

Estate Planning Questionnaire

Please do not “guess” on the answers to these questions. If unsure of an answer, please confirm the answer or write “unknown”.

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? _____
If yes, please bring a copy to your appointment.

NAMES & AGES OF CHILDREN: Please specify whether each child is living or deceased and whether biological, adopted, or step-children.

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

Accountant: _____

Financial Advisor: _____

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? _____

If yes, please explain. _____

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

If yes, please explain. _____

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

TYPES & VALUES of ASSETS:

If yes, please explain. _____

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.).
Please bring a copy of the deed for each property to your appointment.

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 whose names are on the title to the vehicle.

BANK & SAVINGS ACCOUNTS: Please list the type of account: Checking account "CA", Savings account "SA", Certificates of Deposit "CD", Money Market "MM", what bank the account is held at, the average value of the account and whose names are on the account. **Include beneficiary information (both primary and secondary).**

STOCKS & BONDS: (If held in a brokerage account, lump them together as one line item). Please include the value of the account as well as whose names are on the account. (401K's, IRA's should be listed under retirement plans below.) **Include beneficiary information (both primary and secondary).**

LIFE INSURANCE POLICIES & ANNUITIES: Please list the company, type of policy, and the value of the policy (death benefit or current value, whichever is larger). **Include beneficiary information (both primary and secondary).**

RETIREMENT PLANS: Please describe the type of Plan (401K, IRA, Roth IRA), the current value of the Plan. **Include beneficiary information (both primary and secondary).**

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.) If there is an operating agreement for the company, please bring a copy to your appointment.

MONEY OWED TO YOU: (Mortgages or Promissory notes payable TO YOU). Please list who owes you the money, when you expect the debt to be repaid and the current amount owed to you. Please also bring a copy of documentation supporting the loan to your appointment.

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 ½ 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 - _____

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

_____ successively (The alternate person acts only if the primary person is unavailable)

_____ jointly (all must agree)

FIDUCIARIES: If any heir is a minor at the time of your death (i.e., child or grandchild), 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 are minors at the time of your death, and both 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 medical treatments/procedures you do/do not want in the event you are unable to make decisions yourself and appoints someone 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 - _____

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

_____ successively (The alternate person acts only if the primary person is unavailable)

_____ concurrently (both persons can act independently of each other)

_____ jointly (all must agree)

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

Primary - _____

Alternate - _____

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

- _____ successively (The alternate person acts only if the primary person is unavailable)
- _____ concurrently (both persons can act independently of each other)
- _____ jointly (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)
- _____ immediately for primary person and upon doctor's certification for alternate

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