



Bezaire, Ledwitz & Borncamp, APC

Wills, Trusts, and Probate

# Confidential Estate Planning Questionnaire

*Please complete and bring to your appointment*

For Office Use:

Interviewer: \_\_\_\_\_

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

## Instructions:

1. Please print. Verify name spellings to be sure they are correct.
2. If you are not sure about a question, please leave it blank. If you need more room, attach extra pages.
3. If you have prior estate planning documents, such as a Will, please bring them with you.
4. If you are married, BOTH spouses must attend the first meeting. If for any reason, one spouse is unable to attend, please call in advance.

## 1. Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Per Driver's License)

Legal AKA (if any) \_\_\_\_\_ U.S. Citizen? Yes or No

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Are you retired? If not, when? \_\_\_\_\_ How is your health? \_\_\_\_\_

Any major surgeries or problems in the last 10 years? Yes or No

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

(Per Driver's License)

Legal AKA (if any) \_\_\_\_\_ U.S. Citizen? Yes or No

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Are you retired? If not, when? \_\_\_\_\_ How is your health? \_\_\_\_\_

Any major surgeries or problems in the last 10 years? Yes or No

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Home E-mail Address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

**If married, please answer:**

1. How long have you been married? \_\_\_\_\_ Anniversary Date \_\_\_\_\_
2. Do you and your spouse consider all of your assets to be community property? Yes or No
3. Did you or your spouse receive any valuable gifts or inheritances after marriage? Yes or No
4. Would you consider future inheritances as community property? Yes or No
5. Did you or your spouse come into your marriage with any substantial assets? Yes or No
6. Do you have a pre-marital agreement (If yes, please bring to meeting) Yes or No

**Information on Children and Family**

- | Full Name  | Sex    | DOB   | Parent (circle) | Number of Children | Married?  |
|--|--------|-------|-----------------|--------------------|-----------|
| 1. _____   | M or F | _____ | Ours His Hers   | _____              | Yes or No |
| Address _____  |        |       |                 |                    |           |
| Home Number _____ E-mail Address _____                                 |        |       |                 |                    |           |
| Are you concerned with this child's ability to manage money? Yes or No |        |       |                 |                    |           |
| 2. _____   | M or F | _____ | Ours His Hers   | _____              | Yes or No |
| Address _____  |        |       |                 |                    |           |
| Home Number _____ E-mail Address _____                                 |        |       |                 |                    |           |
| Are you concerned with this child's ability to manage money? Yes or No |        |       |                 |                    |           |
| 3. _____   | M or F | _____ | Ours His Hers   | _____              | Yes or No |
| Address _____  |        |       |                 |                    |           |
| Home Number _____ E-mail Address _____                                 |        |       |                 |                    |           |
| Are you concerned with this child's ability to manage money? Yes or No |        |       |                 |                    |           |
| 4. _____   | M or F | _____ | Ours His Hers   | _____              | Yes or No |
| Address _____  |        |       |                 |                    |           |
| Home Number _____ E-mail Address _____                                 |        |       |                 |                    |           |
| Are you concerned with this child's ability to manage money? Yes or No |        |       |                 |                    |           |

## Information on Children and Family (Continued)

Do you have any deceased children? *Yes* or *No* If yes, did they leave surviving children? *Yes* or *No*

Do any of your children have major medical problems? *Yes* or *No*

If yes, please explain who and the medical issues: \_\_\_\_\_

\_\_\_\_\_

Do any of your children have step-children? *Yes* or *No* If yes, who? \_\_\_\_\_

Age of grandchildren: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_

Any children or grandchildren that were born out of wedlock? *Yes* or *No*

If yes, who? \_\_\_\_\_

Do any of your grandchildren have major medical problems? *Yes* or *No*

If yes, how and what problem? \_\_\_\_\_

Do you want to exclude anyone from receiving any portion of your estate? *Yes* or *No*

If yes, who? \_\_\_\_\_

### Any questions you would like answered?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. Financial Information

### Instructions:

1. Be as specific as you can with regard to account names.
2. Account balances will vary, so please just list the approximate balance of each account.
3. Watch for REMINDERS regarding papers we would like you to bring in.

### Accounts in Banks, Savings & Loans and Credit Unions - Not in IRA

*Please list IRA and other retirement accounts separately on page 7*

Name of Institution	Type of Account (Checking, Savings, CD)	Approximate Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
<b>Total Value</b>		<b>\$ _____</b>

### Stocks or Bonds - Not in a Brokerage Account

*Individual Certificates you actually hold; please list Mutual Funds on page 5*

Name of Stock	Number of Shares	Total Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
<b>Total Value</b>		<b>\$ _____</b>

## Mutual Funds and/or Brokerage Accounts - Not in an IRA

Please list IRA and other retirement accounts separately on page 7

Name of Firm or Fund	Total Market Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
<b>Total Value</b>	<b>\$ _____</b>

Do you plan on selling any of the above stocks of mutual funds soon? Yes or No

## Promissory Notes & Trust Deeds Owed to You

Where someone is paying you on a note

**Reminder:** If secured, please bring the original or a copy of the recorded Trust Deed ("T.D.")

Name of Debtor	Secured by T.D.?	Due Date	Original Amount	Balance
1. _____	Yes or No	_____	_____	\$ _____
2. _____	Yes or No	_____	_____	\$ _____
3. _____	Yes or No	_____	_____	\$ _____
			<b>Total Value</b>	<b>\$ _____</b>

Do any of your children owe you any money? Yes or No

Who and how much? \_\_\_\_\_

\_\_\_\_\_

## Real Estate

**Reminder:** Please bring both the **Grant Deed** and a recent **Property Tax Bill** for each property.

Property Address	Original Cost	Current Value	Debt or Mortgage	Net Value
1. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Net Value</b>			\$ _____	

Are you planning on selling any real estate soon? Yes or No

Are any properties owned with someone other than your spouse? Yes or No

Do any of your children (or other relatives) reside on any of your properties? Yes or No

## IRA Accounts and Other Retirement Plans

Custodian of Account (Bank, Broker, Employer)	Type (IRA, 401K, TSA, etc.)	Beneficiary of Account	Approximate Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
<b>Total Value</b>			<b>\$ _____</b>

## Limited General Partnerships

Name of Partnership	Limited or General Partnership?	Total Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
<b>Total Value</b>		<b>\$ _____</b>

## Annuities

Name of Insurance Company	Annuitant	Beneficiary	Total Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
<b>Total Value</b>			<b>\$ _____</b>

## Life Insurance

Insured Person	Company	Does it have cash value? (Estimated Amount)	Death Benefit
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
<b>Total Value</b>			<b>\$ _____</b>

Do you have Long-Term Care Insurance (to cover extended nursing home costs)? Yes or No

Does your spouse have Long-Term Care Insurance? Yes or No

Do your parents (if living) have Long-Term Care Insurance? Yes or No

## Other Assets

- Are you expecting any inheritances soon? *Yes or No*  
If yes, from whom and approximate amount? \_\_\_\_\_
- If you own a business, its name? \_\_\_\_\_  
Is it a corporation? *Yes or No* Percentage owned by you? \_\_\_\_\_%  
Do you have a Buy-Sell Agreement? *Yes or No* Total Value of Business: \$ \_\_\_\_\_
- Please list unusually valuable personal items such as jewelry, collections, etc.  
\_\_\_\_\_  
\_\_\_\_\_
- Please list any other assets not yet mentioned such as stock options, patents, royalties, etc.  
\_\_\_\_\_  
\_\_\_\_\_