mental problem (blind, disabled, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have a drug/alcohol problem?	<input type="checkbox"/>	<input type="checkbox"/>
Need governmental or private agency support?	<input type="checkbox"/>	<input type="checkbox"/>
Need Medicaid planning to protect their benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Need protection to avoid squandering their inheritance?	<input type="checkbox"/>	<input type="checkbox"/>
Need special needs planning to protect their governmental benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Need financial assistance for education purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Need financial assistance for other purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Living with you in your home?	<input type="checkbox"/>	<input type="checkbox"/>

Life Insurance Agent (Name, Address, Phone Number)

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Accountant (Name, Address, Phone Number)

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Primary Physician (Name, Address, Phone Number)

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Who would you nominate to:

Manage your estate after you die (Personal Representative)	Primary _____ Alternate _____
Manage your financial affairs (Power of Attorney)	Primary _____ Alternate _____
Make health care decisions for you (Health Care Representative)	Primary _____ Alternate _____
Guardian over minor children	Primary _____ Alternate _____
Trustee for funds passing to minor children	Primary _____ Alternate _____

**DISPOSITION OF PERSONAL PROPERTY**

<b>Name of Beneficiary</b>	<b>Description of Item Bequested</b>

**DISPOSITION OF RESIDUARY ESTATE**

Primary Beneficiary(ies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not an even distribution between the beneficiaries, please describe the percentages in which the residuary estate will be divided: \_\_\_\_\_  
\_\_\_\_\_

If a beneficiary predeceases you, would you want that beneficiary's share of your estate to:

- Be distributed among the named beneficiaries in your Will that survive you, or
- Be divided among the deceased beneficiary's lineal descendants (*per stirpes* distribution)

## FINANCIAL INFORMATION

1. **Annual salary of client** \_\_\_\_\_

2. **Annual salary of client's spouse** \_\_\_\_\_

### ASSETS

3. **Bank and savings accounts**

- a. Bank name, branch, and address: \_\_\_\_\_
- b. Account number: \_\_\_\_\_
- c. How held [e.g., separately or with right of survivorship]: \_\_\_\_\_
- d. Amount: \_\_\_\_\_

- a. Bank name, branch, and address: \_\_\_\_\_
- b. Account number: \_\_\_\_\_
- c. How held [e.g., separately or with right of survivorship]: \_\_\_\_\_
- d. Amount: \_\_\_\_\_

- a. Bank name, branch, and address: \_\_\_\_\_
- b. Account number: \_\_\_\_\_
- c. How held [e.g., separately or with right of survivorship]: \_\_\_\_\_
- d. Amount: \_\_\_\_\_

4. **Safe deposit box:**

- a. Location: \_\_\_\_\_
- b. Box number: \_\_\_\_\_
- c. Description and value of contents: \_\_\_\_\_

5. **Stocks and bonds**

- a. Description and quantity: \_\_\_\_\_
- b. How held [e.g., separately or with right of survivorship]: \_\_\_\_\_
- c. Value: \_\_\_\_\_

- a. Description and quantity: \_\_\_\_\_
- b. How held [e.g., separately or with right of survivorship]: \_\_\_\_\_
- c. Value: \_\_\_\_\_

6. **Notes and mortgages**

- a. Description and name of debtor: \_\_\_\_\_
- b. How held [e.g., separately or with right of survivorship]: \_\_\_\_\_
- c. Amount due: \_\_\_\_\_
  
- a. Description and name of debtor: \_\_\_\_\_
- b. How held [e.g., separately or with right of survivorship]: \_\_\_\_\_
- c. Amount due: \_\_\_\_\_

7. **Other investments**

- a. Description: \_\_\_\_\_
- b. How held [e.g., separately or with right of survivorship]: \_\_\_\_\_
- c. Value: \_\_\_\_\_
  
- a. Description: \_\_\_\_\_
- b. How held [e.g., separately or with right of survivorship]: \_\_\_\_\_
- c. Value: \_\_\_\_\_

