

ESTATE PLANNING QUESTIONNAIRE

NAME:

ADDRESS (Please specify county):

CONTACT INFORMATION:

Home number:

Work number:

Cell number:

Email address:

WHEN DO YOU NEED THE SERVICES COMPLETED BY?

Birth date:

Social Security Number:

Are you a U.S. Citizen?

Are you Married Divorced Widowed Single

If Married, did you sign a pre-nuptial agreement?

NAMES & AGES OF CHILDREN:

Do you have an Accountant or other Financial Advisor? If so, please list their name, address and telephone number.

Are you making payments pursuant to a divorce or property settlement order? ____ If yes, please provide my office with a copy of the order.

Do any of your children have special educational, medical, or physical needs? ____

Do any of your children receive governmental support or benefits? ____

Do you provide primary or other major financial support to adult children or others? ____

TYPES & VALUES of ASSETS:

REAL PROPERTY: (This would include your house, vacation home, time share, etc.)

Please list the address, its current market value, whether you have any mortgages on the property and how the property is titled (you solely, with another person as joint tenants, etc.)

FURNITURE & PERSONAL EFFECTS: (List separately major personal effects such as jewelry, art, antiques, furs, its current market value, and how the property is titled.)

Miscellaneous Furniture and Household Effects

AUTOMOBILES, BOATS AND RVs: (List separately each item, current market value, whether there is a loan for the item, and how the item is titled.)

BANK & SAVINGS ACCOUNTS: (Please list the type of account: Checking account "CA", Savings account "SA", Certificates of Deposit "CD", Money Market "MM", where the account is held, the value of the account and how the account is titled.)

STOCKS & BONDS: (If held in a brokerage account, lump them together. Please include the value of the account as well as how the account is titled.)

LIFE INSURANCE POLICIES & ANNUITIES: (Please list the company, type of policy, the value of the policy, and if there is a named beneficiary on that policy.)

RETIREMENT PLANS: (Please describe the type of Plan, the current value of the Plan, and if there is a named beneficiary on that plan).

BUSINESS INTERESTS: (Do you have an interest in a LLP, LLC, closely-held corporation, sole proprietorship, oil or farm interest? If so, please describe the interest and an approximate value of the interest.)

MONEY OWED TO YOU: (Mortgages or Promissory notes payable TO YOU. If so, please list who owes you the money, when you expect the debt to be repaid and the current amount owed to you.)

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT: (Gifts or Inheritance you expect to receive in the future or money you anticipate receiving through a judgment in a lawsuit. Please describe in detail.)

OTHER ASSETS: (Anything that hasn't been covered elsewhere.)

SUMMARY OF VALUES: (Joint Property values enter 1/2 the Total Value).

Real Property	_____
Furniture & Personal Effects	_____
Automobiles, Boats, & RV's	_____
Bank and Savings Accounts	_____
Stocks & Bonds	_____
Life Insurance & Annuities	_____
Retirement Plans	_____
Business Interests	_____
Money owed to You	_____
Anticipated Inheritance, Judgments	_____
Other	_____
Total	_____

Is there anyone you specifically want to exclude from your will? _____

How would you like your assets distributed upon your death?

Gifts to Charities:

EXECUTOR OF YOUR ESTATE (This is the individual who wraps up all of your affairs after you've passed away and follows all directions in your will.)

Primary -

Alternate -

FIDUCIARIES: If any heir is a minor at the time of your death, do you want a Trust set up? If, who do you want to handle the trust?

Primary -

Alternate -

At what age would you like the funds to be distributed?

If any of your children is a minor at the time of your death, and both biological/adoptive parents are deceased, who would you like to name as their Guardian? (The person who would take in your children and raise them.)

Primary -

Alternate -

ADVANCED HEALTHCARE DIRECTIVE: (The document which describes what health services you want in the event that you are unable to make them yourself and names an individual to follow those directions. If you want the "plug pulled" make sure the individual you select would be comfortable directing the doctor to do so.)

Primary -

Alternate - -

POWERS OF ATTORNEY: (The document which names an individual to handle all of your day to day affairs (pay bills, buy/sell property, deal with investment accounts) in the event that you are unable to handle them yourself.

Primary -

Alternate -

If you've named more than one person, do you want them to act:

_____ successively (one after the other)

_____ concurrently (independently of each other)

_____ jointly (not independent of each other. All must agree)

When do you want these powers to become effective?

___ immediately

___ only upon a doctor's certification that you are incapacitated (unable to handle your own affairs)

Do you want your agent to receive compensation for acting as your agent? If so, identify any limitations.