

Appointment date and time: \_\_\_\_\_

## **ESTATE PLANNING QUESTIONNAIRE**

Please complete the following questionnaire to the best of your ability. This information is most helpful to us so that we may properly plan for you and it will be held in the strictest confidence. We will review this information at our meeting.

### **PERSONAL INFORMATION**

	<b>Date of Birth</b>	<b>Soc. Sec. #</b>
<b>Husband:</b>	_____	_____
<b>Wife:</b>	_____	_____
<b>Address:</b>	_____	
<b>Telephone:</b>	<b>Home:</b> _____	<b>Cell:</b> _____
	<b>Business:</b> _____	<b>Email:</b> _____

### **MARITAL INFORMATION**

Have you been married previously? \_\_\_\_\_

\_\_\_\_\_

### **CHILDREN**

**Children of present and former marriages and by adoption (living and deceased). Indicate if deceased by putting "D" and give date of death next to name.**

Children's Names:

\_\_\_\_\_ Joint \_\_\_\_ His \_\_\_\_ Hers \_\_\_\_

\_\_\_\_\_ Joint \_\_\_\_ His \_\_\_\_ Hers \_\_\_\_

\_\_\_\_\_ Joint \_\_\_\_ His \_\_\_\_ Hers \_\_\_\_

\_\_\_\_\_ Joint \_\_\_\_ His \_\_\_\_ Hers \_\_\_\_

Do any of your children receive Supplemental Security Income (SSI)?

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Do any family members require special attention? For example, health, physical, mental, financial status, special and/or individual needs. If yes, please explain:

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**DOCUMENTS/PLANNING**

	Husband	Wife
	Yes/No	
Please indicate if you have any of the following:		
Will? If yes, date of Will? _____	_____	_____
Durable Power of Attorney (Financial)?	_____	_____
Health Care Power of Attorney?	_____	_____
Living Will?	_____	_____
Trust? If yes, indicate Irrevocable or Revocable _____	_____	_____
Pre-paid funeral/burial plan?	_____	_____
Veteran If yes, list dates of service _____	_____	_____
Long-term care insurance	_____	_____

**PROFESSIONAL ADVISORS**

**Tax Preparer/Accountant:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Financial Advisor:**

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**ASSETS**

**1. Real Estate**

**1. Owner:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Estimated Value:** \_\_\_\_\_ **Mortgage Balance:** \_\_\_\_\_

**2. Owner:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Estimated Value:** \_\_\_\_\_ **Mortgage Balance:** \_\_\_\_\_

**2. Cash, Bank Accounts and CD's**

	<b><u>Owner</u></b>	<b><u>Name of Bank</u></b>	<b><u>Amount</u></b>
<b>Cash</b>	_____	_____	_____
<b>Checking</b>	_____	_____	_____
	_____	_____	_____
<b>Savings/ Money Market</b>	_____	_____	_____
	_____	_____	_____
<b>CD's</b>	_____	_____	_____
	_____	_____	_____



**IRA Accounts**

**Owner**                                      **Beneficiary**                                      **Principal Amount**

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8. **Annuities** (non-IRA annuities)

**Owner**                                      **Beneficiary**                                      **Amount**

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9. **Other Assets**

**Contracts, Mortgages and Notes (money owed to you)**

**Owner**                                      **Description**                                      **Value**

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**Vehicles**

**Owner**                                      **Description**                                      **Value**

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**Business Interests (i.e. partnership, corporate interests or sole proprietorships)**

Description: \_\_\_\_\_

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**Miscellaneous Comments or Concerns:**

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