



Confidential Estate Planning Information

Thank you for taking the time to carefully complete this questionnaire. The information requested is intended to help you to organize the information that will enable me to assess your estate planning needs and provide you with proper estate planning advice. Please answer as many questions as you can. Please be assured that all information provided will be held in the strictest confidence.

Date: _____

1. **Client #1** Full Name _____
First Middle Last

Please indicate how you sign your name: _____

Addresses:

a) Principle residence: _____

b) Business: _____

Home Phone Number: _____

Work Phone Number _____

Is it ok to call you at work? YES NO

Best time to reach you: _____ AM PM _____

Business or profession: _____

Active Retired

Email Address: _____

Date of Birth: _____

Citizenship: _____

Dates of Military Service (if applicable): _____

2. **Client #2** Full Name: _____
First Middle Last

Please indicate how you sign your name: _____

Addresses:

a) Principle residence: _____

b) Business: _____

 Home Phone Number: _____
 Work Phone Number: _____
 Is it ok to call you at work? YES NO
 Best time to reach you: _____ AM PM
 Business or profession: _____
 Active Retired
 Email address: _____
 Date of Birth: _____
 Citizenship: _____
 Dates of Military Service (if applicable): _____

3. Marriage date, place and residence at the time: _____

Prior Marriage(s)

	Client #1	Client #2
1. Former Spouse(s):	_____	_____
2. Marriage date/place:	_____	_____
3. Terminated by:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation <input type="checkbox"/>	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation <input type="checkbox"/>
4. Child Support	_____	_____
5. Alimony	_____	_____
6. Other obligation to or from former spouse(s):	_____	_____

Children and Other Dependents

Please list below the name and address of child. If a child is married, provide the name of spouse next to the child. If a child is from a prior relationship, please indicate as well. If the child is deceased, please provide date of death and name(s) of decedent's surviving children.

Name & Address	Date of Birth
1. _____ _____ _____	_____
Occupation: _____ Spouse's Name: _____	_____
2. _____ _____ _____	_____
Occupation: _____ Spouse's Name: _____	_____

Name & Address

Date of Birth

3. _____

Occupation:
Spouse's Name:

4. _____

Occupation:
Spouse's Name:

5. _____

Occupation:
Spouse's Name:

- 6. Other persons partly or wholly dependent upon either of you now or possibly in the future? (please describe in the space provided below)

- 7. Does any child or dependent have any specific health problems or special needs? Please explain in the space provided.

Inventory of Estate and Ownership

Please list all property (including all foreign property) and how it is *titled*. Use the following code in making your determinations: (Husband only (H); Wife only (W); Jointly owned (J); in Trust (T)). Please indicate any other existing ownership interest in the property. If you do not know the approximate value, please leave blank.

1. **Full Address of Real Property** _____ **Owner** _____ **Approximate Value**

2. Do either of you own any real or personal property as joint tenants(with or without right of survivorship) or as tenants in common with each other or a third party? If Yes, please explain in the space provided below.

3. Do either of you own any Property out of the State in which you live? Please indicate.

4. During your marriage (or any prior marriage) have either of you ever resided in or owned property in a community property state or country? (The community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.)

5. **Partnerships / Businesses Owned:**

Do either of you own any interest in a partnership as a general or limited partner? YES NO

If so, please indicate present value of ownership interest.

6. **Bank Accounts:** Please list all accounts separately, indicate type of account (i.e. checking, money market, savings, CD, etc.) and how account is owned

<u>Name of Bank</u>	<u>Account Type</u>	<u>Name on Account</u>	<u>Approximate Balance</u>
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7. **Stocks, Bonds, Annuities, Brokerage Accounts:**

Please provided name of stock, number of shares, how owned, and approximate balance.

<u>Company</u>	<u>Number of Shares</u>	<u>Name(s) of Owner</u>	<u>Approximate Balance</u>
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Name and Address of Brokerage Firm and Representative:

_____ Phone Number: _____

8. Life insurance:

Company	Owner	Name(s) of Beneficiary	Benefit Amount
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9. Retirement, Pension or Profit Sharing Plans, IRA's:

Company	Designated Beneficiaries	Current Value
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10. Gifts & Inheritances:

- a) Have either of you or any members of your family received or expect to receive any gifts or inheritances? If yes, please explain in the space provided.

- b) Have either of you made gifts worth more than \$13,000.00 to any person in any one year? If yes, please provide details in the space provided.

- c) Are either of you (or do either of you expect to be) named as a current or remainder beneficiary of a trust?

11. Net Worth Summary

Please provide an approximate value for **ALL property and assets** (include insurance benefits, do NOT subtract mortgages and debts)

12. **Debt Summary**

Please provide information relating to mortgages or any liabilities.

Type of Mortgage / Liability	Term	Amount
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13. Please list below and provide me with a copy of any and all estate planning documents you have, such as existing wills, trust agreements, health care surrogate designations, living wills, and powers of attorney.

14. Please feel free to utilize the space below to provide me with any other information you feel would be important in planning your estate. This might include names of other professional with whom you have consulted regarding your personal affairs, other legal arrangements that you have made, or contracts into which either of you have entered.

15. Do you have specific wishes for your funeral arrangements? Burial instructions?

16. How would you like your digital footprint in social media accounts handled upon your passing?

This questionnaire has been provided to you in an effort to help you organize your asset information. In order to best service your estate planning needs, please answer as many of the questions as you can. If you are unsure whether any asset information that you have provided is significant for estate planning purposes, please do not hesitate to ask!

Client Signature

Client Signature

Date: _____

Date: _____

DOCUMENTS THAT ARE NEEDED FOR PURPOSES OF ESTATE PLANNING, IF APPLICABLE, PLEASE PROVIDE A COPY

1. Deeds and any/all other real property conveyance documents.
2. Life Insurance and other beneficiary designations.
3. Stock certificates or evidence of stock ownership (brokerage account statements)
4. Divorce decree and child support agreement.
5. Any Prenuptial Agreement.
6. Employment and deferred compensation agreement.
7. Retirement plan or IRA summary and statements.
8. Bank Account statements and Certificate of Deposit statements.
9. Loan agreements (including mortgages, promissory notes)
10. Current wills, trusts, and community property agreements and/or revocations.
11. Any gift tax returns filed by either client.
12. If you have received an inheritance, any estate tax return
13. Title insurance policies.
14. Any shareholder, partnership, or other agreements governing your investment interests.
15. Any reports produced by your financial planner, accountant, and life insurance agent.
16. Any current powers of attorney (including any health care directives)