



Estate Planning

Personal and Financial Questionnaire

I. PERSONAL/FAMILY DATA

Date: _____

Client 1:

Name (full legal name): _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Country of Citizenship: U.S. Other: _____ Date of Naturalization: _____

Occupation: _____

Employer: _____

Work Address: _____

E-Mail Address: _____

Client 2 (if applicable):

Name (full legal name): _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Country of Citizenship: U.S. Other: _____ Date of Naturalization: _____

Occupation: _____

Employer: _____

Work Address: _____

E-Mail Address: _____

II. MARITAL STATUS: Married Not Married

III. CHILDREN AND GRANDCHILDREN

1. Name: _____ Date of Birth: _____

Child of: Both Client 1 Client 2 Spouse's Name: _____

Home Address: _____

Children of this Child:

a. Name: _____ Date of Birth: _____

b. Name: _____ Date of Birth: _____

c. Name: _____ Date of Birth: _____

2. Name: _____ Date of Birth: _____

Child of: Both Client 1 Client 2 Spouse's Name: _____

Home Address: _____

Children of this Child:

a. Name: _____ Date of Birth: _____

b. Name: _____ Date of Birth: _____

c. Name: _____ Date of Birth: _____

3. Name: _____ Date of Birth: _____

Child of: Both Client 1 Client 2 Spouse's Name: _____

Home Address: _____

Children of this Child:

a. Name: _____ Date of Birth: _____

b. Name: _____ Date of Birth: _____

c. Name: _____ Date of Birth: _____

4. Name: _____ Date of Birth: _____

Child of: Both Client 1 Client 2 Spouse's Name: _____

Home Address: _____

Children of this Child:

a. Name: _____ Date of Birth: _____

b. Name: _____ Date of Birth: _____

c. Name: _____ Date of Birth: _____

IV. BACKGROUND INFORMATION

1. Client 1

Have you been married previously?

YES NO

If yes, please specify how the marriage(s) ended (divorce or death?) If divorced:

- Was a property settlement agreement entered into?

(If yes, please furnish a copy of the property settlement agreement.)

- Are there any obligations to pay child support, alimony or maintain life insurance?

(If yes, please furnish a copy of the support agreement.)

If widowed:

- Date of death

- Was a federal estate tax return (Form 706) filed for your deceased spouse?

(If yes, please furnish a copy of the 706.)

- Are you the beneficiary of any trusts established by your deceased spouse?

(If yes, please furnish a copy of the trust(s).)

Client 2

Have you been married previously?

YES NO

If yes, please specify how the marriage(s) ended (divorce or death?) If divorced:

- Was a property settlement agreement entered into?

(If yes, please furnish a copy of the property settlement agreement.)

- Are there any obligations to pay child support, alimony or maintain life insurance?

(If yes, please furnish a copy of the support agreement.)

If widowed:

- Date of death

- Was a federal estate tax return (Form 706) filed for your deceased spouse?

(If yes, please furnish a copy of the 706.)

- Are you the beneficiary of any trusts established by your deceased spouse?

(If yes, please furnish a copy of the trust(s).)

2. If you are married, have you ever entered into a premarital or post-marital agreement?

YES NO

(If yes, please furnish a copy of the agreement.)

3. Are any of your children or grandchildren (or other beneficiaries) currently receiving (or are likely to receive) governmental support or benefits as a result of special educational, medical or physical needs?

YES NO

If yes, please provide name: _____

4. Have either of you ever filed a gift tax return (Form 709)?

YES NO

(If yes, please provide a copy of the 709 return(s).)

5. Are you the beneficiary of any trust established for your benefit?

YES NO

(If yes, please provide a copy of the trust(s).)

6. Do you currently have umbrella liability insurance?

YES NO

VII. KEY PEOPLE IN ESTATE PLAN

Note: Spouses do not necessarily have to choose the same key people. Additionally, we recognize that you may not have made decisions regarding the names requested here before your initial meeting with us. We will discuss this section further with you.

