

ESTATE PLANNING QUESTIONNAIRE

DATE:

PERSONAL INFORMATION			
Name			
Birth date		U.S. Citizen	
Principal Residence			
Any other Domicile:			
Domicile in community property states(s) (if ever):			
Birthplace:		Social Security Number	
Dates of such domicile			
Community property acquired			
Business or profession			
Still:	Active <input type="checkbox"/>	Retired <input type="checkbox"/>	
Current marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Prior Marriages (if any)			
Name of former spouse(s)			
Name and ages of children of prior marriages			
How and when prior marriage(s) ended: (if divorce, get copies of any agreements and decrees)			
Principal bank(s)			
Personal Trust officer			
Location of safe deposit box(es)			
Accountant			
Investment advisor			
Insurance advisor			

SPOUSE			
Name			
Date and place of birth		U.S. Citizen	
Social Security Number			
Date and place of marriage			
Legally separated			
When and where			
Residence (if different from estate owner's)			
Business or profession			

CHILDREN AND GRANDCHILDREN

(Designate which children or grandchildren, if any, are adopted, are stepchildren or are children of a prior marriage)

Name	Birth date	Relationship	Domicile	Name of Spouse

WHO WILL BENEFIT UNDER WILL

Name	Address	Age	Status (e.g. child, friend, employee)

FIDUCIARIES

Executor(s)	
Name	
Address	
Successor(s)	
Name	
Address	
Trustee(s)	
Name	
Address	
Successor(s)	
Name	
Address	
Children's Guardian(s)	
Name	
Address	
Successor(s)	
Name	
Address	

GIFTS MADE DURING LIFE

(obtain copies of instruments of transfer and gift tax returns)

Donee	
Date of Gift	
Type of property given	
Date of gift value	
Outright or trust gift	
Was gift split with spouse? If yes, who paid gift tax?	

FINANCIAL INFORMATION

A. REAL ESTATE (including condominium, apartment)

Date	Cost	Current Mortgages	Net Current	Date Purchased	Improvements	Value
Description or Address:						
Description or Address:						
Description or Address:						
Description or Address:						
Description or Address:						

B. STOCKS AND BONDS

Name	Type of Business	Date Acquired	Original Cost	# of Shares	Current Market Value
Address:					
Address:					
Address:					
Address:					
Address:					

C. U.S. government bonds (e.g., Series "E" or "EE" bonds)

Payable on Death to	Face Value	Issue Date	Current Value

FINANCIAL INFORMATION

D. CASH

Name & Address Of Bank	Account Number	Checking or Savings	Trust Account Beneficiary

E. MORTGAGES AND PROMISSORY NOTES

Name of Mortgagor or Creditor	Unpaid Face Value	Repayment Balance	Interest Terms Rate

F. LIFE INSURANCE

Company	Policy Number	Name of Insured	Current Beneficiary	Date
Face Amount of Policy:		Death/Loan Value:		
Face Amount of Policy:		Death/Loan Value:		
Face Amount of Policy:		Death/Loan Value:		
Face Amount of Policy:		Death/Loan Value:		
Face Amount of Policy:		Death/Loan Value:		

G. GENERAL POWERS OF APPOINTMENT

Instrument conferring Power created	Date power subject to power	Value of property

H. ANNUITIES AND DEATH BENEFITS (Include Keogh plans and IRAs) (get copies of contracts, plans, etc.)

FINANCIAL INFORMATION

Annuity or Lump sum Type of Plan	Estate Designated Payment	Owner's Beneficiary	Approx. Contribution	Value

ASSETS: DESCRIPTION OF ALL ASSETS
 (To avoid confusion at a later date, describe each item as clearly as possible.)

Current Fair Market Value

<input type="checkbox"/> Cash (on hand)	
<input type="checkbox"/> Cash (in banks/credit unions)(From List Above)	
<input type="checkbox"/> Other Cash:	
<input type="checkbox"/> Stocks/Bonds (From List Above)	
<input type="checkbox"/> Other Stocks and Bonds	
<input type="checkbox"/> Notes (money owed to you in writing)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Money owed to you (not evidenced by a note)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Real estate: (From List Above)	
<input type="checkbox"/> (Other)	
<input type="checkbox"/> Business Interests	
<input type="checkbox"/> Automobiles	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Boats	
<input type="checkbox"/> Other vehicles	
<input type="checkbox"/>	
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings in home	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings elsewhere	
<input type="checkbox"/>	
<input type="checkbox"/> Collectibles	
<input type="checkbox"/>	
<input type="checkbox"/> Jewelry	
<input type="checkbox"/>	

ASSETS: DESCRIPTION OF ALL ASSETS (To avoid confusion at a later date, describe each item as clearly as possible.)		Current Fair Market Value
<input type="checkbox"/> Life insurance (cash surrender value)		
<input type="checkbox"/>		
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Other assets		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Assets		

LIABILITIES (To avoid confusion at a later date, describe each item as clearly as possible.)	Monthly Payment	Current Amount Owed
<input type="checkbox"/> Mortgages on real estate: (Home)		
<input type="checkbox"/> (Other)		
<input type="checkbox"/>		
<input type="checkbox"/> Charge/credit card accounts		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Bank/credit union loans		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		
<input type="checkbox"/>		
<input type="checkbox"/> Judgments		
<input type="checkbox"/>		
<input type="checkbox"/> Other		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Debts and Liabilities		

LIABILITIES (To avoid confusion at a later date, describe each item as clearly as possible.)	Monthly Payment	Current Amount Owed
Summary of Assets and Liabilities		
Total Assets		
Less Total Liabilities		
Net Worth		

Retirement Accounts	Account Number	Current Fair Market Value
Husband Accounts:		
Wife Accounts:		

Income of Husband (Monthly)	Monthly	Yearly
<input type="checkbox"/> Salary		
<input type="checkbox"/> Dividends		
<input type="checkbox"/> Rental Income		
<input type="checkbox"/> Notes Receivable		
<input type="checkbox"/> Bonuses		
<input type="checkbox"/> Business		
<input type="checkbox"/> Other		
Total Income		

Income of Wife	Monthly	Yearly
<input type="checkbox"/> Salary		
<input type="checkbox"/> Dividends		
<input type="checkbox"/> Rental Income		
<input type="checkbox"/> Notes Receivable		
<input type="checkbox"/> Business		
<input type="checkbox"/> Bonuses		
<input type="checkbox"/> Other		
Total Income		

Worksheets (Who will receive your property)	
Do you want all property to go to spouse, or if spouse not alive to your children?	Yes If no please continue. If yes, stop.
Who is to receive home?	
Describe who you desire to receive other property.	
Name of Person to Receive Property	Description of Property

LEGAL DOCUMENTS Document	State Where Executed	Location of Original	Date Executed
Last Will and Testament			
Durable Power of Attorney			
Living Will/Health Care Proxy			
Living Trust			
Who are the Trustees of your trust?			
Is your trust fully funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the assets properly allocated between the trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your trust specify a test to determine your disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your trust address your spouse's remarriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your trust contain Estate Tax planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have the beneficiaries been changed on your retirement assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a method to remove a trustee if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you own any joint tenancy property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your trust contain in-home health care language?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have the beneficiaries been changed on your life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are family members successor trustees?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your trust give instruction on your care and the care of your loved ones during your disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your trust provide creditor protection for assets passing to your surviving spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your trust address income tax planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your trust allow for continued gifting during your disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your trust protect your children's inheritance from a divorcing spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your trust provide creditor protection for your children's inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

What is the private pay rate of the nursing home or assisted living facility (ALF) where the client or client's spouse is staying or will be staying? Daily Monthly

List any other expenses that are anticipated at the nursing home or ALF
What is the monthly cost of Medicare Supplement Insurance for client?
For client's spouse

If the client's spouse is, or going to be, in a nursing home or ALF, how much income will be needed monthly to pay ongoing expenses of the well spouse?

LEGAL AND FINANCIAL DECISIONS

If you were unable to carry out your legal and financial business, who would you want to take care of your legal, business, personal, and financial affairs?

First Choice: Name Address Phone
Second Choice Name Address Phone

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care (that is, to be your health care advocate)?

First Choice: Name Address Phone
Second Choice Name Address Phone

Does any potential beneficiary have special educational, medical or physical needs, or receive governmental benefits? Yes No

Does any potential beneficiary have any potential problems with drug or alcohol abuse? Yes No

Are you concerned with any potential beneficiary's ability to handle/manage money? Yes No

Are you concerned with your children's ability to get along with one another? Yes No

Are their problems/concerns relative to your relationship with your children (or spouse's children)? Yes No

Have any of your children received a divorce? Yes No

Do you expect to inherit money? Yes No If yes, describe:

Addendum (For Additional Information)