



CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Part One: Personal Information

Date Completed: _____

Full Name: _____ Date of Birth: _____

Cell Phone: _____ Personal Email: _____

U.S. Citizen? Y N Are you retired? Y N Occupation (prior if retired): _____

Were you previously married? Y N If yes, year divorced: _____ (Please bring your divorce agreement.)

Are you a military veteran? Y N How Is Your Health? Good Fair Poor

Home Address: _____

City, State, Zip: _____

Home Phone: _____ County: _____

If married, please complete the information below. If unmarried, please continue to the next page.

Spouse and Marriage Information

Spouse's Full Name: _____ Date of Birth: _____

Cell Phone: _____ Personal Email: _____

U.S. Citizen? Y N Are you retired? Y N Occupation (prior if retired): _____

Were you previously married? Y N If yes, year divorced: _____ (Please bring your divorce agreement.)

Are you a military veteran? Y N

How Is Your Health? Good Fair Poor

Date of Marriage: _____

Do you and your spouse consider all of your assets community property? Y N

Did you or your spouse receive any valuable gifts or inheritance after marriage? Y N

If yes, have you treated the gifted or inherited funds as community property? Y N

Did you or your spouse come into your marriage with any substantial assets? Y N

Do you have a pre-marital or post-marital agreement? (If yes, please bring it) Y N

Do you have any religious beliefs that should be reflected in your estate plan? Y N

Do you or your spouse have a trust with a previously deceased spouse? Y N

How did you find us? _____

Children & Family (Print additional pages as necessary.)

Full Name

Sex

Date of Birth

Parent
(His, Hers, Ours)

Marital Status

Cell Phone:

Email:

Address:

(if not with you)

Spouse's Name:

Names & Ages of children:

Any special concerns for this child? Y N

Describe:

Full Name

Sex

Date of Birth

Parent
(His, Hers, Ours)

Marital Status

Cell Phone:

Email:

Address:

(if not with you)

Spouse's Name:

Names & Ages of children:

Any special concerns for this child? Y N

Describe:

Full Name

Sex

Date of Birth

Parent
(His, Hers, Ours)

Marital Status

Cell Phone:

Email:

Address:

(if not with you)

Spouse's Name:

Names & Ages of children:

Any special concerns for this child? Y N

Describe:

Full Name

Sex

Date of Birth

Parent
(His, Hers, Ours)

Marital Status

Cell Phone:

Email:

Address:

(if not with you)

Spouse's Name:

Names & Ages of children:

Any special concerns for this child? Y N

Describe:

Do all of your children get along? Y N

Do you have any deceased children? Y N

If so, do they have any surviving children and/or grandchildren? Y N

Names _____

Are there any family members that require special schooling, medical or other attention? Y N

If so, who & what is required? _____

Estate Plan Objectives

Check all that apply:

Planning Objective

- _____ Naming guardians for minor children
- _____ Making sure I'll be taken care of if disabled
- _____ Maximizing my loved ones' inheritance
- _____ Making sure my loved ones don't squander it
- _____ Making sure my loved ones get a good education

Planning Objective

- _____ Avoiding probate
- _____ Maintaining privacy
- _____ Sale or succession of the family business
- _____ Stretch IRA distributions to maximize assets
- _____ Making sure my loved ones' inheritance is protected from creditors, divorces, etc.

Additional Objectives (or any health concerns):

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Part Two: Asset Information for _____ Date Completed: _____

Understanding the nature and value of your assets is critical to designing your plan. Identifying your assets and liabilities helps us better understand your individual planning needs. In addition, being familiar with your assets and liabilities is critical for trust funding and probate avoidance. Account balances will vary, so please list the approximate balance of each account. **If any assets are owned by an existing trust, for Owner Name write "Trust."**

PLEASE PROVIDE COPIES OF FINANCIAL STATEMENTS, VEHICLE TITLES, AND DEEDS

BANK ACCOUNTS (Checking, Savings, Money Market, CDs, Safety Deposit Box)

Institution:	Account Type:
Owner Name: <i>(if owned by existing trust, write "Trust")</i>	Approx. Balance: \$
Account #:	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

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Account #:	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

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Account #:	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

INVESTMENT/BROKERAGE

Name of Firm/Fund:	
Owner Name: <i>(if owned by existing trust, write "Trust")</i>	Approx. Balance: \$
Account #:	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N
Financial Advisor:	<input type="checkbox"/> Self-Managed?

