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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
PLEASE COMPLETE THIS QUESTIONNAIRE PRIOR TO OUR INITIAL CONSULTATION

The information provided is protected by the attorney-client privilege and will be held strictly confidential. It will be used only in formulating recommendations for your estate plan and will not be revealed by us to any person or entity without your specific authorization. The time you spend completing this form will greatly increase our efficiency and our ability to deliver appropriate quality service to you.

Background Information: **Date**:________________

SELF

Name: (last, first, middle)________________ Date of Birth:________________
Address:________________ Residence Phone Number:________________
________________ Work Phone Number:________________
Employer:________________ Preferred Email:________________
Citizenship:__________Cell Phone No.__________ Year(s) Gift Tax Return Filed:__________

Safe Deposit Box Location:________________ Names on Box:________________

Previous Divorce(s): provide copy of each divorce decree

Name:________________ Date of Divorce:________________
Name:________________ Date of Divorce:________________

SPOUSE

Name: (last, first, middle)________________ Date of Birth:________________
Address:________________ Residence Phone Number:________________
________________ Work Phone Number:________________
Employer:________________ Preferred Email:________________
Citizenship:__________Cell Phone No.__________ Year(s) Gift Tax Return Filed:__________

Safe Deposit Box Location:________________ Names on Box:________________

Previous Divorce(s): provide copy of each divorce decree

Name:________________ Date of Divorce:________________
Name:________________ Date of Divorce:________________

Children: (including children of any deceased child of yours)

Name	Relationship	Address	Birthdate	Disability if any	Government Benefits, if any

Are you currently expecting any children? ________________

Assets:

Cash: (Checking, Savings, Certificates, Etc.)

Bank	*Account Type*	*Owner(s)*	*Balance*
			$
			$
			$
			$
			$

TOTAL: $ 0.00

Brokerage Accounts: (not incl. retirement accounts)

Brokerage Firm	*Owner(s)*	*Value*
		$
		$
		$
		$

TOTAL: $ 0.00

Individually-Held Stocks & Bonds: (not included in above brokerage accounts)

Entity	*No. of Shares*	*Cost*	*Owner(s)*	*Value*
				$
				$
				$
				$

TOTAL: $ 0.00

Life Insurance:

Company	*Type of Policy:**	*Policy No.*	*Insured (Owner, if different)*	*Primary/ Contingent Beneficiaries*	*Cash Surrender Value (if appl.)*	*Face Value*
					$	$
					$	$
					$	$
					$	$

*Whole life, variable, universal, term

CSV Total: $ 0.00 **FV TOTAL:** $ 0.00

Real Estate:

*Type**	*Address-Location*	*Owners*	*Cost*	*Market Value*
			$	$
			$	$
			$	$
			$	$

*Residential, vacation, rental, commercial, etc.

COST TOTAL: $ 0.00 **MV TOTAL:** $ 0.00

Business Interests:

*Form**	*Name & Nature of Business*	*% Ownership*	*Value of Your Interest*
		%	$
		%	$
		%	$
		%	$

*Corporation, partnership, limited liability company, professional corporation

TOTAL: $ 0.00

Household/Personal Property:
In addition to general household items, only list very significant items or collectibles.

Description	*Owners*	*Value*
General Household Items		$
		$
		$
		$
		$
		$

TOTAL: $ 0.00

Retirement Plans, IRAs, and Employee Death Benefits:

Description	*Owner(s)*	*Primary & Contingent Beneficiaries*	*Value*
			$
			$
			$
			$

TOTAL: $ 0.00

Expected Inheritances:

Description	*Expected by:** *Self*	*Spouse*	*From:*	*Value*
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$

*Check each that applies

TOTAL: $ 0.00

Other Assets:

Description	*Owner*	*Value*
		$
		$
		$
		$

TOTAL: $ 0.00

Liabilities:

Mortgages: (Deeds of Trust, including Home Equity Loans)

Description of Property	*Name of Lender*	*Amount*
		$
		$
		$
		$
		$

TOTAL: $ 0.00

Other Debts:

Type	*Name of Lender*	*Amount*
		$
		$
		$
		$
		$

TOTAL: $ 0.00

SUMMARY OF ASSETS AND LIABILITIES:
ASSETS:___________________
LIABILITIES: ______________
NET ESTATE: ______________

Estimated income tax rates for year: ____________________

Financial/Business Advisors:

Accountant/Tax Advisor:

Name:______________________________Address________________________Phone #__________________

Financial Advisor/Stock Broker

Name:______________________________Address________________________Phone #__________________

PERSONAL REPRESENTATIVE:
A personal representative is a person appointed by you to manage your estate and to carry out the terms of your Will. The Court will appoint a personal representative if you do not name one. It is desirable to name a personal representative and a substitute personal representative. Spouses often, but not always, name each other as first choice.

