**ESTATE PLANNING QUESTIONNAIRE**
PERSONAL AND CONFIDENTIAL

DATE FORM COMPLETED:_____

NAME:_____ SOC. SEC. #:____-____-____

FIRST LAST MIDDLE U. S. CITIZEN: YES OR NO

DATE OF BIRTH:_____ PLACE OF BIRTH:_____

ADDRESS:_____ HOME PHONE # ( ) _____-_____

ADDRESS:_____ WORK/CELL PHONE # ( ) ____-_____

VETERAN: YES OR NO LIST BRANCH AND YEARS OF SERVICE:_____

APPOPRIATE MARITAL STATUS: MARRIED / SINGLE / DIVORCED / WIDOWED

IF DIVORCED, GIVE DATE AND PLACE OF DIVORCE:

IF DIVORCED, GIVE NAME OF EX-SPOUSE:

LIST ANY OBLIGATIONS TO EX-SPOUSE BY AGREEMENT OR COURT ORDER:

LIST ANY OBLIGATIONS TO CHILDREN BY AGREEMENT OR COURT ORDER

IF WIDOWED, GIVE NAME OF DECEASED SPOUSE:

IF WIDOWED, GIVE DATE OF DEATH OF DECEASED SPOUSE:

IF MARRIED, GIVE DATE AND PLACE OF MARRIAGE:

**SPOUSE'S INFORMATION:**

NAME:_____ SOC. SEC. #:____-____-_____

FIRST LAST MIDDLE

DATE OF BIRTH:_____ PLACE OF BIRTH:_____

MILITARY VETERAN: YES OR NO LIST BRANCH AND YEARS OF SERVICE:

**CHILDREN OF THIS MARRIAGE:**

NAME:_____ ADDRESS:

BIRTHDATE:_____MARRIED: YES OR NO, VOCATION:

NUMBER OF CHILDREN:_____SPOUSE'S NAME:

NAME:_____ ADDRESS:

BIRTHDATE:_____MARRIED: YES OR NO, VOCATION:

NUMBER OF CHILDREN:_____SPOUSE'S NAME:

NAME:_____ ADDRESS:

BIRTHDATE:_____MARRIED: YES OR NO, VOCATION:

NUMBER OF CHILDREN:_____SPOUSE'S NAME:

**CHILDREN BY PREVIOUS MARRIAGE(S) (IF ANY):**

NAME:_____ ADDRESS:

BIRTHDATE:_____MARRIED: YES OR NO, VOCATION:

NUMBER OF CHILDREN:_____WHOSE CHILD:

A. ARE YOU THE BENEFICARY OF ANY ESTATES OR TRUSTS OR DO YOU ANTICIPATE RECEIVING ANY INHERITANCES? IF SO, PLEASE DESCRIBE:

B. ARE YOU OR YOUR SPOUSE ACTING AS EXECUTOR OR TRUSTEE OF ANY ESTATES OR TRUSTS? IF SO, PLEASE DESCRIBE:

C. LOCATION AND BOX NUMBERS OF BANK SAFE DEPOSIT BOX(ES):

**ASSET INFORMATION**

*NOTE: IN THE FOLLOWING QUESTIONS, **FMV** = FAIR MARKET VALUE; **COST** = COST BASIS; **TITLED** = IN WHOSE NAME AN ASSET IS TITLED; **MTG. BAL.** = MORTGAGE BALANCE; **MGE** = MORTGAGEE (LENDER)

**I. REAL ESTATE**

| DESCRIPTION | LOCATION | HOW TITLED | WHEN ACQUIRED | ORG COST | CURRENT MTG. BAL | MGE | FMV |
|---|---|---|---|---|---|---|---|

**II. INVESTMENT ACCOUNTS, (STOCKS AND BONDS AND MUTUAL FUNDS, (PLEASE ATTACH A COPY OF MOST RECENT BROKERAGE STATEMENT(S))**

| NAME | FMV | HOW TITLED |
|---|---|---|

**III. ACCOUNTS RECEIVABLE, MORTGAGES AND NOTES (MONEY WHICH OTHER PEOPLE (DEBTORS) OWE TO YOU)**

| DEBTOR | DESCRIPTION | HOW TITLED | WHEN ACQUIRED | COST | ORIG. FMV |
|---|---|---|---|---|---|

**IV. LIFE INSURANCE**

| COMPANY | POLICY TYPE | WHO OWNS POLICY | BENEFICIARY | SECOND BENEFICIARY | DEATH BENEFIT(S) |
|---|---|---|---|---|---|

**V. CHECKING, SAVINGS, MONEY MARKET AND CD ACCOUNTS**

| BANK | ACCOUNT TYPE | HOW TITLED | FMV |
|---|---|---|---|

**VI. TANGIBLE PERSONAL PROPERTY AND MISCELLANEOUS PROPERTY OF SIGNIFICANT VALUE**

| DESCRIPTION | HOW TITLED | FMV |
|---|---|---|

**VII. HAVE YOU OR YOUR SPOUSE MADE ANY GIFTS IN EXCESS OF $12,000.00 IN ONE YEAR TO ANY ONE PERSON IN THIS OR ANY OTHER YEAR? IF SO, PLEASE DESCRIBE AND SAY IF GIFT TAX RETURNS WERE FILED, WHERE, AND IF ANY TAX WAS PAID, THE AMOUNT:**

| DONEE | YEAR | FILED (YES or NO) | LOCATION | AMOUNT PAID |
|---|---|---|---|---|

**VIII. ANNUITIES, IRA'S, 401(K), THRIFT, SAVINGS, PROFIT-SHARING, AND PENSION PLANS (PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT FOR EACH)**

| NAME OF OWNER | TYPE PLAN | PRIMARY BENEFICIARY | SECOND BENEFICIARY |
|---|---|---|---|

**IX. DEBTS**

NAME OF CREDITOR TYPE OF DEBT CURRENT BALANCE

**X. PLEASE LIST AMOUNT OF YOUR INCOME AND SOURCES OF INCOME:**

**XI. FIDUCIARIES:**

**A. HUSBAND'S POWER OF ATTORNEY AND BACKUP:**

**B. WIFE'S POWER OF ATTORNEY AND BACKUP:**

**C. HUSBAND'S MEDICAL AGENT AND BACKUP:**

**D. WIFE'S MEDICAL AGENT AND BACKUP:**

**E. HUSBAND'S EXECUTOR AND BACKUP:**

**F. WIFE'S EXECUTOR AND BACKUP:**

**G. TRUSTEES IF NEEDED:**

**H. GUARDIAN IF NEEDED:**

**XII. ADDITIONAL COMMENTS OR INSTRUCTIONS:**