

Estate Planning Questionnaire

1. Client Information

Full Legal Name: _____

Former Name(s): _____

Home Address: _____

County: _____

Business Address: _____

Telephone: () _____

Email: _____

Social Security #: _____

DOB: _____

2. Existing Documents

Do you currently have a Last Will and Testament? Yes No

If yes, please provide a copy.

Do you currently have a Durable Power of Attorney for Health Care? Yes No

If yes, please provide a copy.

Do you currently have a Durable Power of Attorney? Yes No

If yes, please provide a copy.

Do you have a Living Will? Yes No

If yes, please provide a copy.

Do you have other estate planning documents? Yes No

If yes, please provide a copy.

3. Executor/Executrix Information

Who would you like to serve as executor/executrix?

Name _____
Telephone #: () _____
Address: _____

Email: _____
Relation _____

Who would you like to serve as the alternate executor/executrix?

Name _____
Telephone #: () _____
Address: _____

Email: _____
Relation _____

4. Next-of-Kin Information

Are you currently legally married? Yes No

If yes, please provide a copy of your Marriage Certificate.

Spouse's Name _____
Telephone #: () _____
Address: _____

Email: _____
Social Security #: _____
DOB: _____

Are you legally separated? Yes No

If yes, please provide a copy of all court filings

Are you legally divorced? Yes No

Do you have any children – natural or legally adopted? Yes No

If yes, please complete the following section

Name _____
Telephone #: () _____
Address: _____

Email: _____
DOB: _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
DOB: _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
DOB: _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
DOB: _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
DOB: _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
DOB: _____

Are any of your children under 18 or
handicapped? Yes No

If yes, who will be responsible for them (i.e., who will be the guardian(s))? If you name a couple, please indicate whether you would want only one of them to serve. Before naming anyone, be sure to discuss your plans with them to be certain they are willing to serve.

First Choice

Name of Child: _____

Name: _____

Telephone #: () _____

Address: _____

Email: _____

Name of Child: _____

Name: _____

Telephone #: () _____

Address: _____

Email: _____

Second Choice

Name of Child: _____

Name: _____

Telephone #: () _____

Address: _____

Email: _____

Name of Child: _____

Name: _____

Telephone #: () _____

Address: _____

Email: _____

Do you have any living parents, siblings, and/or grandchildren? Yes No

If yes, please complete the following section

Name _____

Telephone #: () _____

Address: _____

Email: _____

Relation _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
Relation _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
Relation _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
Relation _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
Relation _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
Relation _____

Name _____
Telephone #: () _____
Address: _____

Email: _____
Relation _____

Name _____
 Telephone #: () _____
 Address: _____

 Email: _____
 Relation _____

5. Property/Assets

Do you own property? Yes No

If yes, please complete the following section AND provide a copy of the deed(s)

Property 1	_____	Property 2	_____
	_____		_____
	_____		_____
Property 3	_____	Property 4	_____
	_____		_____
	_____		_____

Do you own an automobile, motorcycle, motorhome, or boat? Yes No

If yes, please complete the following section AND provide a copy of the title(s)

1	_____	2	_____
	_____		_____
	_____		_____
3	_____	4	_____
	_____		_____
	_____		_____
5	_____	6	_____
	_____		_____
	_____		_____

Do you have a checking, savings, or other bank account? Yes No

If yes, please complete the following section, provide a copy of the most recent statement, AND provide the named beneficiaries (if applicable).

1	_____	2	_____
	_____		_____
	_____		_____

3 _____

5 _____

4 _____

6 _____

Do you have any IRA, annuities, health and accident policies, and/or life insurance?
 Yes No

If yes, please list the policy(ies), named beneficiary (ies) AND provide copies of the policy(ies).

1 _____

3 _____

5 _____

2 _____

4 _____

6 _____

Do you have any stocks or bonds? Yes No

If yes, please list each one AND provide copies of the certificates.

1 _____

3 _____

5 _____

2 _____

4 _____

6 _____

Do you have any other assets or interests in property (including but not limited to trust agreements, patents, obligations in connection with a business enterprise, valuable jewelry or artwork, and/or leases?) Yes No

If yes, please list them below.

1	_____	2	_____
	_____		_____
	_____		_____
3	_____	4	_____
	_____		_____
	_____		_____
5	_____	6	_____
	_____		_____
	_____		_____

Are you aware of any agreements or policy(ies) under which you are a beneficiary (i.e. you are the beneficiary of a life insurance policy, retirement policy, trust, or will). Yes No

If yes, please list them below and provide as much information as possible.

1	_____	2	_____
	_____		_____
	_____		_____
3	_____	4	_____
	_____		_____
	_____		_____
5	_____	6	_____
	_____		_____
	_____		_____

Do you have a safety deposit box? Yes No

If yes, where is it located? _____

Do you have any outstanding obligations under agreements or court orders (ex: pre/postnuptial, separation agreements, divorce decrees, inter vivos trusts, contracts to bequeath property)?

Yes No

If yes, please explain: _____

6. Heirs

Do you want to make any specific bequests (gifts)?

Yes No

If yes, list the specific item, recipient and contact information for the recipient below

1	_____	2	_____
	_____		_____
	_____		_____
3	_____	4	_____
	_____		_____
	_____		_____
5	_____	6	_____
	_____		_____
	_____		_____

Who do you want to receive the residue (balance) of your estate?

Please list his/her name(s) below:

Name _____

Telephone #: () _____

Address: _____

Email: _____

Name _____

Telephone #: () _____

Address: _____

Email: _____

Name _____

Telephone #: () _____

Address: _____

Email: _____

Name _____

Telephone #: () _____

Address: _____

Email: _____

If one of your residuary beneficiaries passes away, do you want that individuals share to go to his or her next of kin? Yes No

7. Funeral Arrangements

Do you want to make any specific funeral or burial arrangements? If so, please specify:

Do you have a prepaid funeral plan? Yes No

If yes, please provide a copy

Do you want to exclude any individuals from your Will? Yes No

If yes, please provide his/her name below:

Name _____

Telephone #: () _____

Address: _____

Email: _____

Name _____

Telephone #: () _____

Address: _____

Email: _____

Do you want to disinherit an individual if he/she contests your Will? Yes No

Medicaid

Are you a Medicaid recipient? Yes No

I certify that the information in this Questionnaire is true and accurate to the best of my knowledge

Name: _____

Date: _____