



This questionnaire is a tool to help you gather information pertinent to your estate plan. In completing the questionnaire, please be as complete as possible. When financial information is requested, generally approximate values will be sufficient. If you have any questions, please let us know.

## PERSONAL INFORMATION

### Single Client or Spouse 1

Name (First, middle initial, last)	Birthdate	Gender	Social Security No.
Occupation	Employer		Business Phone No.
Email Address	Home Phone No.		Cell Phone No.

### Spouse 2

Name (First, middle initial, last)	Birthdate	Gender	Social Security No.
Occupation	Employer		Business Phone No.
Email Address	Home Phone No.		Cell Phone No.

### Home Address

Street			
City/Town/Village (circle one)	County	State	Zip Code

### Mailing Address *(if different from above)*

Street			
City/Town/Village (circle one)	County	State	Zip Code

# Estate Planning Questionnaire

## Marriage

Date and place of marriage \_\_\_\_\_

State of Residence:

\_\_\_\_\_ Client/Spouse 1                      \_\_\_\_\_ Spouse 2

Date Current Residency Established:

\_\_\_\_\_ Client/Spouse 1 (Y/N)                      \_\_\_\_\_ Spouse 2 (Y/N)

Have you or either spouse previously been married?

\_\_\_\_\_ Client/Spouse 1 (Y/N)                      \_\_\_\_\_ Spouse 2 (Y/N)

If you or either spouse has been divorced in the past, please provide a copy of the divorce decree.

If married, have you executed a pre- or post-marital agreement? If yes, please provide a copy.

## Citizenship

Are you a U.S. citizen?

\_\_\_\_\_ Spouse 1/Single Client (Y/N)                      \_\_\_\_\_ Spouse 2 (Y/N)

Citizenship if Not US:

\_\_\_\_\_ Client/Spouse 1                      \_\_\_\_\_ Spouse 2

## Children *(List all children whether living at home or not)*

*(Under "Number of Children" indicate how many children that child has)*

(First	Name Middle Initial	Last)	Birthdate	Soc. Sec. No.	Gender	Natural Born Of		Adopted By		Stepchild Of		Number of Children
						1	2	1	2	1	2	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Please indicate if there are any special circumstances affecting the physical or mental health of your children:

# Estate Planning Questionnaire

## Spouse 1/Single Client's Parents Living?

	Yes	No	Age
Mother			_____
Father			_____

## Spouse 2's Parents Living?

	Yes	No	Age
Mother			_____
Father			_____

Special Needs or Circumstances of Parents:

## FINANCIAL DATA

For the following, please use the following abbreviations for "Source of Funds": Wages = W; Passive Income (for example, interest/dividends) = I; Gifted or Inherited Property = G; Property Owned Prior to Marriage = P; Combination or Mixture of Above Categories = M.

Asset Type:	Client/Spouse 1's Name	Joint Names	Spouse 2's Name	Date Acquired	Source of Funds
Cash Accounts	\$ _____	\$ _____	\$ _____	_____	_____
Primary Residence	\$ _____	\$ _____	\$ _____	_____	_____
Other Real Estate	\$ _____	\$ _____	\$ _____	_____	_____
Non-Retirement Investments:					
Stocks/Bonds/etc.	\$ _____	\$ _____	\$ _____	_____	_____
Illiquid/Private Equity	\$ _____	\$ _____	\$ _____	_____	_____
Retirement Accounts:					
401k/403b Plans	\$ _____	\$ _____	\$ _____	_____	_____
IRAs	\$ _____	\$ _____	\$ _____	_____	_____
Pension/Profit Sharing	\$ _____	\$ _____	\$ _____	_____	_____
Stock Options	\$ _____	\$ _____	\$ _____	_____	_____
Deferred Compensation	\$ _____	\$ _____	\$ _____	_____	_____
Closely-Held Businesses					
S or C Corporations	\$ _____	\$ _____	\$ _____	_____	_____
LLCs	\$ _____	\$ _____	\$ _____	_____	_____
Partnerships	\$ _____	\$ _____	\$ _____	_____	_____
Cryptocurrency	\$ _____	\$ _____	\$ _____	_____	_____
Other Assets	\$ _____	\$ _____	\$ _____	_____	_____
<b>Totals:</b>	\$ _____	\$ _____	\$ _____	\$ _____	_____
					Total Estate + Insurance
					less \$ _____
					Total Liabilities
					equals \$ _____
					Net Estate

# Estate Planning Questionnaire

## Life Insurance Information

Please list each insurance contract separately.

Under "Type" of insurance, please indicate as follows: Whole Life (W), Term (T), Split Dollar (S) or Corporate Owned (C).

Face Value	Type	Insured	Company	Beneficiary		Owner
				Primary	Contingent	
\$ _____	_____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____	_____

## Additional Retirement Benefit Information

Type of Plan	Participant	Account Balance	Primary Beneficiary	Contingent Beneficiary	Currently Contributing?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Liabilities

Indicate your and your spouse's liabilities:

Client/Spouse 1	Joint	Spouse 2	Secured (Y/N)	Date Incurred	Purpose
(1) \$ _____	\$ _____	\$ _____	_____	_____	_____
(2) \$ _____	\$ _____	\$ _____	_____	_____	_____
(3) \$ _____	\$ _____	\$ _____	_____	_____	_____
(4) \$ _____	\$ _____	\$ _____	_____	_____	_____

# Estate Planning Questionnaire

Are you/either spouse presently the beneficiary of an Estate of Trust? \_\_\_\_\_ (Y/N)

Do you/either spouse expect to receive a significant gift or inheritance in the future? \_\_\_\_\_ (Y/N)

Have you filed a gift tax return? \_\_\_\_\_ (Y/N) Client/Spouse 1 \_\_\_\_\_ (Y/N) Spouse 2

Do you have a Power of Attorney for finances? \_\_\_\_\_ (Y/N) Client/Spouse 1 \_\_\_\_\_ (Y/N) Spouse 2

Do you have a health care Power of Attorney? \_\_\_\_\_ (Y/N) Client/Spouse 1 \_\_\_\_\_ (Y/N) Spouse 2

Do you have a Living Will/Advance Directive? \_\_\_\_\_ (Y/N) Client/Spouse 1 \_\_\_\_\_ (Y/N) Spouse 2

## Income

Indicate your annual income from the following sources:

	Client/Spouse 1	Spouse 2
Salary/Commissions	\$ _____	\$ _____
Income from Closely-Held Businesses	\$ _____	\$ _____
Income from Investments	\$ _____	\$ _____
Trust Distributions	\$ _____	\$ _____

Miscellaneous information regarding your personal and financial situation which may be pertinent to your estate plan.