

ESTATE PLANNING QUESTIONNAIRE

FAMILY DATA

CLIENT:

Name: _____ **Birthdate:** _____
Maiden Name: _____ **Cell Phone:** _____
Home Address: _____ **City, Zip :** _____
Home Phone: _____ **County:** _____
Business Address: _____ **City, Zip:** _____
Business Phone: _____ **Extension:** _____
Social Security No.: _____
Military Background: _____
U.S. Citizenship: ()Yes ()No

SPOUSE:

Name: _____ **Birthdate:** _____
Maiden Name: _____ **Cell Phone:** _____
Business Address: _____ **City, Zip:** _____
Business Phone: _____ **Extension:** _____
Social Security No.: _____
Home Address and Phone (if not entered above) _____

Military Background: _____
U.S. Citizenship ()Yes ()No

FAMILY:

Date and Place of Marriage: _____
Marital History (divorces, deaths, and remarriages): _____

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Issue by present and former marriages and by adoption:

Name	Birthdate	Marital Status	Spouse and Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Dependents:

Name	Relationship	Obligation	Support
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE

	Company	Beneficiary(ies)	Face Amount	Whole Life/Term
Life-Client	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Life-Spouse	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Accidental Death-Client	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Accidental Death-Spouse	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

LIABILITIES

	Client	Spouse	Joint
Loans	_____ _____	_____ _____	_____ _____
Mortgage on Real Estate:			
Family Home	_____	_____	_____
Cost Basis:	_____		
Secondary Residence	_____	_____	_____
Cost Basis:	_____		
Other Real Estate	_____	_____	_____
Cost Basis:	_____		
Other Debts:	_____ _____ _____	_____ _____ _____	_____ _____ _____

MISCELLANEOUS

	Client	Spouse	Children
Inheritance (other than your estate)	_____ _____	_____ _____	_____ _____
Existing Trust Funds	_____ _____ _____	_____ _____ _____	_____ _____ _____

ANNUAL INCOME

	Client	Spouse	Joint
Salary	_____	_____	_____
Bonus	_____	_____	_____
Commission	_____	_____	_____
Interest	_____	_____	_____
Dividends	_____	_____	_____
Other Income	_____	_____	_____

ASSETS

	Client	Spouse's Name	Joint Names
Checking Account	_____	_____	_____
Savings Account	_____	_____	_____
Stocks	_____	_____	_____
Mutual Funds	_____	_____	_____
Bonds	_____	_____	_____
Deeds of Trust	_____	_____	_____
Family Home	_____	_____	_____
Other Real Estate (show state where located)	_____	_____	_____
	_____	_____	_____
IRA Accounts	_____	_____	_____
Keough/401K Accounts	_____	_____	_____
Pension, Profit-Sharing	_____	_____	_____
Other Retirement	_____	_____	_____
Other Personal Property:			
Automobiles	_____	_____	_____
Household Furnishings	_____	_____	_____
Others (jewelry, etc.)	_____	_____	_____
Other Business	_____	_____	_____
Interests (Describe)	_____	_____	_____

General Information

Does your spouse or any of your children have a handicap/special needs? _____

Are your parents/spouse's parents living? _____

Have you ever filed a gift tax return? _____

Have you made any gifts/transfer of assets within the past 5 years? _____

Are you the trustee or a beneficiary of a trust created by another person? _____

Miscellaneous

Do you have a will? _____

Do you have a power of attorney? _____

Do you have a living will/health care proxy? _____

Note

Care should be taken in completing this questionnaire because the information provided will be relied upon and will form the basis of estate planning discussions and documents.

Prepared By: _____

Date: _____