



## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

### Part One: Personal Information

Date Completed: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

U.S. Citizen?  Y  N Are you retired?  Y  N Occupation (prior if retired): \_\_\_\_\_

Were you previously married?  Y  N If yes, year divorced: \_\_\_\_\_ (Please bring your divorce agreement.)

Are you a military veteran?  Y  N How Is Your Health?  Good  Fair  Poor

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ County: \_\_\_\_\_

*If married, please complete the information below. If unmarried, please continue to the next page.*

### Spouse and Marriage Information

Spouse's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

U.S. Citizen?  Y  N Are you retired?  Y  N Occupation (prior if retired): \_\_\_\_\_

Were you previously married?  Y  N If yes, year divorced: \_\_\_\_\_ (Please bring your divorce agreement.)

Are you a military veteran?  Y  N

How Is Your Health?  Good  Fair  Poor

Date of Marriage: \_\_\_\_\_

Do you and your spouse consider all of your assets community property?  Y  N

Did you or your spouse receive any valuable gifts or inheritance after marriage?  Y  N

If yes, have you treated the gifted or inherited funds as community property?  Y  N

Did you or your spouse come into your marriage with any substantial assets?  Y  N

Do you have a pre-marital or post-marital agreement? (If yes, please bring it)  Y  N

Do you have any religious beliefs that should be reflected in your estate plan?  Y  N

Do you or your spouse have a trust with a previously deceased spouse?  Y  N

How did you find us? \_\_\_\_\_

**Children & Family** (Print additional pages as necessary.)

**Full Name**

**Sex**

**Date of Birth**

**Parent**  
(His, Hers, Ours)

**Marital Status**

**Cell Phone:**

**Email:**

**Address:**

(if not with you)

**Spouse's Name:**

**Names & Ages of children:**

**Any special concerns for this child?**  Y  N

Describe:

**Full Name**

**Sex**

**Date of Birth**

**Parent**  
(His, Hers, Ours)

**Marital Status**

**Cell Phone:**

**Email:**

**Address:**

(if not with you)

**Spouse's Name:**

**Names & Ages of children:**

**Any special concerns for this child?**  Y  N

Describe:

**Full Name**

**Sex**

**Date of Birth**

**Parent**  
(His, Hers, Ours)

**Marital Status**

**Cell Phone:**

**Email:**

**Address:**

(if not with you)

**Spouse's Name:**

**Names & Ages of children:**

**Any special concerns for this child?**  Y  N

Describe:

**Full Name**

**Sex**

**Date of Birth**

**Parent**  
(His, Hers, Ours)

**Marital Status**

**Cell Phone:**

**Email:**

**Address:**

(if not with you)

**Spouse's Name:**

**Names & Ages of children:**

**Any special concerns for this child?**  Y  N

Describe:

Do all of your children get along?  Y  N

Do you have any deceased children?  Y  N

If so, do they have any surviving children and/or grandchildren?  Y  N

Names \_\_\_\_\_

Are there any family members that require special schooling, medical or other attention?  Y  N

If so, who & what is required? \_\_\_\_\_

**Estate Plan Objectives**

*Check all that apply:*

**Planning Objective**

- \_\_\_\_\_ Naming guardians for minor children
- \_\_\_\_\_ Making sure I'll be taken care of if disabled
- \_\_\_\_\_ Maximizing my loved ones' inheritance
- \_\_\_\_\_ Making sure my loved ones don't squander it
- \_\_\_\_\_ Making sure my loved ones get a good education

**Planning Objective**

- \_\_\_\_\_ Avoiding probate
- \_\_\_\_\_ Maintaining privacy
- \_\_\_\_\_ Sale or succession of the family business
- \_\_\_\_\_ Stretch IRA distributions to maximize assets
- \_\_\_\_\_ Making sure my loved ones' inheritance is protected from creditors, divorces, etc.

**Additional Objectives (or any health concerns):**

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**Part Two: Asset Information for \_\_\_\_\_ Date Completed: \_\_\_\_\_**

Understanding the nature and value of your assets is critical to designing your plan. Identifying your assets and liabilities helps us better understand your individual planning needs. In addition, being familiar with your assets and liabilities is critical for trust funding and probate avoidance. Account balances will vary, so please list the approximate balance of each account. **If any assets are owned by an existing trust, for Owner Name write "Trust."**

**PLEASE PROVIDE COPIES OF FINANCIAL STATEMENTS, VEHICLE TITLES, AND DEEDS**

**BANK ACCOUNTS (Checking, Savings, Money Market, CDs, Safety Deposit Box)**

Institution:	Account Type:
Owner Name: <i>(if owned by existing trust, write "Trust")</i>	Approx. Balance: \$
Account #:	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

Institution:	Account Type:
Owner Name: <i>(if owned by existing trust, write "Trust")</i>	Approx. Balance: \$
Account #:	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

Institution:	Account Type:
Owner Name: <i>(if owned by existing trust, write "Trust")</i>	Approx. Balance: \$
Account #:	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

**INVESTMENT/BROKERAGE**

Name of Firm/Fund:	
Owner Name: <i>(if owned by existing trust, write "Trust")</i>	Approx. Balance: \$
Account #:	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N
Financial Advisor:	<input type="checkbox"/> Self-Managed?

