

Estate Planning Questionnaire

Referral Source _____

Date Prepared _____

I. GENERAL INFORMATION

PARTNER #1

PARTNER #2

Name (in full): _____

Home Address:
(send mail _____)

Home Phone: _____

Cell Phone: _____

Employer: _____

Business Address:
(send mail _____)

Business Phone: _____

E-Mail Address:
(home or work)

Fax Number:
(home or work)

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Any prior marriages? ___ Yes ___ No

___ Yes ___ No

If so, please complete the following page.

CURRENT AND PRIOR MARRIAGES

	PARTNER #1	PARTNER #2
Former Spouse's/ Partner's Name:	_____	_____
Present Address of Former Spouse/ Partner:	_____ _____	_____ _____
Where Married:	_____	_____
When Married:	_____	_____
How Terminated:	_____	_____
When Terminated:	_____	_____
Where Terminated:	_____	_____
Any financial responsibilities:	_____	_____

Please attach or bring with you to our office a copy of your divorce decree and property settlement agreement.

II. CHILDREN – PARTNER #1

Name:	Birth Date:
Spouse/Partner's Name:	Number of Children:
Address:	
Names and Birth Dates of Children:	

Name:	Birth Date:
Spouse/Partner's Name:	Number of Children:
Address:	
Names and Birth Dates of Children:	

Name:	Birth Date:
Spouse's/Partner's Name:	Number of Children:
Address:	
Names and Birth Dates of Children:	

Name:	Birth Date:
Spouse's/Partner's Name:	Number of Children:
Address:	
Names and Birth Dates of Children:	

[Attach a separate page and fill out information for other children as required.]

Are any children adopted, separated, divorced, physically or developmentally disabled, or in need of special care or services? Yes No

If yes, please explain: _____

III. CHILDREN – PARTNER #2

Name:	Birth Date:
Spouse's/Partner's Name:	Number of Children:
Address:	
Names and Birth Dates of Children:	

Name:	Birth Date:
Spouse's/Partner's Name:	Number of Children:
Address:	
Names and Birth Dates of Children:	

Name:	Birth Date:
Spouse's/Partner's Name:	Number of Children:
Address:	
Names and Birth Dates of Children:	

Name:	Birth Date:
Spouse's/Partner's Name:	Number of Children:
Address:	
Names and Birth Dates of Children:	

[Attach a separate page and fill out information for other children as required.]

Are any children adopted, separated, divorced, physically or developmentally disabled, or in need of special care or services? Yes No

If yes, please explain: _____

IV. A. PARENTS OF PARTNER #1

Mother's Name:	Living: ___ Yes ___ No
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Address or Date of Death:

Father's Name:	Living: ___ Yes ___ No
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Address or Date of Death:

B. SIBLINGS OF PARTNER #1

Name:	Birth Date:
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Spouse's/Partner's Name:	Number of Children:
--------------------------	---------------------

Address:

Names and Birth Dates of Children:

Name:	Birth Date:
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Spouse's/Partner's Name:	Number of Children:
--------------------------	---------------------

Address:

Names and Birth Dates of Children:

Name:	Birth Date:
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Spouse's/Partner's Name:	Number of Children:
--------------------------	---------------------

Address:

Names and Birth Dates of Children:

V. C. PARENTS OF PARTNER #2

Mother's Name:	Living: ___ Yes ___ No
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Address or Date of Death:

Father's Name:	Living: ___ Yes ___ No
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Address or Date of Death:

D. SIBLINGS OF PARTNER #2

Name:	Birth Date:
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Spouse's/Partner's Name:	Number of Children:
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Address:

Names and Birth Dates of Children:

Name:	Birth Date:
-------	-------------

Spouse's/Partner's Name:	Number of Children:
--------------------------	---------------------

Address:

Names and Birth Dates of Children:

Name:	Birth Date:
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Spouse's/Partner's Name:	Number of Children:
--------------------------	---------------------

Address:

Names and Birth Dates of Children:

VI. CURRENT ESTATE PLANNING DOCUMENTS

Do you or your partner presently have a will? _____ Yes _____ No

Have you or your partner created any trusts? _____ Yes _____ No

Are you or your partner currently the beneficiary of any trust? _____ Yes _____ No

Do you or your partner presently have a living will? _____ Yes _____ No

Have you or your partner executed a health care power of attorney? _____ Yes _____ No

Have you or your partner executed a property power of attorney? _____ Yes _____ No

Please attach or bring with you a copy of any will, trust agreement, living will or power of attorney that has been executed by you or your spouse.

Please attach or bring with you a copy of any trust under which you or your spouse are a beneficiary or hold any power of appointment.

V. GIFTS

Have you or your partner made any gifts over \$14,000? _____ Yes _____ No

If yes, to whom were the gifts made:

Name	Gift	Date Gift Made	Value

Please attach or bring with you copies of any gift tax returns filed.

VII. PROFESSIONAL ADVISORS

Please list the names, addresses and telephone numbers of other persons who serve as your advisors.

