

# CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

<b>Date:</b>
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## Personal Info

First Name:	M.I.	Last Name:	D.O.B.	Age
Address:			City/State/Zip:	
Phone:	Cell:	Email:		
Occupation:			Retired? Y ____ N ____	
Current Status:	Married? ____	How long? ____	Pre-nup? ____	Single? ____
	Divorced? ____	Widowed? ____		

First Name:	M.I.	Last Name:	D.O.B.	Age
Address (if different from above):			City/State/Zip:	
Phone:	Cell:	Email:		
Occupation:			Retired? Y ____ N ____	
Have a trust now? Y ____ N ____	Name/Date of Current Trust:			

## Children/Beneficiaries/Trustees

Names and birthdates of children of this marriage (can use middle initials):		
Name:	Birthday: / /	Male ____ Female ____
Name:	Birthday: / /	Male ____ Female ____
Name:	Birthday: / /	Male ____ Female ____
Name:	Birthday: / /	Male ____ Female ____
Names and birthdates of other children (can use middle initials)/Name of parent:		
Name:	Birthday: / /	Male ____ Female ____
Name:	Birthday: / /	Male ____ Female ____
Name of any deceased child: _____ Age at death: _____		
Name of any deceased child's children and ages: _____		
Name of any disabled child: _____ Age: _____		
Who will be guardian of your minor children (if both parents are deceased)?:		
1. (primary):	2. (backup):	

Who will inherit from you? Children only? Y ____ N ____ Others? Y ____ N ____ All will inherit equally? Y ____ N ____		
Others to inherit from you (beneficiaries):	Relationship to you?	Caregiver?

State additional information from this page here (you may attach additional pages if necessary):

<b>Successor Trustees</b> (become trustee after you – i.e. at your death)	
1. (primary):	2. (backup):

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## Health Care

Names of the people you would want to make your medical decisions for you if you cannot make them for yourself in order:

Primary:	Phone #:	Male_____ Female_____
Alternate 1:	Phone #:	Male_____ Female_____
Alternate 2:	Phone #:	Male_____ Female_____
Would you want to be kept alive on life support if you are in a persistent vegetative state?		Y _____ N _____

State specific health care wishes if any:

Names of the people you would want to make your medical decisions for you if you cannot make them for yourself in order if different from spouse:

Primary:	Phone #:	Male_____ Female_____
Alternate 1:	Phone #:	Male_____ Female_____
Alternate 2:	Phone #:	Male_____ Female_____
Would you want to be kept alive on life support if you are in a persistent vegetative state?		Y _____ N _____

State specific health care wishes if any:

Would you like to have an Estate Liquidity Plan? (Money set aside specifically for your funeral costs/last bills/etc.) Y \_\_\_\_\_ N \_\_\_\_\_

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## ASSETS

Real Estate (Include Residence, Condos, Rentals, Land, Vacation Homes, Mobile Homes)

Address	Worth \$	Owes \$	Joint Owner?

Own a Business? Y \_\_\_\_ N \_\_\_\_ Name: \_\_\_\_\_ Value (aprox)? \_\_\_\_\_

What type?  
 Sole Proprietorship? \_\_\_\_\_ LLC? \_\_\_\_\_ LLP? \_\_\_\_\_ Corporation? \_\_\_\_\_

Other Assets (aprox value):

Bank Accounts \$	Savings Accounts \$	CDs \$
Money Market Funds \$	Stocks \$	Bonds \$
Mutual Funds \$	Retirement Plans \$	IRAs \$
Annuities \$	Life Insurance \$	Other \$

ALL other property and assets NOT included above (Oil, Mineral, Gas Rights; Time Shares; Money Owed to You; LLC, LLP, Partnerships; Joint Tenancies; Pension; etc):	Worth \$

Personal Property

Cars \$	R.V.s \$	Boats \$
Antiques \$	Art \$	Jewelry \$
Collections \$	Musical Instruments \$	

All Other Valuable Items (list):	Worth \$

**Aprox. Total Value of Estate \$:** \_\_\_\_\_

Additional information you wish to include (you may attach pages if necessary):

HOW DID YOU FIND US? REFERRAL \_\_\_\_\_ WEBSITE \_\_\_\_\_ YELP \_\_\_\_\_ PRINT AD \_\_\_\_\_ OTHER? \_\_\_\_\_

If Referred, by whom? \_\_\_\_\_