

ESTATE PLANNING QUESTIONNAIRE

We will use this questionnaire to help determine what documents would be best for your personal Estate Plan. Please fill out as much as you are comfortable with; we promise to keep your information confidential.

1. GENERAL INFORMATION

SPOUSE 1 FULL NAME _____

DATE OF BIRTH _____ **PHONE NUMBER** _____

EMAIL ADDRESS _____

OCCUPATION & EMPLOYER _____

DO YOU HAVE ANY PRIOR MARRIAGES? (If yes please list ex-spouse's name and what year you were divorced)

SPOUSE 2 FULL NAME _____

DATE OF BIRTH _____ **PHONE NUMBER** _____

EMAIL ADDRESS _____

OCCUPATION & EMPLOYER _____

DO YOU HAVE ANY PRIOR MARRIAGES? (if yes please list ex-spouse's name and what year you were divorced)

HOME ADDRESS _____

DO YOU OWN OR RENT YOUR HOME? _____

2. **CHILDREN:** (Please indicate if a child is adopted or not a child of this marriage)

FULL NAME

BIRTH DATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. **GUARDIANS FOR YOUR MINOR CHILDREN:** Please list 3 people (other than your spouse) in order of preference, who you would like to name as guardians of your minor children.

FULL NAME

CITY AND STATE OF RESIDENCE

(1) _____

(2) _____

(3) _____

4. **PERSONAL REPRESENTATIVE:** Please list 3 people (other than your spouse) in order of preference, who you would like to serve as Executor or Administrator of your estate; these can be different for each spouse.

SPOUSE 1

FULL NAME

CITY AND STATE OF RESIDENCE

(1) _____

(2) _____

(3) _____

SPOUSE 2

FULL NAME

CITY AND STATE OF RESIDENCE

(1) _____

(2) _____

(3) _____

5. TRUSTEES: Please list 3 people, in order of preference, who you would choose to manage your assets in trust for your beneficiaries.

FULL NAME

CITY AND STATE OF RESIDENCE

(1) _____

(2) _____

(3) _____

6. NAMES OF BENEFICIARIES OF YOUR ESTATE: (we will discuss trust provisions to protect assets for minor/incapable beneficiaries during your Estate Planning meeting)

NAME OF BENEFICIARY (AND AGE IF A PERSON)

% or Dollar Amount

7. **CONTINGENT BENEFICIARIES:** (list the individuals and/or organizations you would choose to inherit your estate in the unlikely event that none of your named beneficiaries survive you and your spouse)

	<u>FULL NAME</u>	<u>CITY & STATE OF RESIDENCE</u>	<u>%/\$ AMOUNT</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

8. **POWER OF ATTORNEY:** Please list 3 people (other than your spouse) who you would choose to make legal and financial decisions for you if you were to become incapacitated or incapable of managing your own affairs; these can be different for each spouse.

SPOUSE 1

	<u>FULL NAME</u>	<u>CITY AND STATE OF RESIDENCE</u>
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____

SPOUSE 2

	<u>FULL NAME</u>	<u>CITY AND STATE OF RESIDENCE</u>
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____

9. **FINAL DISPOSITION** Please list 3 people (other than your spouse) who you would choose to be your personal representative with regards to your final remains; these can be different for each spouse.

SPOUSE 1

FULL NAME

CITY AND STATE OF RESIDENCE

(1) _____

(2) _____

(3) _____

Special Instructions Regarding Disposition (e.g. burial, cremation, etc.), Funeral and Memorial:

SPOUSE 2

FULL NAME

CITY AND STATE OF RESIDENCE

(1) _____

(2) _____

(3) _____

Special Instructions Regarding Disposition (e.g. burial, cremation, etc.), Funeral and Memorial:

10. **ASSETS:**

A. **REAL PROPERTY** --- (please list location, approximate value, and mortgage)

B. **CASH AND LIQUID ACCOUNTS** --- (checking, savings, CD's, and money market accounts)

C. **LIFE INSURANCE** --- (please list type of policy, name of company, owner, and benefit amount)

D. **RETIREMENT AND INVESTMENT ACCOUNTS** --- (401k's IRA's, Brokerage Accounts, Annuities, REITs, etc. and their approximate value)

E. **BUSINESS OWNERSHIP** --- (please list the names of any business that you or your spouse owns, please include the type of business, percentage of ownership, and approximate value of the business assets):

F. **EXPECTED INHERITANCES AND APPROXIMATE VALUE** (if any):

ADDITIONAL INFORMATION

NAME OF YOUR FINANCIAL ADVISOR _____

NAME OF YOUR ACCOUNTANT _____

APPROXIMATE ANNUAL INCOME _____

WHOM CAN WE THANK FOR REFERING YOU _____

THANK YOU FOR YOUR TIME
WE LOOK FORWARD TO WORKING WITH YOU!