

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

DATE: _____

FAMILY AND OCCUPATIONAL DATA

1. PLEASE COMPLETE THE FOLLOWING FAMILY DATA:

HUSBAND: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Social Security #: _____ *for your protection if you plan to email or fax this document, do not enter your SSN*

Home Telephone #: (_____) _____

Employer: _____ Occupation: _____

Business Address: _____

Business Telephone #: (_____) _____ Fax #: (_____) _____

Email: _____

WIFE: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Social Security #: _____ *for your protection if you plan to email or fax this document, do not enter your SSN*

Home Telephone #: (_____) _____

Employer: _____ Occupation: _____

Business Address: _____

Business Telephone #: (_____) _____ Fax #: (_____) _____

Email: _____

CHILDREN (1) _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: (_____) _____ Social Security #: _____

Married Single Student Spouse's Name: _____

CHILDREN (2) _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: (_____) _____ Social Security #: _____

Married Single Student Spouse's Name: _____

CHILDREN (3) _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: (_____) _____ Social Security #: _____

Married Single Student Spouse's Name: _____

CHILDREN (4) _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: (_____) _____ Social Security #: _____

Married Single Student Spouse's Name: _____

PLEASE LIST ADDITIONAL CHILDREN ON REVERSE SIDE OF THIS SHEET.

GRAND CHILDREN (1) _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: (_____) _____ Social Security #: _____

Married Single Student Spouse's Name: _____

GRAND CHILDREN (2) _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: (_____) _____ Social Security #: _____

Married Single Student Spouse's Name: _____

GRAND CHILDREN (3) _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: (_____) _____ Social Security #: _____

Married Single Student Spouse's Name: _____

GRAND CHILDREN (4) _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: (_____) _____ Social Security #: _____

Married Single Student Spouse's Name: _____

PLEASE LIST ADDITIONAL GRAND CHILDREN ON REVERSE SIDE OF THIS SHEET.

2. DO YOU HAVE ANY DECEASED CHILDREN? _____

3. DID ANY DECEASED CHILD LEAVE CHILDREN NOW LIVING? _____

4. ARE ANY OF YOUR CHILDREN ADOPTED? YES: NO:

(1) Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: (_____) _____ Social Security #: _____

Married Single Student Spouse's Name: _____

(2) Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: (_____) _____ Social Security #: _____

Married Single Student Spouse's Name: _____

5. WERE YOU OR YOUR SPOUSE MARRIED BEFORE? IF SO, TO WHOM AND WHEN?

HUSBAND: _____

WIFE: _____

WERE ANY CHILDREN BORN OF THIS MARRIAGE? YES NO If yes,

NAME: _____ Date of Birth: _____

Living

Deceased

NAME: _____ Date of Birth: _____

Living

Deceased

HOW WERE THESE MARRIAGES TERMINATED?

_____ When? _____

_____ When? _____

6. DO YOU HAVE ANY CHILDREN BY ANY OTHER PERSON? YES NO

If yes, Name _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: () _____ Social Security #: _____

Married Single Student Spouse's Name: _____

If yes, Name _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: () _____ Social Security #: _____

Married Single Student Spouse's Name: _____

7. IS ANYONE ELSE DEPENDENT ON YOU FOR SUPPORT? _____

8. GENERALLY, WOULD YOU DESCRIBE YOURSELF AS BEING IN GOOD OR POOR HEALTH? ARE THERE ANY MAJOR HEALTH PROBLEMS THAT SHOULD BE TAKEN INTO ACCOUNT?

Husband: _____ Wife: _____

9. DO THESE MATTERS AFFECT YOUR INSURABILITY?

Husband: _____ Wife: _____

10. WHO IS YOUR FAMILY PHYSICIAN?

Name: _____ Tel. #: (_____) _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

BUSINESS DATA

11. DO YOU OR YOUR SPOUSE OPERATE A BUSINESS OR HAVE AN OWNERSHIP INTEREST IN A BUSINESS? IF SO, DESCRIBE BRIEFLY.

FINANCIAL DATA

12. DO YOU HAVE AN ACCOUNTANT WHO PREPARES YOUR TAX RETURN? YES: NO:

Name: _____ Tel.# (_____) _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

WHAT IS YOUR MAJOR BANKING AFFILIATION?

Name: _____ Tel.# (_____) _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

DO YOU HAVE AN INVESTMENT COUNSELOR? YES: NO:

Name: _____ Tel.# (_____) _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

IF YOU HAVE A SAFE DEPOSIT BOX, WHERE IS IT LOCATED?

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

13. DO YOU HAVE ANY LIFE INSURANCE POLICIES?

Insured: Husband YES: NO: Face Amount: _____

Company Name: _____

Beneficiary: _____

Type: (Term, Whole Life, etc.)

Insured: Wife YES: NO: Face Amount: _____

Company Name: _____

Beneficiary: _____

Type: (Term, Whole Life, etc.)

LIST ADDITIONAL POLICY INFORMATION ON REVERSE SIDE OF THIS SHEET.

