

# ESTATE PLANNING QUESTIONNAIRE

COMPLETED AS OF: \_\_\_\_\_, \_\_\_\_\_

## GENERAL INFORMATION

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Primary Residence Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/ZIP

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Secondary Residence Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/ZIP

## FAMILY INFORMATION

Self: \_\_\_\_\_  
Name Birthdate US Citizen (Y/N)

Spouse: \_\_\_\_\_  
Name Birthdate US Citizen (Y/N)

Pre or PostMarital Agreement? \_\_\_\_\_ (Y/N)

If Yes, provide copy.

Children of Current Marriage

Child 1:	_____	_____	_____
	Name	Birthdate	US Citizen (Y/N)
	_____	_____	_____
	Street Address	City	State/ZIP
Child 2:	_____	_____	_____
	Name	Birthdate	US Citizen (Y/N)
	_____	_____	_____
	Street Address	City	State/ZIP
Child 3:	_____	_____	_____
	Name	Birthdate	US Citizen (Y/N)
	_____	_____	_____
	Street Address	City	State/ZIP
Child 4:	_____	_____	_____
	Name	Birthdate	US Citizen (Y/N)
	_____	_____	_____
	Street Address	City	State/ZIP

Previous Marriage? \_\_\_\_\_ (Y/N)

If Yes

Ended in \_\_\_\_\_ (divorce/death) on \_\_\_\_\_ (date)

Previous Marital Settlement Agreement \_\_\_\_\_ (Y/N)

If Yes, provide copy.

Children of Prior Marriage? If so, list of names, birthdates, and addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXISTING ESTATE PLANNING DOCUMENTS (Y/N)\***

\_\_\_\_\_ Will    \_\_\_\_\_ Revocable Living Trust    \_\_\_\_\_ Irrevocable Trust

\_\_\_\_\_ Power of Attorney for Healthcare    \_\_\_\_\_ Power of Attorney for Property

\_\_\_\_\_ Living Will    \_\_\_\_\_ Other

***\*Provide copies of all existing documents.***

**INCOME**

Self:

_____ Occupation	_____ Employer	_____ Approx. Income
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Spouse:

_____ Occupation	_____ Employer	_____ Approx. Income
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**ASSETS**

Bank and Brokerage

	Institution	Balance	Titling (Self/Spouse/Joint/Trust)
Cash	_____	_____	_____
Checking	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Savings/MM	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Brokerage	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Securities	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Employee Benefits/Retirement Plans

	Institution	Balance	Beneficiary
IRA	_____	_____	_____
IRA	_____	_____	_____
401(k)	_____	_____	_____
Pension	_____	_____	_____
Annuities	_____	_____	_____
Other	_____	_____	_____

Life Insurance

Company	Policy Type (Whole/Term)	Insured	Cash Value	Death Benefit	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Real Estate

	Property 1	Property 2	Property 3
Address	_____	_____	_____
	_____	_____	_____
Owner(s)	_____	_____	_____
Cost Basis	_____	_____	_____
Approx. Fair Market Value	_____	_____	_____
Outstanding Mortgage	_____	_____	_____

Business Interests (Non-Public)

Company Name: \_\_\_\_\_ Type of Entity: \_\_\_\_\_

% of Ownership: \_\_\_\_\_ Approx. Value of Interest: \_\_\_\_\_

Personal Property

Type (Vehicle, Jewelry, Art, Collections)	Approx. Value
_____	_____
_____	_____
_____	_____
_____	_____

Liabilities

Creditor	Outstanding Balance
_____	_____
_____	_____

Expectation of Inheritance

Self or Spouse? \_\_\_\_\_ When? \_\_\_\_\_ How Much? \_\_\_\_\_

Past Gifts/Previously Filed Forms 709s

Year \_\_\_\_\_ Amount \_\_\_\_\_

**GENERAL PLANNING PREFERENCES (in the case of incapacity or death)**

Individual/organizations to benefit from your estate:

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Individuals/organizations to be in charge of your estate/property:

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Individuals to care for your minor children (if applicable):

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Individuals to make health care decisions for you:

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