Name of Firm/Fund:	
Owner Name: <i>(if owned by existing trust, write "Trust")</i>	Approx. Balance: \$
Account #:	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N
Financial Advisor:	<input type="checkbox"/> Self-Managed?

**IRA ACCOUNTS & RETIREMENT PLANS (including IRA Annuities/Qualified Annuities)**

Institution:	Account Type:
Owner:	Value: \$
Primary Beneficiary:	Account #:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed or Advisor's Name:

Institution:	Account Type:
Owner:	Value: \$
Primary Beneficiary:	Account #:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed or Advisor's Name:

Institution:	Account Type:
Owner:	Value:\$
Primary Beneficiary:	Account #:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed or Advisor's Name:

Institution:	Account Type:
Owner:	Value:\$
Primary Beneficiary:	Account #:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed or Advisor's Name:

**ANNUITIES (Non-Qualified/non-taxable only)**

Institution:	Account Owner:
Death Benefit/Value: \$	Account #:
Primary Beneficiary:	Advisor's Name:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed

Institution:	Account Owner:
Death Benefit/Value: \$	Account #:
Primary Beneficiary:	Advisor's Name:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed

**STOCKS & BONDS**

These include certificates you actually hold or paperless stocks held with companies such as ComputerShare.

Please list Mutual Funds separately below.

Name of Stock/Bonds:	Owner Name:
Number of Shares:	Approx. Value:

**LIFE INSURANCE**

Insurance Company:	Insured Person:
Policy #:	Death Benefit: \$
Primary Beneficiary:	Agent's Name:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed

Insurance Company:	Insured Person:
Policy #:	Death Benefit: \$
Primary Beneficiary:	Agent's Name:
Secondary Beneficiary:	<input type="checkbox"/> Self-Managed

**REAL ESTATE**

Please list all real property and timeshares in which you have an interest. If property is out of state, please bring a copy of the DEED (not a deed of trust).

Property Address:	
Owner(s):	County and State:
Value (equity): \$	Mortgage Balance: \$

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Owner(s):	County and State:
Value (equity): \$	Mortgage Balance: \$

Property Address:	
Owner(s):	County and State:
Value (equity): \$	Mortgage Balance: \$

Are you planning on selling any of your real estate soon?  Y  N

If yes, which property(s): \_\_\_\_\_

**VEHICLES (Automobile, Boat, Trailers, RVs, etc): Please provide us a copy of the title**

Year/Make/Model:	Approximate Value: \$
Owner(s):	Lien? <input type="checkbox"/> Y <input type="checkbox"/> N

Year/Make/Model:	Approximate Value: \$
Owner(s):	Lien? <input type="checkbox"/> Y <input type="checkbox"/> N

Year/Make/Model:	Approximate Value: \$
Owner(s):	Lien? <input type="checkbox"/> Y <input type="checkbox"/> N

Year/Make/Model:	Approximate Value: \$
Owner(s):	Lien? <input type="checkbox"/> Y <input type="checkbox"/> N

**BUSINESS INTERESTS (LLC, Corporation, Sole Proprietorship, Limited Partnership, etc.)**

Business Name:	Type:
State of Incorporation:	
Owner(s):	Operating or Buy/Sell Agreement? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(provide copy)</i>
Ownership Percentage:	Approximate Value: \$

Business Name:	Type:
State of Incorporation:	
Owner(s):	Operating or Buy/Sell Agreement? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(provide copy)</i>
Ownership Percentage:	Approximate Value: \$

**Health Savings Account**

Name of Company	Owner Name:
Beneficiary:	Approx. Value:

**Pensions**

Name of Company	Owner Name:
Beneficiary:	Approx. Value:



**OTHER ASSETS**

Are you expecting any inheritances soon?

If so, from whom? \_\_\_\_\_ Approximately how much? \_\_\_\_\_

Please list unusually valuable personal items and approximate total value (art, coins, jewelry, collections, etc)

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Please list any other assets not mentioned & approximate value (stock options, patents, royalties, gas or oil interests, etc):

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**Professional Advisors**

**Financial Advisor's Name:** \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Advisor's Email \_\_\_\_\_

**Life Insurance Agent's Name:** \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agent's Email \_\_\_\_\_

**Liability Insurance Agent's Name:** \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agent's Email \_\_\_\_\_