



ESTATE PLANNING QUESTIONNAIRE

Full Legal Name (Client #1): _____

Name Used to Sign Documents: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Email: _____ Preferred Method of Contact: _____

Status: Single Married (year _____) Prenuptial agreement (year _____)
 Divorced Widow/Widower Registered Domestic Partnership

Birthdate: _____ Social Security Number: _____

Occupation: _____ Vet ID No: _____



Full Legal Name (Client #2): _____

Name Used to Sign Documents: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Email: _____ Preferred Method of Contact: _____

Status: Single Married (year _____) Prenuptial agreement (year _____)
 Divorced Widow/Widower Registered Domestic Partnership

Birthdate: _____ Social Security Number: _____

Occupation: _____ Vet ID No: _____

Children (Including Adopted Children)

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Children of Former Relationship(s)

Name: _____ DOB: _____

Address: _____

Phone: _____ Parent: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Parent: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Parent: _____

Income Information

Source:	Received By:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Property Information

Real Estate

Address	Owned by:	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Cash Accounts

Name of Institution	Owned by:	Type (Checking/Savings, etc)	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Investments (Stocks, Bonds, etc)

Name of Institution	Owned by:	Type	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Retirement Accounts (Including IRAs, 401ks, etc.)

Company	Owned by:	Beneficiary	Present Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Life Insurance (For type, use “W/L” for whole life and “T” for term)

Company	Type	Owner	Beneficiary	Death Benefit	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

Annuities

Company	Owned by:	Beneficiary	Present Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Business Interests (For Type, Use "C" for Corporation, "P" for Partnership, "LLC" for Limited Liability Company, "SP" for Sole Proprietorship)

Name of Business	Owned by:	Type	% Interest	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Mortgages/ Promissory Notes/ Loans

Owed to:	Owed by:	Term	Amount Now Due
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Miscellaneous (List Only Major Personal Effects Such as Automobiles, Valuable Jewelry, Paintings, Coin Collections, Stamp Collections, etc.)

Item	Owned by:	Net Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Safe Deposit Box

Safe Deposit Box No: _____

Name of Institution: _____

Others listed on box:

Name: _____

Relationship: _____

Address: _____

Phone: _____

Advisors

Title	Name	Telephone
Accountant/CPA	_____	_____
Financial Planner	_____	_____
Tax Preparer	_____	_____
Life Insurance Agent	_____	_____

Other Important Information: _____

** Please bring copies of any existing estate planning documents (Will, Trust, Power of Attorney, etc) with you to your meeting. It is also helpful to have account statements and any beneficiary information for each asset you currently own.