14. DO YOU EXPECT TO RECEIVE ANY SUBSTANTIAL INHERITANCES? YES: NO:

From Whom? _____

15. DO YOU ANTICIPATE ANY FUTURE EVENTS THAT WOULD AFFECT YOUR ESTATE PLANNING GOALS? (Please explain briefly)

ASSET PROFILE

16. PLEASE COMPLETE THE FOLLOWING ASSET PROFILE USING ESTIMATED FAIR MARKET VALUE (in thousands of dollars):

TITLE

ITEM	HUSBAND	WIFE	JOINT	INDEBTEDNESS
Checking Accts.				
Savings Accts.				
Certif./Deposit				
Home Residence				
2nd Home				
Land Holdings				
Securities				
Mutual Funds				
Bonds				
Promissory Notes				
Personal Property				
Antiques				
Automobiles				
Collectibles				
IRA(s)				
Other				
TOTALS				

FURTHER EXPLANATIONS OF ASSETS:

17. DO YOU OWN ANY TAX SHELTERED ASSETS?

Name: _____ Value: _____

Name: _____ Value: _____

18. DO YOU OWN ANY PROPERTY LOCATED IN ANOTHER STATE?

State: _____ Value: _____

19. DO YOU HAVE ANY OUTSTANDING LIABILITIES NOT LISTED ABOVE?

Creditor: _____ Amount: _____

Creditor: _____ Amount: _____

20. DO YOU PARTICIPATE IN OR BENEFIT FROM ANY PENSION PLANS, ANNUITIES, DEFERRED COMPENSATION PLANS OR OTHER EMPLOYEE BENEFIT PLANS? YES: NO:

TYPE	DESCRIPTION	SURVIVOR	BENEFIT
-------------	--------------------	-----------------	----------------

21. CURRENT INCOME

SALARY INTEREST DIVIDENDS OTHER

Husband: _____

Wife: _____

PRESENT ESTATE PLANNING POSITION

22. DO YOU PRESENTLY HAVE A WILL?

If yes, please attach a copy or bring it with you to the initial conference.

Husband: YES: NO: If yes, Date: _____

Wife: YES: NO: If yes, Date: _____

23. HAVE YOU MADE TAXABLE GIFTS AND/OR FILED GIFT TAX RETURNS IN THE PAST?

YES: NO: If yes,

Year: _____ Gift: _____

Year: _____ Gift: _____

24. HAVE YOU CREATED OR DO YOU PRESENTLY BENEFIT FROM ANY TRUSTS?

If so, describe and provide copies, if possible.

25. DO YOU EXPECT TO BENEFIT ANY CHARITABLE ORGANIZATION IN YOUR WILL?

If so, please give details:

26. AFTER YOUR SPOUSE, OR IF YOU ARE NOT MARRIED, WHOM DO YOU WISH TO NAME AS EXECUTOR/EXECUTRIX AND ALTERNATE EXECUTOR/EXECUTRIX OF YOUR ESTATE?

Executor/Executrix Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Alternate Executor/Executrix Name: : _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Other Alternate Executor/Executrix Name: : _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

27. AFTER YOUR SPOUSE, OR IF YOU ARE NOT MARRIED, WHOM DO YOU WISH TO NAME AS GUARDIAN OR ALTERNATE GUARDIAN OF ANY MINOR CHILDREN?

Name of Guardian: : _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Name of alternate Guardian: : _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Name of other alternate Guardian: : _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

28. OTHER THAN YOUR CHILDREN, WHOM DO YOU WISH TO NAME AS BENEFICIARY(IES) OF YOUR TRUST?

Name of Primary Beneficiary: : _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Name of Secondary Beneficiary: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

29. WHOM DO YOU WISH TO APPOINT TRUSTEE OF YOUR REVOCABLE TRUST OR YOUR MINORS TESTAMENTARY TRUST?

Name of Trustee: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Name of alternate Trustee: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Name of other alternate Trustee: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

30. AFTER YOUR SPOUSE, OR IF YOU ARE NOT MARRIED, WHOM DO YOU WISH TO NAME AS THE AGENT AND ALTERNATE AGENT FOR YOUR POWER OF ATTORNEY (FOR FINANCIAL AFFAIRS)? *

Agent Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Alternate Agent Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Second Alternate Agent Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

*** THE POWER OF ATTORNEY IS TYPICALLY EFFECTIVE IMMEDIATELY. DO YOU WANT ANY RESTRICTIONS PUT ON THE ALTERNATE AGENT(S) ABILITY TO USE THE POWER OF ATTORNEY? IF SO, EXPLAIN.** _____

31. AFTER YOUR SPOUSE, OR IF YOU ARE NOT MARRIED, WHOM DO YOU WISH TO NAME AS THE AGENT AND ALTERNATE AGENT FOR YOUR HEALTH CARE POWER OF ATTORNEY?

Agent Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Alternate Agent Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

Second Alternate Agent Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Relationship: _____ Home Telephone #: (_____) _____

32. DO YOU WISH TO MAKE ANY ANATOMICAL GIFTS UPON YOUR DECEASE?

YES:

NO:

If yes, please state which:

33. HOW DO YOU WANT YOUR PROPERTY DISTRIBUTED UPON YOUR DECEASE?

To your surviving spouse? _____

Then to children equally? _____

At what age(s)? _____

Other: _____

34. IN THE EVENT YOUR NAMED BENEFICIARIES/HEIRS PREDECEASE YOU, TO WHOM DO YOU WISH TO LEAVE YOUR PROPERTY?

35. ARE THERE ANY OTHER CONSIDERATIONS WHICH MAY AFFECT YOUR ESTATE PLANNING GOALS?

