

ESTATE PLANNING QUESTIONNAIRE FOR:

DATE:

PERSONAL INFORMATION			
Name			
Birth date		U.S. Citizen	
Principal Residence			
Any other Domicile:			
Domicile in community property states(s) (if ever):			
Birthplace:		Social Security Number	
Dates of such domicile			
Community property acquired			
Business or profession			
Still:	Active <input type="checkbox"/>	Retired <input type="checkbox"/>	
Current marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Prior Marriages (if any)			
Name of former spouse(s)			
Name and ages of children of prior marriages			
How and when prior marriage(s) ended: (if divorce, get copies of any agreements and decrees)			
Principal bank(s)			
Personal Trust officer			
Location of safe deposit box(es)			
Accountant			
Investment advisor			
Insurance advisor			

SPOUSE			
Name			
Date and place of birth		U.S. Citizen	
Social Security Number			
Date and place of marriage			
Legally separated			
When and where			
Residence (if different from estate owner's)			
Business or profession			

CHILDREN AND GRANDCHILDREN

(Designate which children or grandchildren, if any, are adopted, are stepchildren or are children of a prior marriage)

Name	Birth date	Relationship	Domicile	Name of Spouse

WHO WILL BENEFIT UNDER WILL

Name	Address	Age	Status (e.g. child, friend, employee)

FIDUCIARIES

Executor(s)	
Name	
Address	
Successor(s)	
Name	
Address	
Trustee(s)	
Name	
Address	
Successor(s)	
Name	
Address	
Children's Guardian(s)	
Name	
Address	
Successor(s)	
Name	
Address	

GIFTS MADE DURING LIFE
(obtain copies of instruments of transfer and gift tax returns)

Donee	
Date of Gift	
Type of property given	
Date of gift value	
Outright or trust gift	
Was gift split with spouse? If yes, who paid gift tax?	

FINANCIAL INFORMATION

A. REAL ESTATE (including condominium, apartment)

Date	Cost	Current Mortgages	Net Current	Date Purchased	Improvements	Value
Description or Address:						
Description or Address:						
Description or Address:						
Description or Address:						
Description or Address:						
Description or Address:						

B. STOCKS AND BONDS

Name	Type of Business	Date Acquired	Original Cost	# of Shares	Current Market Value
Address:					
Address:					
Address:					
Address:					
Address:					

C. U.S. government bonds (e.g., Series "E" or "EE" bonds)

Payable on Death to	Face Value	Issue Date	Current Value

FINANCIAL INFORMATION

D. CASH

Name & Address Of Bank	Account Number	Checking or Savings	Trust Account Beneficiary

E. MORTGAGES AND PROMISSORY NOTES

Name of Mortgagor or Creditor	Unpaid Face Value	Repayment Balance	Interest Terms Rate

F. LIFE INSURANCE

Company	Policy Number	Name of Insured	Current Beneficiary	Date
Face Amount of Policy:		Death/Loan Value:		
Face Amount of Policy:		Death/Loan Value:		
Face Amount of Policy:		Death/Loan Value:		
Face Amount of Policy:		Death/Loan Value:		
Face Amount of Policy:		Death/Loan Value:		

G. GENERAL POWERS OF APPOINTMENT

Instrument conferring Power created	Date power subject to power	Value of property

FINANCIAL INFORMATION

H. ANNUITIES AND DEATH BENEFITS (Include Keogh plans and IRAs) (get copies of contracts, plans, etc.)

Annuity or Lump sum Type of Plan	Estate Designated Payment	Owner's Beneficiary	Approx. Contribution	Value

ASSETS: DESCRIPTION OF ALL ASSETS (To avoid confusion at a later date, describe each item as clearly as possible.)	Current Fair Market Value
<input type="checkbox"/> Cash (on hand)	
<input type="checkbox"/> Cash (in banks/credit unions)(From List Above)	
<input type="checkbox"/> Other Cash:	
<input type="checkbox"/> Stocks/Bonds (From List Above)	
<input type="checkbox"/> Other Stocks and Bonds	
<input type="checkbox"/> Notes (money owed to you in writing)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Money owed to you (not evidenced by a note)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Real estate: (From List Above)	
<input type="checkbox"/> (Other)	
<input type="checkbox"/> Business Interests	
<input type="checkbox"/> Automobiles	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Boats	
<input type="checkbox"/> Other vehicles	
<input type="checkbox"/>	
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings in home	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings elsewhere	
<input type="checkbox"/>	

ASSETS: DESCRIPTION OF ALL ASSETS (To avoid confusion at a later date, describe each item as clearly as possible.)		Current Fair Market Value
<input type="checkbox"/> Collectibles		
<input type="checkbox"/>		
<input type="checkbox"/> Jewelry		
<input type="checkbox"/>		
<input type="checkbox"/> Life insurance (cash surrender value)		
<input type="checkbox"/>		
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Other assets		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Assets		

LIABILITIES AND (To avoid confusion at a later date, describe each item as clearly as possible.)	Monthly Payment	Current Amount Owed
<input type="checkbox"/> Mortgages on real estate: (Home)		
<input type="checkbox"/> (Other)		
<input type="checkbox"/>		
<input type="checkbox"/> Charge/credit card accounts		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Bank/credit union loans		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		
<input type="checkbox"/>		
<input type="checkbox"/> Judgments		
<input type="checkbox"/>		
<input type="checkbox"/> Other		

LIABILITIES AND (To avoid confusion at a later date, describe each item as clearly as possible.)	Monthly Payment	Current Amount Owed
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Debts and Liabilities		
Summary of Assets and Liabilities		
Total Assets		
Less Total Liabilities		
Net Worth		

Retirement Accounts	Account Number	Current Fair Market Value
Husband Accounts:		
Wife Accounts:		

Income of Husband (Monthly)	Monthly	Yearly
<input type="checkbox"/> Salary		
<input type="checkbox"/> Dividends		
<input type="checkbox"/> Rental Income		
<input type="checkbox"/> Notes Receivable		
<input type="checkbox"/> Bonuses		
<input type="checkbox"/> Business		
<input type="checkbox"/> Other		
Total Income		

Income of Wife	Monthly	Yearly
<input type="checkbox"/> Salary		
<input type="checkbox"/> Dividends		
<input type="checkbox"/> Rental Income		
<input type="checkbox"/> Notes Receivable		
<input type="checkbox"/> Business		
<input type="checkbox"/> Bonuses		
<input type="checkbox"/> Other		
Total Income		

Addendum
(For Additional Information)