

Estate Planning Questionnaire - Confidential

Please complete the following questionnaire as accurately and completely as possible.

I. Personal Information

DATE: _____	CLIENT 1	CLIENT 2
Full Name		
Date of Birth		
U.S. Citizen?		
Home Address		
County of Residence		
Email Address		
Telephone Number	Cell _____ Work _____ Home _____	Cell _____ Work _____ Home _____
Employer + Business Address		
Financial Advisor (Name and Telephone Number)		

II. Family Information

A. Children

Child 1	Full Name	
	Date of Birth	
	Home Address	
	Phone	
	Relationship	☐ Birth child ☐ Adopted
	Disability	☐ Yes ☐ No
	Marital Status	
	Spouse's First Name	
	Number of Children	

Child 2	Full Name	
	Date of Birth	
	Home Address	
	Phone	
	Relationship	☐ Birth child ☐ Adopted
	Disability	☐ Yes ☐ No
	Marital Status	
	Spouse's First Name	
	Number of Children	

Child 3	Full Name	
	Date of Birth	
	Home Address	
	Phone	
	Relationship	☐ Birth child ☐ Adopted
	Disability	☐ Yes ☐ No
	Marital Status	
	Spouse's First Name	
	Number of Children	

Child 4	Full Name	
	Date of Birth	
	Home Address	
	Phone	
	Relationship	☐ Birth child ☐ Adopted
	Disability	☐ Yes ☐ No
	Marital Status	
	Spouse's First Name	
	Number of Children	

B. Other Beneficiaries (Grandchildren, siblings, others, etc)

If you plan to name beneficiaries other than your children or spouse, please list.

Name	Date of Birth	Relationship	Address

III. Current Documents

Check the box for each of the following documents that you already have. If I did not complete these documents for you, please bring a copy to our first meeting.

	Client 1	Client 2
Will		
Trust		
Power of Attorney for Finances		
Patient Advocate		

IV. Financial Information

A. Real Estate

Name of Owner(s) as shown on Deed	Location/Address	Value	Mortgage Balance	Value Net
			Total:	

B. Bank and Money Market Accounts

Name on Account	Bank	Type of Account (Bank Accounts, Money-Market Accounts, etc)	Value Net
Total:			

C. Marketable Securities

Name of Owner (As Shown on Stock Certificate, bond, account, or other documents)	Location (Name of bank, broker, or other institution)	Value Net
Total:		

D. Tangible Personal Property

Item (car, furniture, jewelry, etc)	Value
Total:	

V. Life Insurance

Please make an entry for each policy. The owner of a policy is ordinarily the person who applied for it and who pays the premium. The beneficiary is the person designated to receive benefits at the death of the insured.

Client 1

Insurer and Type of Coverage	Owner	Beneficiary	Face Value
Total:			

Client 2

Insurer and Type of Coverage	Owner	Beneficiary	Face Value
Total:			

On Lives of Third Persons

Insurer and Type of Coverage	Owner	Beneficiary	Face Value
Total:			

VI. Retirement and Death Benefits

Pension/Profit Sharing Plans

Type of Plan and Sponsor	Owner	Primary Beneficiary	Current Value

IRAs / 401(k) / 403 (b)

Type of Plan and Sponsor	Owner	Primary Beneficiary	Current Value

Annuities

Type of Plan and Sponsor	Owner	Primary Beneficiary	Current Value

VII. Liabilities

Please include all liabilities other than those secured by your mortgage.

Creditor	Approximate Current Amount		
	Husband	Wife	Joint
Total:			

VIII. Trust Interests

Please provide a copy of the trust instrument for each existing trust in which you have a present or future interest or of which you are a Trustee.

Name of Trust	Approximate Current Interest	
	Client 1	Client 2

IX. Likely Inheritances

Potential Donor	Approximate Inheritance Amount	
	Husband	Wife
Total:		

X. Estate Planning Questions

Decide who you want to fill these roles (include full names and addresses). Decide who you want to fill these roles (include full names and addresses). The most common estate planning documents are wills, a revocable living trust, power of attorneys and patient advocate designations. We will discuss all of these documents at our initial meeting. If you have already determined which individuals will serve in these roles, please complete this section. If you need additional discussion or guidance, you can leave this section blank and we will discuss together.

A. Wills

1. Personal Representative

- Personal Representative:

☐ Spouse

☐ Other:_____

- Successor Personal Representative_____

Address_____

- Second Successor Personal Representative (if desired)_____

Address_____

2. Do you want to be buried or cremated

☐ Buried

☐ Cremated

☐ No preference

☐ Other:_____

3. Guardian for minor children

- Guardian_____

Address_____

- Successor Guardian_____

Address_____

B. Trust

1. Successor Trustee

- Successor Trustee_____

Address_____

- Second Successor Trustee_____

Address_____

2. Questions regarding Trust

- Do you want the trustees named to serve individually or as co-trustees (at the same time)?

☐ Individually in the order indicated above

☐ Jointly

- Is your proposed trustee and successors U.S. citizens? (Please indicate who is not a US citizen if applicable)

☐ Yes

☐ No:_____

- Are any of your beneficiaries disabled? (Please indicate who is disabled if applicable)

☐ Yes:_____

☐ No

3. Check which provisions you would like in a trust for your beneficiaries:

☐ Quarterly Allowance for guardian of minor children

☐ Allowance for private K-12 school

☐ Allowance for college education

- ☐ Allowance for graduate or professional school
- ☐ Quarterly Allowance to an adult beneficiary who is a full-time student (for living expenses)
- ☐ Wedding Expense for beneficiary
- ☐ Withdrawal allowed for down payment on house
- ☐ Withdrawal allowed for starting a business
- ☐ Requirement for beneficiary to meet with financial planner before an outright cash distribution
- ☐ Staggered distribution. If so, at what ages. (Example: ½ at 25, half of remainder at 30, balance at 35)_____

Note: If you have any individual requirements you would like to add to the trust please let me know.

C. Durable Power of Attorney for Health Care (Patient Advocate Designations)

1. Patient Advocate

- Patient Advocate:

☐ Spouse

☐ Other:_____

- Successor Patient Advocate_____

Address_____

- Second Successor Patient Advocate_____

Address_____

2. Make a choice for the language you want regarding life-sustaining treatment

Choice 1: I do not want life-sustaining treatment (including artificial delivery of food and water) if *any* of the following medical conditions exist:

- a. I am in an irreversible coma or persistent vegetative state.
- b. I am terminally ill, and life-sustaining procedures would only serve to artificially delay my death.

Choice 2: I want life-sustaining treatment (including artificial delivery of food or water) *unless* I am in a coma or vegetative state that my doctor reasonably believes to be irreversible. Once my doctor has reasonably concluded that I will remain unconscious for the rest of my life, I do not want life-sustaining treatment to be provided or continued.

Choice 3: I want my life to be prolonged to the greatest extent possible consistent with sound medical practice without regard to my condition, the chances I have for recovery, or the cost of the procedures. I direct life-sustaining treatment to be provided to prolong my life.

Client 1 choice: ☐ Choice 1 ☐ Choice 2 ☐ Choice 3

Client 2 choice: ☐ Choice 1 ☐ Choice 2 ☐ Choice 3

D. Durable Power of Attorney for Finances

1. Power of Attorney

- Power of Attorney:

☐ Spouse

☐ Other: _____

- Successor Power of Attorney _____

Address _____

- Second Successor Power of Attorney _____

Address _____