

Confidential Estate Planning Questionnaire

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**Confidential Client Questionnaire
Client Estate Planning Data**

	Husband	Wife
Name		
Residence Address		
County		
City, State, Zip Code		
Residence Telephone		
Occupation		
Employer/Business Name		
Business Address		
City, State, Zip Code		
Business Telephone		
Birth Date		
Social Security Number		
Place of Birth		
Marriage: Date _____ County _____ State _____		
Pre-nuptial/Post-nuptial agreement? ____ Yes ____ No (If yes, please supply copy.)		
Husband previously married? __ Yes __ No If so, how many times? __ Wife previously married? __ Yes __ No If so, how many times? __ For each prior marriage of either spouse, indicate: <ul style="list-style-type: none"> • name of prior spouse _____ • date of marriage _____ • date of termination _____ • reason for termination (divorce, death) _____ • Is prior spouse living? __ Yes __ No Please supply copy of any divorce decrees.		

List children, including adopted and deceased children, in order of birth:

	Child's Name	Address	Social Security Number	Birth Date	Born of a Prior Marriage?	Name of Child's Spouse
1						
2						
3						

Do you or does anyone in your family have any special considerations or problems, such as health, marital, financial dependency, etc.? If so, please detail.

Provide information as to any grandchildren and other relatives or friends to be considered in estate plans. Also, are there any relatives or individuals whom you would like to specifically *exclude* from any gifts? If so, whom? (Please provide all details.):

Relevant Documents

1. Do either of you presently have a Will? ___ Yes ___ No
2. A trust? ___ Yes ___ No
3. Have either of you executed a power of attorney? ___ Yes ___ No
4. Where are the originals of these documents located?

If this office did not prepare the documents, please provide copies.

General Information

5. Name and address of accountant: _____

6. Name and address of banker: _____

7. Name and address of life insurance agent: _____

8. Name and address of investment broker: _____

9. Name and address of physician(s): _____

10. Is either spouse a veteran? If so, what is spouse's service number and does spouse have any service disability? _____

11. Does either spouse have a pension? If so, who are the beneficiaries? _____

12. Do you have a safe deposit box? ___ Yes ___ No
If so, at which bank(s)? _____
Name(s) on lease? _____
Deputies, if any? _____

Gifts of Property

13. Have you made gifts to anyone of property, including cash, by direct gift,

by creating a joint tenancy, or by creating a trust? ___ Yes ___ No
If yes, did the amount of gifts to any one person in any calendar year:

- a. Total \$3,000 or more for any year 1977 through 1981? ___ Yes ___ No
- b. Total \$10,000 or more for any year after 1981? ___ Yes ___ No
- c. Involve a life insurance policy of any value? ___ Yes ___ No
- d. Get reported on a gift tax return? ___ Yes ___ No

If yes to any question, please give details and attach copies of any gift tax return(s).

Nearest Living Relatives

14. Give names, relationship, address of parents, brothers, sisters, etc.

Husband: _____

Wife: _____

Community Property

15. During your marriage, did you ever reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI)? ___ Yes ___ No

If yes, give detail concerning when (dates) and list any property acquired while living there that you still own:

Property

All property owned by you and your spouse, or in which either or both of you have an interest, must be considered. The following pages provide for information on various types of property. Please provide as much information as possible, particularly the values. List the value under the appropriate column based on ownership. For example, if the residence has a value of \$50,000 and is jointly titled, put the \$50,000 value in the "Joint" column, nothing in the "Husband" or "Wife" column; or, if each of you own stock in your name, put the values in each applicable column. If there is not enough space, add pages or use the back of pages.

I. Real Estate

List all kinds—vacant land, houses, commercial, etc.

Value

	Husband	Wife	Joint
1. Address:	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)
2. Address:	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)
3. Address:	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)
4. Address:	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)

II. Motor Vehicles

Include all automobiles, boats, trailers, aircraft, recreational vehicles, campers, motorcycles, etc.

