



ESTATE PLANNING QUESTIONNAIRE

Full Legal Name (Client #1): _____

Name Used to Sign Documents: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Email: _____ Preferred Method of Contact: _____

Status: Single Married (year _____) Prenuptial agreement (year _____)
 Divorced Widow/Widower Registered Domestic Partnership

Birthdate: _____ Social Security Number: _____

Occupation: _____ Vet ID No: _____



Full Legal Name (Client #2): _____

Name Used to Sign Documents: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Email: _____ Preferred Method of Contact: _____

Status: Single Married (year _____) Prenuptial agreement (year _____)
 Divorced Widow/Widower Registered Domestic Partnership

Birthdate: _____ Social Security Number: _____

Occupation: _____ Vet ID No: _____

Children (Including Adopted Children)

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Children of Former Relationship(s)

Name: _____ DOB: _____

Address: _____

Phone: _____ Parent: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Parent: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Parent: _____

Income Information

Source:	Received By:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Property Information

Real Estate

Address	Owned by:	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Cash Accounts

Name of Institution	Owned by:	Type (Checking/Savings, etc)	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Investments (Stocks, Bonds, etc)

Name of Institution	Owned by:	Type	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Retirement Accounts (Including IRAs, 401ks, etc.)

Company	Owned by:	Beneficiary	Present Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Life Insurance (For type, use “W/L” for whole life and “T” for term)

Company	Type	Owner	Beneficiary	Death Benefit	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

Annuities

Company	Owned by:	Beneficiary	Present Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Business Interests (For Type, Use "C" for Corporation, "P" for Partnership,
"LLC" for Limited Liability Company, "SP" for Sole Proprietorship)**

Name of Business	Owned by:	Type	% Interest	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Mortgages/ Promissory Notes/ Loans

Owed to:	Owed by:	Term	Amount Now Due
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Miscellaneous (List Only Major Personal Effects Such as Automobiles, Valuable
Jewelry, Paintings, Coin Collections, Stamp Collections, etc.)**

Item	Owned by:	Net Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Safe Deposit Box

Safe Deposit Box No: _____

Name of Institution: _____

Others listed on box:

Name: _____

Relationship: _____

Address: _____

Phone: _____

Advisors

Title	Name	Telephone
Accountant/CPA	_____	_____
Financial Planner	_____	_____
Tax Preparer	_____	_____
Life Insurance Agent	_____	_____

Other Important Information: _____