Name of Firm/Fund:	
Owner Name: <i>(if owned by existing trust, write "Trust")</i>	Approx. Balance: \$
Account #:	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N
Financial Advisor:	<input type="checkbox"/> Self-Managed?

IRA ACCOUNTS & RETIREMENT PLANS (including IRA Annuities/Qualified Annuities)

Institution:	Account Type:
Owner:	Value: \$
Primary Beneficiary:	Account #:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed or Advisor's Name:

Institution:	Account Type:
Owner:	Value: \$
Primary Beneficiary:	Account #:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed or Advisor's Name:

Institution:	Account Type:
Owner:	Value:\$
Primary Beneficiary:	Account #:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed or Advisor's Name:

Institution:	Account Type:
Owner:	Value:\$
Primary Beneficiary:	Account #:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed or Advisor's Name:

ANNUITIES (Non-Qualified/non-taxable only)

Institution:	Account Owner:
Death Benefit/Value: \$	Account #:
Primary Beneficiary:	Advisor's Name:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed

Institution:	Account Owner:
Death Benefit/Value: \$	Account #:
Primary Beneficiary:	Advisor's Name:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed

STOCKS & BONDS

These include certificates you actually hold or paperless stocks held with companies such as ComputerShare.

Please list Mutual Funds separately below.

Name of Stock/Bonds:	Owner Name:
Number of Shares:	Approx. Value:

LIFE INSURANCE

Insurance Company:	Insured Person:
Policy #:	Death Benefit: \$
Primary Beneficiary:	Agent's Name:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed

Insurance Company:	Insured Person:
Policy #:	Death Benefit: \$
Primary Beneficiary:	Agent's Name:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed

REAL ESTATE

Please list all real property and timeshares in which you have an interest. If property is out of state, please bring a copy of the DEED (not a deed of trust).

Property Address:	
Owner(s):	County and State:
Value (equity): \$	Mortgage Balance: \$

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Owner(s):	County and State:
Value (equity): \$	Mortgage Balance: \$

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Owner(s):	County and State:
Value (equity): \$	Mortgage Balance: \$

Are you planning on selling any of your real estate soon? Y N

If yes, which property(s): _____

VEHICLES (Automobile, Boat, Trailers, RVs, etc): Please provide us a copy of the title

Year/Make/Model:	Approximate Value: \$
Owner(s):	Lien? <input type="checkbox"/> Y <input type="checkbox"/> N

Year/Make/Model:	Approximate Value: \$
Owner(s):	Lien? <input type="checkbox"/> Y <input type="checkbox"/> N

Year/Make/Model:	Approximate Value: \$
Owner(s):	Lien? <input type="checkbox"/> Y <input type="checkbox"/> N

Year/Make/Model:	Approximate Value: \$
Owner(s):	Lien? <input type="checkbox"/> Y <input type="checkbox"/> N

BUSINESS INTERESTS (LLC, Corporation, Sole Proprietorship, Limited Partnership, etc.)

Business Name:	Type:
State of Incorporation:	
Owner(s):	Operating or Buy/Sell Agreement? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(provide copy)</i>
Ownership Percentage:	Approximate Value: \$

Business Name:	Type:
State of Incorporation:	
Owner(s):	Operating or Buy/Sell Agreement? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(provide copy)</i>
Ownership Percentage:	Approximate Value: \$

Health Savings Account

Name of Company	Owner Name:
Beneficiary:	Approx. Value:

Pensions

Name of Company	Owner Name:
Beneficiary:	Approx. Value:

OTHER ASSETS

Are you expecting any inheritances soon?

If so, from whom? _____ Approximately how much? _____

Please list unusually valuable personal items and approximate total value (art, coins, jewelry, collections, etc)

Please list any other assets not mentioned & approximate value (stock options, patents, royalties, gas or oil interests, etc):

Professional Advisors

Financial Advisor's Name: _____

Company Name: _____ Phone Number: _____

Advisor's Email _____

Life Insurance Agent's Name: _____

Company Name: _____ Phone Number: _____

Agent's Email _____

Liability Insurance Agent's Name: _____

Company Name: _____ Phone Number: _____

Agent's Email _____