Questionnaire for Estate Planning

A.	Client's Full Nam	e:	
В.	Spouse's Full Nav	ne:	
С.	Address:		
D.	Phone Number:	Work:	
		Home:	
		Cellular:	
E.	Former Spouse,	f any:	
F.	Is the prior spou	se now living, or were you a	livorced? (Date of Divorce
G.	Names and Date	s of Birth of Client's Childre	n and city where they res
	<u>Name</u>	<u>Date of Birth</u>	City and State Residen

H.	Are you and your spouse both U.S. Citizens?
1.	Other important personal information (i.e., long-term medical problew etc.):
. Fina	ncial Assets:
A.	Real Property
	1. Address of Personal Residence:
	How Title is Held:
	Estimated Fair Market Value:
	Mortgage Balance:

<u> </u>	Address of Other Residence or
	Vacation Home:

	How Title is Held:
	Estimated Fair Market Value:
	Mortgage Balance:
5.	Address of Other Real Property:

	How Title is Held:
	Estimated Fair Market Value:
	Mortgage Balance:
' .	Property held jointly with any other person or partnership:
ash'	and Deposits (account numbers and name and address of bank
nav	ncial institution):

B.

	(1)	Checking:	
	(2)	Savings:	
	(3)	Certificates of Deposit:	
	(4)	Other:	
C.	Pensi	ions, Profit S	haring, IRAs, ESOPs:
	(1)	Pension Pla	n/Profit Sharing Plan:
		(You):	
		Value:	
		(Spouse):	
		Value:	

	(2)	Reti	rement or Other I	Plans:
		(You):	
		Valu	e:	
		(Spo	use):	
		Valu	e:	
D.	Insui	rance:		
	(1)	You:	Insurance Co.:	
			Policy Number:	
			Face Value:	
			Cash Value:	
			Loans Against:	
			Beneficiaries:	
	(2)	Spous	e: Insurance	Co.:

		Policy No.:	
		Face Value:	
		Cash Value:	
		Loans Against:	
		Beneficiaries:	_
E.	Inves	stment Assets:	
	(1)	Stocks/Bonds:	
		Owner:	
		Name of Stock/Bond:	
		Estimated Value:	
		Owner:	
		Name of Stock/Bond:	

F.	Automobiles (make, year, value, lien, how title is held):
	(1)
	(2)
	(3)
G.	Significant Personal Property (i.e., furniture, art, jewelry, antiques collections, etc.):
	(1)
	(2)
	(3)
	(4)
	(5)

Estimated Value:

III. Current Affiliation with Any Trusts:

Name of Trust: _		 	-
Date Formed: _			-
Trustees: _		 	-
Beneficiaries:		 	R
Significant Terms:			
Assets Held by Tru	st:		
		 	

futu	re:		se identity any significant assets or liabilities you anticipate in the
IV.	Gua A.		Executors, Trustees, and Attorney-in-Fact: rdians of Minor Children (must be 18 year of age or older)
		(1)	
		(2)	Successor Guardian(s):
	В.	Pers	onal Representative

(1) Name and Address of Personal Representative (Executor) (Person who

winds-up your estate at your death; Must be 21 year of age):

	(2)	Successor Personal Representative:	
C.	Trus	tee	
	(1)	Name and Address of Trustee (Person who administers any trusestablished by your Will):	ts:
	(2)	Successor Trustee:	

D.	Fina	ncial Attorney-in-Fact
	(1)	Name and Address of Person to Whom You Will Give a Durable Power of Attorney (Person to act in your name in financial matters if you become incapacitated):
	(0)	
	(2)	Successor Financial Attorney-in-Fact:
E.	Med	ical Attorney-in-Fact
	(1)	Name and Address of Person to Whom You Will Give a Medical Power of Attorney in the event you become incapacitated:
	(2)	Successor Financial Attorney-in-Fact:
Disp	positive	Provisions:

V.

Sp	ecific Requests
	you have any property which you would like to give to any specific rson? If so, please describe:
 Pli	ease describe how you would like your property distributed at your death:
	you have children under age 18, a trust may be used in your estate anning.
(1) At what age(s) would you like trust assets distributed to your children? _
(2	Trustee to use the assets of your trust to benefit your children? (i.e., sports, music, college,
	car, wedding celebration, first home, etc.)

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VI.	Other Matte	rs:	
		fy any other items, facts, or matters that you believe now, but are not covered by the above questions:	are important