8. **Vehicles**

- a. Year/Make/Model: \_\_\_\_\_
- b. How registered [e.g., separately or jointly]: \_\_\_\_\_
- c. Value: \_\_\_\_\_
  
- a. Year/Make/Model: \_\_\_\_\_
- b. How registered [e.g., separately or jointly]: \_\_\_\_\_
- c. Value: \_\_\_\_\_
  
- a. Year/Make/Model: \_\_\_\_\_
- b. How registered [e.g., separately or jointly]: \_\_\_\_\_
- c. Value: \_\_\_\_\_

9. **Insurance policies**

- a. Policy number: \_\_\_\_\_
- b. Insurer: \_\_\_\_\_
- c. Type of policy [e.g. medical, disability, whole life, annuity]: \_\_\_\_\_
- d. Cash value: \_\_\_\_\_
- e. Face amount: \_\_\_\_\_
- f. Owner: \_\_\_\_\_
- g. Beneficiaries: \_\_\_\_\_

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- b. Insurer: \_\_\_\_\_
- c. Type of policy [e.g. medical, disability, whole life, annuity]: \_\_\_\_\_
- d. Cash value: \_\_\_\_\_
- e. Face amount: \_\_\_\_\_
- f. Owner: \_\_\_\_\_
- g. Beneficiaries: \_\_\_\_\_

10. **Pensions, profit sharing plans, and similar programs**

- a. Description of plan: \_\_\_\_\_
- b. Name of sponsoring organization: \_\_\_\_\_
- c. Cash value, if any: \_\_\_\_\_
  
- a. Description of plan: \_\_\_\_\_
- b. Name of sponsoring organization: \_\_\_\_\_
- c. Cash value, if any: \_\_\_\_\_

11. **Primary residence**

- a. Address: \_\_\_\_\_
- b. How is title held [e.g. survivorship tenancy]: \_\_\_\_\_
- c. Outstanding mortgages, liens, and other encumbrances: \_\_\_\_\_
- d. Estimated current market value: \_\_\_\_\_

12. **Other real property**

- a. Address: \_\_\_\_\_
- b. How is title held [e.g. survivorship tenancy]: \_\_\_\_\_
- c. Outstanding mortgages, liens, and other encumbrances: \_\_\_\_\_
- d. Estimated current market value: \_\_\_\_\_
  
- e. Address: \_\_\_\_\_
- f. How is title held [e.g. survivorship tenancy]: \_\_\_\_\_
- g. Outstanding mortgages, liens, and other encumbrances: \_\_\_\_\_
- h. Estimated current market value: \_\_\_\_\_

**TOTAL ASSETS**                      \$ \_\_\_\_\_

**DEBTS, LIABILITIES, AND OBLIGATIONS**

**13. Debts, liabilities, and obligations**

- a. Description: \_\_\_\_\_
- b. Is obligation a sole or joint obligation? \_\_\_\_\_
- c. Total amount of obligation: \_\_\_\_\_
- d. Outstanding balance: \_\_\_\_\_
- e. Due date: \_\_\_\_\_
- f. Terms of payment: \_\_\_\_\_

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- b. Is obligation a sole or joint obligation? \_\_\_\_\_
- c. Total amount of obligation: \_\_\_\_\_
- d. Outstanding balance: \_\_\_\_\_
- e. Due date: \_\_\_\_\_
- f. Terms of payment: \_\_\_\_\_

- a. Description: \_\_\_\_\_
- b. Is obligation a sole or joint obligation? \_\_\_\_\_
- c. Total amount of obligation: \_\_\_\_\_
- d. Outstanding balance: \_\_\_\_\_
- e. Due date: \_\_\_\_\_
- f. Terms of payment: \_\_\_\_\_

**TOTAL LIABILITIES AND OBLIGATIONS**      \$ \_\_\_\_\_