

ESTATE PLANNING QUESTIONNAIRE

YOUR INFORMATION

Individual #1: _____		DOB: _____
Individual #2: _____		DOB: _____
Address: _____		
Phone #1: _____	Phone #2: _____	
Email #1: _____	Email #2: _____	
Date of Marriage: _____		
Previous marriage(s) and when: _____		
Do you have a current will or trust? Yes No (if yes, please bring your documents to your appointment)		
How were you referred to our office?: _____		

YOUR FAMILY

List your children, including full legal names, ages and any other information that may be pertinent (i.e., their children and ages, if they were born outside of your current marriage, if they are estranged or have issues of concern such as debt or marital strife, if a child is deceased, etc.).

Full Legal Name	Age	Child of Whom	Other Information

YOUR ASSETS (1 of 2)

REAL PROPERTY

Address	Owner(s) (list all)	Mortgage? (if so, list estimated value)	Current Value (estimate)

BANK ACCOUNTS (checking, savings, etc.)

Where	Owner(s)	Est. Value	Transfer on Death Beneficiaries, if any

YOUR ASSETS (2 OF 2)

INVESTMENTS (retirement accounts, mutual funds, stocks, bonds, annuities, etc.)

Where	Owner(s)	Est. Value	Transfer on Death Beneficiaries, if any

BUSINESS INTERESTS

Company	Owner(s) & Ownership %	Est. Value

OTHER (savings bonds, vehicles, jewelry, guns, antiques, collectibles, etc.)

Item	Owner(s)	Est. Value

ESTATE DISTRIBUTION

SPECIFIC BEQUESTS

Do you want to leave any specific assets (i.e., jewelry, watch, family heirloom) to any certain beneficiary?

Name of Beneficiary	Asset/Item to be conveyed

CHARITABLE BENEFICIARIES

Do you have any charitable organizations (churches, foundations, 501c3's) that you would like to leave a gift for?

Charity	Amount of Gift

REMAINDER

How would you like for the rest of your estate to be distributed in percentages?

Name of Beneficiary (list age of any minor beneficiaries)	Percentage of Estate

NAMING TRUSTED PERSONS

PERSONAL REPRESENTATIVE (EXECUTOR/ADMINISTRATOR)

Who do you most trust to handle your estate? It is good to have at least two alternates to your primary, if possible.

Primary:	
First Alternate:	
Second Alternate:	
Third Alternate:	

TRUSTEE

If a trust is part of your estate plan, who do you most trust to handle trustee duties (which commonly includes managing money for minors or persons with disabilities)? This role is generally more ongoing than that of your personal representative and can last for many years.

Primary:	
First Successor:	
Second Successor:	
Third Successor:	

GUARDIAN

If you have minor children it is a good idea to nominate a guardian to care for your children until they reach adulthood.

Primary:	
First Alternate:	
Second Alternate:	
Third Alternate:	

POWER OF ATTORNEY

A power of attorney allows you to appoint a trusted person to act on your behalf with regard to your finances during your lifetime (i.e., paying your bills, managing your bank accounts). Who would you most trust to handle this role?

Representatives for Individual 1:

Primary:	
Alternate:	

Representatives for Individual 2:

Primary:	
Alternate:	

HEALTH CARE REPRESENTATIVE

An advance directive appoints a health care representative to manage your health and personal care if you become incapacitated. It also allows you to provide end-of-life instructions. Who would you most trust in this role? **Representatives for Individual 1:**

<p>Primary Legal Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____</p> <p>Alternate Legal Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____</p> <p>Second Alternate Legal Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____</p>

Representatives for Individual 2:

<p>Primary Legal Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____</p> <p>Alternate Legal Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____</p> <p>Second Alternate Legal Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____</p>

**PLEASE BRING COMPLETED FORM TO YOUR INITIAL APPOINTMENT
THANK YOU!**