



## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

**FAMILY INFORMATION:**

**DATE:** \_\_\_\_\_

**HUSBAND:**

Full Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we email your estate planning documents to this email address? \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Date, Place of Birth, Citizenship: \_\_\_\_\_

Prior marriages: \_\_\_\_\_

Occupation: \_\_\_\_\_

**WIFE:**

Full Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we email your estate planning documents to this email address? \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Date, Place of Birth, Citizenship: \_\_\_\_\_

Prior marriages: \_\_\_\_\_

Occupation: \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE:** Names, dates of birth, city and state of residence:

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**CHILDREN OF PRIOR MARRIAGES:** Names, Dates of Birth and Residence:

Husband's Children: \_\_\_\_\_

Wife's Children: \_\_\_\_\_

**PARENTS (FOR EACH SPOUSE):** Please list Names, Dates of Birth and Death:

Husband's Father: \_\_\_\_\_

Husband's Mother: \_\_\_\_\_

Wife's Father: \_\_\_\_\_

Wife's Mother: \_\_\_\_\_

**ESTATE PLANNING GOALS:** Please describe your overall estate planning goals.

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**SPECIAL CONSIDERATIONS:** Please check your answer:

Is any member of your family incapacitated or does anyone have significant health problems?  Yes, let's discuss  No

Have you made any significant (greater than \$3,000 per person per year) gifts?  Yes, let's discuss  No

Have you filed gift tax returns?  Yes, (bring copies with you)  No

Have you created any trusts?  Yes, (bring copies with you)  No

Are you serving as Trustee of any trust?  Yes, (bring copies with you)  No

Are you the beneficiary of any trust?  Yes, (bring copies with you)  No

**DESIGNATIONS:**

Please list the name, address and phone number of individuals you wish to designate as your agent for various estate planning documents. PLEASE list complete legal names, with middle initial, with **complete** addresses and phone numbers.

**Husband:**

**Personal Representative:** The role of the Personal Representative is to collect all of your assets, pay any outstanding debts and then distribute the remaining assets to your heirs.

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*First name, middle initial, last name*                      *Complete address*                      *Phone*

**Alternate Personal Representative:**

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*First name, middle initial, last name*                      *Complete address*                      *Phone*

**Durable Power of Attorney:** The role of this person is to assist in handling your financial affairs if you are unable to do so. (three choices in order)

1 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

2 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

3 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

**Heath Care Surrogate:** The role of this person is to assist in making health care decisions for you if you are unable to do so. (three choices in order)

1 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

2 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

3 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

**Living Will:** The role of this person is to enforce your end of life decisions if you are not able to do so. (three choices in order)

1 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

2 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

3 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

**Preneed Guardian:** The role of this person is to act as your guardian if you become incapacitated. (two choices in order)

1 _____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>
2 _____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>

**Guardian for any minor children:** (two choices in order)

1 _____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>
2 _____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>

**Wife:**

**Personal Representative:** The role of the Personal Representative is to collect all of your assets, pay any outstanding debts and then distribute the remaining assets to your heirs.

_____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>

**Alternate Personal Representative:**

_____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>

**Durable Power of Attorney:** The role of this person is to assist in handling your financial affairs if you are unable to do so. (three choices in order)

1 _____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>
2 _____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>
3 _____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>

**Health Care Surrogate:** The role of this person is to assist in making health care decisions for you if you are unable to do so. (three choices in order)

1 _____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>
2 _____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>
3 _____		
<i>First name, middle initial, last name</i>	<i>Complete address</i>	<i>Phone</i>

**Living Will:** The role of this person is to enforce your end of life decisions if you are not able to do so. (three choices in order)

1 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

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2 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

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3 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

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1 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

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2 \_\_\_\_\_  
*First name, middle initial, last name*                      *Complete address*                      *Phone*

**ITEMS TO BRING WITH YOU WHEN YOU COME IN FOR OUR CONFERENCE:**

1. A copy of your most recent Will and any Codicil(s)
2. Copies of all divorce decrees/settlement agreements
3. Copies of all prior gift tax returns
4. A copy of your federal tax return for the last year
5. Copies of any buy-sell agreements you have signed
6. A copy of any pre-nuptial agreement that you have signed
7. Copies of any trusts that have been created by or for you
8. Copies of deed and tax receipts to any real property you own

**ASSET SUMMARY:** (Please use Fair Market Value and Round to Nearest \$1000)

<u>Asset</u>	<u>Husband's Name</u>	<u>Wife's Name</u>	<u>Joint</u>
Real Estate			
Residence	_____	_____	_____
Farm	_____	_____	_____
Rental	_____	_____	_____
Commercial	_____	_____	_____
Out-of-State	_____	_____	_____

Cash, Bank Accounts, CDs, etc. List value and location where asset is held (bank name, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stocks, Bonds, Mutual Funds, Brokerage Accounts. List value and location where asset is held (bank name, etc.)

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Business Interests

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Furniture, Jewelry, Etc.

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Tax Deferred Annuities, IRAs and Other Retirement Accounts and Life Insurance **(See Below)**

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**RETIREMENT BENEFITS, 401(k) PLANS, IRAs AND TAX-DEFERRED ANNUITIES**

**Husband:**

<u>Description</u>	<u>Value</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>	<hr/>

**Wife:**

<u>Description</u>	<u>Value</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**LIFE INSURANCE**

**On Husband's Life:**

<u>Desc.</u>	<u>Owner</u>	<u>Type</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Beneficiary</u>	<u>Annual Premium</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**On Wife's Life:**

<u>Desc.</u>	<u>Owner</u>	<u>Type</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Beneficiary</u>	<u>Annual Premium</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**LIABILITIES**

Owed by Husband	Owed by Wife	Owed Jointly
_____	_____	_____
_____	_____	_____

The information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

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**WE WILL COMPLETE THE FOLLOWING AT OUR MEETING**

**SUMMARY**

	<u>Assets</u>	<u>Life Insurance</u>	<u>Retirement</u>	<u>Individual Totals</u>
HUSBAND:	_____	_____	_____	_____
WIFE:	_____	_____	_____	_____
JOINT:	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____

**TOTAL GROSS ESTATE:**

Less Total Liabilities:

**NET ESTATE:**

Death Taxes at 2<sup>nd</sup> Death \$ \_\_\_\_\_      Death Taxes at 2<sup>nd</sup> Death \$ \_\_\_\_\_  
If No Tax Planning

“Splitable Estate” \$ \_\_\_\_\_      Death Taxes Saved \$ \_\_\_\_\_