

# CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

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Date: \_\_\_\_\_

1. Husband's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security No. \_\_\_\_\_ U.S. Citizen: Yes No  
Other Names known by: \_\_\_\_\_  
Are you presently employed? Yes No For how long? \_\_\_\_  
Occupation (former if retired): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Office Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mobile Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_
2. Wife's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security No. \_\_\_\_\_ U.S. Citizen: Yes No  
Other Names known by: \_\_\_\_\_  
Are you presently employed? Yes No For how long? \_\_\_\_\_  
Occupation (former if retired): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Office Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mobile Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_
3. Home Address: \_\_\_\_\_ Resident Since: \_\_\_\_\_  
Street Address/P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_  
Other Residences: \_\_\_\_\_

4 Advisors:  
Accountant: \_\_\_\_\_  
Trust Officer: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Investment Advisor: \_\_\_\_\_

5 Date of Marriage: \_\_\_\_\_ Where Living When Married: \_\_\_\_\_

6 Prior Marriages: Husband: Yes No Wife: Yes No

7 Names of children of present marriage, whether natural or adopted:

A. \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

B. \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

C. \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

8 Names of children of prior marriage (indicate whether husband's or wife's);

A. \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

B. \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

C. \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

9 Do you have any other relatives dependent upon you for support? Yes No  
(If yes, give names and relationships): \_\_\_\_\_

10 Names and addresses of other or alternate persons to receive property: \_\_\_\_\_

11 Please list any specific items or amounts that you wish to give to any individuals or organizations:

NAME	GIFT
_____	_____
_____	_____
_____	_____
_____	_____

12 All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: (check one)

Spouse; if spouse predeceased, to children equally

Children equally

Other (specify): \_\_\_\_\_

- 13 Do you have a present Will: Yes No (If yes, attach a copy)
- 14 Have you ever created a trust? Yes No  
If yes, attach a copy and list approximate value: \$ \_\_\_\_\_
- 15 Do you have a prenuptial agreement in effect? Yes No (If yes, attach a copy)
- 16 Do you have any obligations under a divorce decree from a prior marriage? Yes No  
(If yes, attach a copy)
- 17 Have you ever received a substantial amount by inheritance? Yes No  
If yes, when? \_\_\_\_\_  
Approximate Amount: \$ \_\_\_\_\_
- 18 Are you a beneficiary of a trust that was created by someone else? Yes No  
If yes, attach a copy and list approximate value: \$ \_\_\_\_\_
- 19 Do you anticipate receiving an inheritance? Yes No  
If yes, give approximate amount: \$ \_\_\_\_\_
- 20 Have you given away more than \$3,000 in money or property to any person in any single year after 1976 (or \$12,000 in 1982 or later)? Yes No (If yes, list amounts by years below or on the reverse side)  
Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- 21 Are you receiving or will you receive an annuity? Yes No  
If yes, to who will the payments be made? \_\_\_\_\_  
Is this a Life Annuity? Yes No  
Will the amounts continue after your death? Yes No  
For how long? \_\_\_\_\_ What will the amount of each payment be? \_\_\_\_\_
- 22a. Do you now or have you ever participated in a plan maintained by an employer that will provide benefits in the event of your retirement and/or death?  
Yes No Not sure
- b. If yes, have you made any elections with respect to beneficiary designations, survivor benefits, spousal rights, waivers, or forms of payment under your employer's plan(s)?  
Yes No
- 23 Do you presently have, or were you ever a participant in a Qualified Plan or an IRA?  
Yes No
- 24 Please attach copies of your designation of beneficiary form and your most recent IRA and/or retirement plan benefit statements.
- 25 Who will serve as your personal representative? (Indicate relationship to you.)



(give location or briefly describe)

**STOCKS**

Publicly traded stock. Name of corporation which & type of shares and exchange on which traded:

Closely-held stock. Name of corporation, number of shares, and shareholders:


**BONDS AND MUTUAL FUNDS**

Bonds:

Approximate Values		
Husband	Wife	Joint

\_\_\_\_\_ issuer, face value, interest rate, and  
maturity  
 \_\_\_\_\_ date.

Mutual Funds:  
 name of fund, fund group, and number  
 of units:

**BANK ACCOUNTS, CERTIFICATES OF  
 DEPOSIT,  
 MONEY MARKET FUNDS, ETC.**

Please give name of bank or institution,  
 type of  
 account, and approximate balance or  
 value:


**MORTGAGES, NOTES, OR DEBTS**  
 (owed to you by someone else)

Approximate Values		
Husband	Wife	Joint

Please list debtor's name, date acquired,  
and  
approximate balance remaining:

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**OTHER BUSINESS INTERESTS (NON-CORPORATE)**  
Name of Partnership, Limited Liability Company, or sole proprietorship,  
percentage of  
ownership interest in business, and  
number of  
other partners or members in business

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**RETIREMENT ACCOUNTS**  
(list balances)

IRAs

Pension or Profit Sharing

Other  
(indicate type)


**ANNUITIES**  
(Value to be filled in by attorney)

Approximate Values		
Husband	Wife	Joint

Please list debtor's name, date acquired, and approximate balance remaining:

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**MISCELLANEOUS PROPERTY**

Motor vehicles (including boats, etc.)  
List total value:

Jewelry and Art:

Other valuable items (describe):

Approximate Values		

**DEBTS**

owed List any mortgages or other substantial debts  
by you that are not shown above:

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Life Insurance

Company	Policy #	Type	Issue Date	Face Value	Cash Value	Insured	Policy Owner	Beneficiary	Annual Premium /Loan