Name of Personal Representative(s):

Name_____________________________________ Address___________________________________
Phone Number______________________________

Successor Personal Representative(s):
1st: Name_________________________________ Address___________________________________
Phone Number______________________________
2nd Name_________________________________ Address___________________________________
Phone Number______________________________

GUARDIAN:
You should name a guardian if you have minor children. This person will have charged of the children, subject to Court approval. You may appoint the same or different person as trustee to hold your property and make your property available for your children according to your Will.

Guardian(s):
Name of Individual or Couple:____
Phone Number:________________________

Address:____

Successor Guardian(s)
Name of Individual or Couple:____
Phone Number:________________________

Address:____

TRUSTEE:
The Trustee named in your Will manages any estate assets to be held for the benefit of a beneficiary. For example, a trust should be used where assets pass to minor children or grandchildren.

Name of Trustee or Co-Trustee(s):
Name:________________________ Address:____________________________
Phone Number:__________________

Name:________________________ Address:____________________________
Phone Number:__________________

Successor Trustee(s):
1st Name:______________________ Address:____________________________
Phone Number:__________________
2nd Name:______________________ Address:____________________________
Phone Number:__________________

Agent for Financial Matters:
If you become unable to manage your own financial affairs, who would you want to manage things in your place. Spouse often, but not always, name each other as first choice.

Name of Agent/Attorney in Fact:
Name:________________________ Address:____________________________
Phone Number:__________________

Successor Agent(s):
1st Name:______________________ Address:____________________________
Phone Number:__________________
2nd Name:______________________ Address:____________________________
Phone Number:__________________

Agent for Health Care:
If you become unable to manage your own health care decisions, who would you want to manage things in your place. Spouse often, but not always, name each other as first choice.

Name of Agent:
Name:________________________________ Address:______________________________________
Phone Number:________________________

Successor Agent(s):
1st Name:______________________________ Address:______________________________________
Phone Number:________________________
2nd Name:______________________________ Address:______________________________________
Phone Number:________________________

ESTATE DISTRIBUTION:
You do not need to describe every item of your personal and real property. However, if there is anything specific that you want to go to a particular beneficiary, list it below. Also, list any specific sum of money you want to give to a particular beneficiary.

Item	*Name and Address of Beneficiary*	*Phone Number*

BALANCE OF ESTATE:
For a general idea of how you would like your estate distributed at your death, complete the items below. This will be used as a starting point for further discussion. Indicate on of the following if you are married.

________All of balance to surviving spouse.
________Part of estate outright to surviving spouse and part in trust for spouse if it minimizes estate taxes
________Other amount to surviving spouse: $__________

If you are not married, indicate who is to receive the remainder of your estate and what percentage of the remainder each beneficiary is to receive. If you are married, indicate who is to receive your estate if your spouse does not survive you.

Percentage	*Individual or Organization*	*Address*
%		
%		
%		
%		

For amounts which would go to your children, indicate and complete one of the following:

______________Trustee shall divide into separate shares when youngest child reaches age _____________ and shall distribute all amounts then to children.

______________Trustee shall divide into separate shares when youngest child reaches age _____________ and income from each share shall be paid out annually but the principal shall not be distributed until the child reaches age(s)____________________

_______________Other____

ADDITIONAL INFORMATION:
Use this space below to list any additional information that may be important in your estate planning such as the following:

Divorce Obligations:____

Adopted Children:____

Insurance Agents:____

Investment Advisors:____

Premarital Agreement:____

Medical Concerns: ____

List any questions you have concerning your estate planning below:

____

____

____

Current Estate Planning Documents:

	Self		Spouse	
	Already Have	Wish to Discuss	Already Have	Wish to Discuss
Last Will & Testaments				
Revocable Trusts				
Lifetime Gifting				
Power of Attorney				
Health Care Power of Attorney and/or POST				
Living Wills				
Prepaid funeral arrangements or directions for disposal of remains				

Please provide a copy of the following documents:
Current Wills/Trusts and all other estate planning documents
Gift Tax returns for each gift
Divorce Decrees
Premarital Agreements
Insurance Policy Declarations
Prepaid funeral arrangements