Value

	Husband	Wife	Joint
1. Year, make, and model:	\$	\$	\$
Loan(s):	(\$)	(\$)	(\$)
2. Year, make, and model:	\$	\$	\$
Loan(s):	(\$)	(\$)	(\$)
3. Year, make, and model:	\$	\$	\$
Loan(s):	(\$)	(\$)	(\$)

III. Bank Accounts

Include all types of “cash” accounts, such as checking and savings accounts, certificates of deposit, credit union, etc.

Value

	Husband	Wife	Joint
1. Checking Accounts:	\$ \$	\$ \$	\$ \$
2. Savings, CDs, Credit Unions:	\$ \$	\$ \$	\$ \$
3. Others:	\$ \$	\$ \$	\$ \$

IV. Securities

Include all stock (both public and closely held), bonds, promissory notes, mortgages, money market funds, and other similar property in which you have any interest.

Value

	Husband	Wife	Joint
1. Securities on Listed Exchanges:	\$	\$	\$
2. Closely Held Stocks:	\$	\$	\$
Name of Company:	\$	\$	\$
	\$	\$	\$
3. Money Market Accounts:	\$	\$	\$
	\$	\$	\$
4. Others:	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

V. Retirement, Pension, Profit-Sharing, Individual Retirement Accounts

For value, give the amount actually in the plan.

Value

Name of Company and of Plan	Husband	Wife	Beneficiary
1.	\$	\$	
2.	\$	\$	
3. IRA Accounts:	\$ \$	\$ \$	

VI. Life Insurance

Include all policies even if there is no value, including insurance through your employer. Place face amount (amount payable at death) in column of owner.

Face Value

	Husband	Wife
1. Company: _____ Type of Policy: _____ Insured: _____ Beneficiaries: _____ _____	\$	\$
2. Company: _____ Type of Policy: _____ Insured: _____ Beneficiaries: _____ _____	\$	\$
3. Company: _____ Type of Policy: _____ Insured: _____ Beneficiaries: _____ _____	\$	\$
4. Company: _____ Type of Policy: _____ Insured: _____ Beneficiaries: _____ _____	\$	\$

VII. Business Interests

Include any interest in sole proprietorships, partnerships, joint ventures, or other noncorporate businesses.

Value

	Husband	Wife	Joint
1. Name: _____ Address: _____ Type of Business: _____ Ownership Interest: _____	\$	\$	\$
2. Name: _____ Address: _____ Type of Business: _____ Ownership Interest: _____	\$	\$	\$

VIII. Household and Personal Goods and Other Assets

Include all furniture, household goods, personal effects, and similar items as one amount. List any antique, gun collection, coin or stamp collection, etc. separately if of significant value. List any other asset that has a significant value.

Value

	Husband	Wife	Joint
1. Household Goods, Furniture, Personal Effects, etc.	\$	\$	\$
2.			
3.			

	Husband	Wife	Joint

Your Estate Plans

The most important part of our work is ensuring that your plans and desires are carried out. Your thoughts and plans, both generally and specifically, are of utmost importance.

In general terms, who should receive your property and on what terms (outright, in trust, other)?

If you have minor children, who would you prefer to act as guardian if both parents are deceased?

Who should serve as Personal Representative and backup(s) of your estate?

Who should serve as Trustee and backup(s) for any trusts?

Most people have certain items of their property they want to leave to certain individuals. Items of personal property (jewelry, china, guns, etc.) can be handled by a list separate from the will or trust. What items, if any, do you want to give to specific persons under your will or trust?

If any of these items are subject to a debt, is the debt to be paid by the recipient or your estate?

If any estate or inheritance taxes are due, should those be paid by the persons receiving your property or by your estate?

Do you have any money amounts you want given to others (individuals or charities)?

Burial instructions (cremation, specific funeral arrangements):

Anatomical gifts to take effect at death (gift of your body for education, research, or advancement of medical science, transplants, etc.):

Other thoughts:
