

## ESTATE PLANNING QUESTIONNAIRE

Please fill out this form in anticipation of our meeting regarding your estate planning. There may be some areas which may not be applicable to your situation. If this is so, please skip over them.

### FAMILY INFORMATION

1. <u>Personal</u>	<u>Client</u>	<u>Spouse</u>
A. Name	_____	_____
B. Home address	_____	_____
C. Home phone	_____	_____
D. Employer	_____	_____
business address	_____	_____
E. Business telephone	_____	_____
F. Fax Number	_____	_____
G. E-mail Address	_____	_____
F. Principal residence	_____	_____
G. Other residences	_____	_____

H. Birth date \_\_\_\_\_

I. Citizenship \_\_\_\_\_

J. Social Security Number \_\_\_\_\_

K. Marital status \_\_\_\_\_

2. Your Children:<sup>1</sup>

Name	Address	Date of Birth	Social Security No.

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<sup>1</sup> Indicate if any children are step-children, adopted children or are from a prior marriage.

3. Particulars regarding your grandchildren:<sup>2</sup>

Name of Grandchild	Name of Parent	Date of Birth	Social Security No.

4. Other dependent persons -names, relationships, degree of dependency and date of birth (e.g., parents, if living)

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<sup>2</sup> Indicate if any grandchildren are step-grandchildren, adopted grandchildren or are from a prior marriage.

## FIDUCIARIES TO BE DESIGNATED

1. Personal Representative (Executor): \_\_\_\_\_

Address: \_\_\_\_\_

Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

2.

Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

3.

Designated guardian for children: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

4.

Designated grantee of Durable Power of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

5.

Designated grantee of Health Care Power of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

## DISTRIBUTION OBJECTIVES

1. Upon your death, how and to whom do you want your assets distributed?

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2. A. If you and your spouse both die prematurely, should children receive property at age of majority (18 years) or should it be held until they reach a more mature age?

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- B. If property is to be held for children until they reach a more mature age, at what age do you want the property to be distributed to them?

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- C. If property is to be held for children, do you want (1) all children to share in a single trust or (2) each child to have separate trusts?

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- 4) Do any of your children have special educational, medical or financial needs? (If so, please explain on a separate sheet of paper how you would like to provide for these needs.) \_\_\_\_\_

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3. Who do you want to manage the trust assets from an investment standpoint?

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4. Have you made or do you plan on making future gifts in excess of Ten Thousand Dollars (\$10,000.00) to one person? \_\_\_\_\_

5. Do you wish to make bequests to your church or synagogue or to any other charitable organization? Furnish details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. If none of your children are living at the time of your spouse's death, do you want your estate to go to: Your family? \_\_\_\_\_ Spouse's family? \_\_\_\_\_

Elsewhere? \_\_\_\_\_

## SUMMARY OF ASSETS AND LIABILITIES

(Please provide account numbers and location of assets on reverse side and attach copies of deeds.)

ASSETS SUMMARY

OWNER

		Client	Joint	Spouse
1.	Real Estate	\$ _____	\$ _____	\$ _____
	Personal Residence			
	Investment Property			
2.	Stocks			
3.	Bonds			
4.	Cash (Average Balance)			
5.	Mortgages and Notes			
6.	Insurance <sup>3</sup>			
7.	Personal Property (e.g. jewelry, furnishings, collectibles, art)			

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<sup>3</sup> On a separate sheet, please indicate insurance company, name and policy number, life insurance beneficiaries, the type of policy (e.g. term, whole life, universal) and the face value.



- 8. Automobile \_\_\_\_\_
- 9. Pension (Death Benefits) \_\_\_\_\_
- 10. IRA \_\_\_\_\_
- 11. Profit-Sharing Plan \_\_\_\_\_
- 12. Book Value of Business  
Assets \_\_\_\_\_
- 13. Annuities \_\_\_\_\_
- 14. Miscellaneous \_\_\_\_\_
- TOTAL ASSETS \_\_\_\_\_

Please list any "frequent flyer" programs in which you are participating:

	<u>Name of Member</u>	<u>Airline</u>	<u>Account#</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**LIABILITIES SUMMARY**

	<u>Client</u>	<u>Joint</u>	<u>Spouse</u>
1. Accounts Payable (Average)	\$ _____	\$ _____	\$ _____
2. Notes Payable	_____		

3. Mortgages Payable

\_\_\_\_\_

TOTAL LIABILITIES

\_\_\_\_\_

NET WORTH (Total assets minus total liabilities)

\$ \_\_\_\_\_