

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 _____

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 in the last 10 years? Yes or No

Spouse's Name _____ Date of Birth _____

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 in the last 10 years? Yes or No

Home Address _____

City _____ State _____ Zip _____

County of _____ Home Phone () _____

Home E-mail Address _____ Fax # () _____

Are you a new client? Yes or No If yes, how did you hear about us? _____

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	# of Children	Married?
1. _____	M or F _____	_____	Ours His Hers _____	_____	Yes or No
Address _____					
Home Phone _____ Email 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 Phone _____ Email 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 Phone _____ Email 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 Phone _____ Email 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, please name child(ren) _____

Did deceased child(ren) 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, who 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. _____	_____	\$ _____
Total Value		\$ _____

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. _____	_____	\$ _____
Total Value		\$ _____

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. _____	\$ _____
Total Value	\$ _____

Do you plan on selling any of the above stocks or 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	_____	_____	\$ _____
Total Value				\$ _____

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

If yes, 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. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Net Value			\$ _____	

- 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. _____	_____	_____	\$ _____
Total Value			\$ _____

Limited General Partnerships

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

Annuities

Name of Insurance Company	Annuitant	Beneficiary	Total Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
Total Value			\$ _____

Life Insurance

Insured Person	Company	Cash Value (Estimated Amount)	Death Benefit
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
Total Value			\$ _____

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

1. Are you expecting any inheritances soon? Yes or No

If yes, from whom and approximate amount? _____

2. 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: \$ _____

3. Please list unusually valuable personal items such as jewelry, collections, etc.

4. Please list any other assets not yet mentioned such as stock options, patents, royalties, etc.