A. Trustee(s) of Revocable Living Trust - *Someone to manage your assets if you are disabled or die (i.e., adult children, other family members, trusted friends and/or a professional trustee)*

| | Client 1 | | Client 2 |
|---------------|-----------------|---------------|-----------------|
| Initial | _____ | Initial | _____ |
| 1st Successor | _____ | 1st Successor | _____ |
| 2nd Successor | _____ | 2nd Successor | _____ |

B. Executor(s) of Will - *Someone to administer your will through the court system, if applicable upon your death (i.e., adult children, other family members, trusted friends and/or a professional executor)*

| | Client 1 | | Client 2 |
|---------------|-----------------|---------------|-----------------|
| Initial | _____ | Initial | _____ |
| 1st Successor | _____ | 1st Successor | _____ |
| 2nd Successor | _____ | 2nd Successor | _____ |

C. Guardian(s) for Minor Children - *Someone to care for your children if something happens to you or your spouse*

| | Client 1 | | Client 2 |
|---------------|-----------------|---------------|-----------------|
| Initial | _____ | Initial | _____ |
| 1st Successor | _____ | 1st Successor | _____ |
| 2nd Successor | _____ | 2nd Successor | _____ |

D. Agent(s) in Durable General Power of Attorney - *Someone to make financial and administrative decisions for you*

| | Client 1 | | Client 2 |
|---------------|-----------------|---------------|-----------------|
| Initial | _____ | Initial | _____ |
| 1st Successor | _____ | 1st Successor | _____ |
| 2nd Successor | _____ | 2nd Successor | _____ |

E. Agent(s) in Advance Medical Directive - *Someone to make health and medical care decisions for you if you become incapacitated*

| | Client 1 | | Client 2 |
|---------------|-----------------|---------------|-----------------|
| Initial | _____ | Initial | _____ |
| 1st Successor | _____ | 1st Successor | _____ |
| 2nd Successor | _____ | 2nd Successor | _____ |

VIII. ASSETS AND LIABILITIES—approximate

ASSETS (use estimated current fair market value)

Real Property

| Type of Property | Owner(s) | Address | Value | Mortgage Bal. | Total Equity |
|------------------|----------|---------|-------|---------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total Equity in Real Property: \$ _____

Cash Accounts (checking/savings/money market/certificate(s) of deposit)

| Type of Account | Owner(s) | Financial Institution | Balance |
|-----------------|----------|-----------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total Value of Cash Accounts: \$ _____

Taxable Investment Accounts (stocks/bonds/mutual funds)

| Type of Account | Owner(s) | Financial Institution | Balance |
|-----------------|----------|-----------------------|---------|
| | | | |
| | | | |
| | | | |

Total Value of Taxable Investment Accounts: \$ _____

Life Insurance Policies

| Company | Owner | Insured | Term/Permanent | Beneficiary | Cash Value | Death Benefit |
|---------|-------|---------|----------------|-------------|------------|---------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Value of Death Benefits: \$ _____

Qualified Retirement Plans (401k/IRA/TSP,etc.)

| Financial Institution | Type of Account | Owner | Primary Ben. | Contingent Ben. | Value |
|-----------------------|-----------------|-------|--------------|-----------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total Value of Qualified Retirement Plans: \$ _____

Business Interests (LLC/Partnership/Corporations)

| Business Name | Type of Entity (LLC/ Corp., etc.) | Owner(s) | State Formed | Percentage Ownership | Value of Interest |
|---------------|-----------------------------------|----------|--------------|----------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Total Value of Business Interests: \$ _____

Other Assets

| | Owner(s) | Beneficiaries (if applicable) | Value |
|--|----------|-------------------------------|-------|
| Tangible Personal Property (cars, jewelry, etc.) | | n/a | |
| Stock Options | | | |
| Notes Receivable | | | |
| Annuities | | | |
| Deferred Comp. | | | |
| | | | |

Total Value of Other Assets: \$ _____

TOTAL ASSETS \$ _____

LIABILITIES**Loans (car, student, credit card, etc.)**

| Type | Lender | Loan Balance |
|------|--------|--------------|
| | | |
| | | |
| | | |

TOTAL LIABILITIES \$ _____

CURRENT NET WORTH (total assets less total liabilities): \$ _____

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We do not disclose any non-public personal information about our clients or former clients to anyone except as required by law, or as authorized by that client.

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