Partner #1

A. Accountant:
Name:
Address:
Telephone:
Fax:
E-Mail:

B. Financial Planner:
Name:
Address:
Telephone:
Fax:
E-Mail:

C. Investment Counselor:
Name:
Address:
Telephone:
Fax:
E-Mail:

D. Life Insurance Advisor
Name:
Address:
Telephone:
Fax:
E-Mail:

Other Advisors: _____

Partner #2

A. Accountant:
Name:
Address:
Telephone:
Fax:
E-Mail:

B. Financial Planner:
Name:
Address:
Telephone:
Fax:
E-Mail:

C. Investment Counselor:
Name:
Address:
Telephone:
Fax:
E-Mail:

D. Life Insurance Advisor
Name:
Address:
Telephone:
Fax:
E-Mail:

Other Advisors: _____

VIII. ASSET INFORMATION

A. Balance Sheet for Estate Tax Purposes. List approximate fair market values.

ASSETS			
	PARTNER #1	PARTNER #2	JOINT
Personal Property			
Cash			
Publicly Traded Stocks and Bonds			
Closely-Held Stock			
Limited Partnership Interests			
Other Business Interests			
Retirement/Employee Assets			
Real Estate:			
a. Personal Residence			
b. Recreational Property			
c. Investment Property			
Insurance (Face value of policies, including term insurance*)			
Anticipated Inheritance			
Other Assets (please list)			
TOTAL ASSETS	=====	=====	=====

LIABILITIES			
Mortgages			
Other Liabilities (please list)			
TOTAL LIABILITIES	=====	=====	=====
ASSETS MINUS LIABILITIES	=====	=====	=====

*For federal estate tax purposes, insurance proceeds are includable in a decedent's estate if the decedent owned the policy at the time of his/her death or if the proceeds are payable to his/her estate.

B. Retirement/Employee Assets

Please list all retirement/employee assets included in the Balance Sheet on page 9:

PARTNER #1

Asset	Current Amount Vested	Primary Death Beneficiary	Secondary Death Beneficiary

PARTNER #2

Asset	Current Amount Vested	Primary Death Beneficiary	Secondary Death Beneficiary

C. Business Interests

Please list all business interests in which you or your partner have a material interest which is included in the Balance Sheet on page 7:

	Partner #1	Partner #2	Joint Entity
Name of Entity			
Type of Entity (C-Corp., S-Corp., Partnership, LLC, etc.)			
Total value of Entity			
Percentage amount of Entity owned by you and/or your spouse			
Other individuals who own a material interest in the entity and their ownership percentages			

D. Insurance

Please list insurance policies on your life included in the Balance Sheet on page 9:

	Partner #1	Partner #1	Partner #2	Policy #2
Face Amount				
Name of Insured				
Name of Owner				
Insurance Company				
Policy Number				
Policy Type				
Issue Date				
Cash Value				
Annualized Premium				
Primary Death Beneficiary				
Secondary Death Beneficiary				

E. Anticipated Inheritances

Do you or your partner anticipate receiving an inheritance which should be considered in your estate planning? Yes No

If yes, describe nature, source and amount, briefly: _____

IX. Responsible Parties – Partner #1:

A. Who do you wish to be responsible for the management of your financial affairs in the event of your disability and for settling your financial affairs upon your death? (More than one person can act at the same time, if appropriate.)

First Choice:

Name: _____ Age: _____
Address: _____ Relationship: _____

Second Choice:

Name: _____ Age: _____
Address: _____ Relationship: _____

Third Choice:

Name: _____ Age: _____
Address: _____ Relationship: _____

B. Who do you wish to be responsible for making medical decisions on your behalf in the event that you are unable to do so? (One person at a time.)

First Choice:

Name: _____ Age: _____
Address: _____ Relationship: _____
_____ Phone #: _____

Second Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Phone #: _____

Third Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Phone #: _____

C. Who do you wish to be responsible for the physical care and custody of any minor children?

First Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Second Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Third Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

D. Who do you wish to be responsible for the management of the funds of any beneficiaries who may be too young to be fully responsible?

First Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Second Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Third Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

X. Responsible Parties –Partner #2:

A. Who do you wish to be responsible for the management of your financial affairs in the event of your disability and for settling your financial affairs upon your death? (More than one person can act at the same time, if appropriate.)

First Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Second Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Third Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

B. Who do you wish to be responsible for making medical decisions on your behalf in the event that you are unable to do so? (One person at a time.)

First Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Phone #: _____

Second Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Phone #: _____

Third Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Phone #: _____

C. Who do you wish to be responsible for the physical care and custody of any minor children?

First Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Second Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Third Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

D. Who do you wish to be responsible for the management of the funds of any beneficiaries who may be too young to be fully responsible?

First Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Second Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

Third Choice:

Name: _____

Age: _____

Address: _____

Relationship: _____

XI. ADDITIONAL INFORMATION

Please list any additional information required for the planning of your estate:
