

## ESTATE PLANNING QUESTIONNAIRE

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

We use this questionnaire to get a general understanding of your situation so that we can better advise you on your estate planning. Please be as complete as possible when answering this questionnaire. If any of the requested information does not apply or is not readily available, leave those sections blank. Feel free to attach any additional information you would like to provide us. Be assured that our clients' personal information is kept confidential.

### PERSONAL & CONTACT INFORMATION

	PERSON A	PERSON B
1. Full Legal Name (including middle name)		
2. Nickname/Alias		
3. Date of Birth		
4. Social Security No.	~ to be provided in person	~ to be provided in person
5. Are you a U.S. Citizen (if not, list country of citizenship)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Home Address		
7. Home Phone		
8. Cell Phone		
9. E-mail		
10. Occupation		
11. Employer		
12. Business Address		
13. Business Phone		

### MARRIAGE

- Are you currently married?  Yes  No
- If married, have you ever lived in a community property state? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin). *If so, please circle.*
- Have you been previously married?  Yes  No If so, provide details (dates of marriage, death, divorce, etc.) of previous marriages: \_\_\_\_\_

- Are you a party to any of the following agreements? *If so, please provide a copy.*
  - Prenuptial Agreement  Yes  No
  - Postnuptial Agreement  Yes  No
  - Divorce/Separation Agreement  Yes  No

**CHILDREN**

Name	DOB	Address & Phone Number	From previous relationship? If so, list parent(s)
		_____ _____ (       )	
		_____ _____ (       )	
		_____ _____ (       )	
		_____ _____ (       )	
		_____ _____ (       )	
		_____ _____ (       )	

\*If you have any deceased child(ren), please include above, but also include date of death.

**GRANDCHILDREN**

Name	DOB	Address	Child of ____

**OTHER FAMILY MEMBERS OF PERSON A**

Name	Address (if living, otherwise note if deceased and year of death)	Telephone Number(s)
Parents		
Siblings		

**OTHER FAMILY MEMBERS OF PERSON B**

Name	Address (if living, otherwise note if deceased and year of death)	Telephone Number(s)
Parents		
Siblings		

**QUESTIONS RELATING TO CHILDREN AND FAMILY**

- Do you have any special concerns or objectives regarding your children?  Yes  No (e.g., creditor issues, mental or physical disability, protecting assets while in the midst of a divorce, protecting from drug/alcohol abuse, etc.)  
If so, please explain. \_\_\_\_\_
- Have any of your children received an advance on their inheritance or are any of your children financially indebted to you?  Yes  No  
If so, please explain \_\_\_\_\_
- Are you estranged from any family members listed above  Yes  No  
If so, please list. \_\_\_\_\_
- Other than your minor children (if any), are you currently supporting anyone else?  Yes  No  
If so, please explain. \_\_\_\_\_
- Do you have a parent in an assisted living or other long-term care facility  Yes  No

## FINANCIAL INFORMATION

Please provide estimated values for each asset

It is helpful if you include the bank or financial institution where each asset is held. e.g., "Citizens Checking Account," "TJX RSUs," "Microsoft Stock Options," etc.	<b>Owned by Person A</b>	<b>Owned by Person B</b>	<b>Jointly Owned by Person A + Person B</b>
Checking, Savings, Money Market Accounts, CDs (please list each) _____ _____ _____ _____			
Taxable Brokerage Account(s) _____ _____ _____ _____			
Stocks, Bonds, Mutual Funds (if not included above) _____ _____ _____			
Stock Options, RSUs _____ _____			
<b>REAL ESTATE</b>			
Home Mortgage balance: _____			
Other real estate (vacation home, rental property, etc.) Address: _____ Mortgage balance: _____			
Other real estate Address : _____ Mortgage balance: _____			
Other real estate Address : _____ Mortgage balance: _____			

Please include the financial institution where each asset is held or a description of what the asset is. e.g., "Fidelity Roth IRA," "GE 401(k)," "50% interest in ABCD, LLC"	Owned by Person A	Owned by Person B	Jointly Owned by Person A + Person B
<b>RETIREMENT ACCOUNTS</b>			
<i>Because retirement assets cannot be held jointly, instead <b>list beneficiary</b> in this column:</i>			
IRA (and specify what type – e.g., Roth, Traditional, etc.)			
Pension and Profit Sharing			
401(k), 403(b), Keogh, etc.			
Deferred Compensation			
<b>BUSINESS INTERESTS</b>			
Business Interest			
<b>PERSONAL PROPERTY</b>			
Automobiles			
Other vehicles, boats, etc.			
Collectibles, jewelry, watches, etc.			
Household Goods			
<b>OTHER (e.g., estimated inheritance, etc.)</b>			
<b>LIABILITIES (tax liens, auto loans, etc. Do not include mortgages listed above)</b>			

**QUESTIONS RELATING TO ASSETS**

- Do you own any of the assets listed above jointly with a third party?  Yes  No  
*If yes, please explain (which asset?)* \_\_\_\_\_
- Do you have any assets located outside the United States?  Yes  No  
*If yes, please explain (Where? What type of asset?)* \_\_\_\_\_
- Are you a party to a buy-sell agreement for any business?  Yes  No *If yes, please provide a copy.*
- Are you a beneficiary or trustee of a trust that is already funded?  Yes  No *If yes, please provide copy of trust.*
- Do you own any firearms?  Yes  No
- Do you own any §529 or UTMA/UGMA accounts?  Yes  No  
*If so, please complete below:*

Plan name or institution name (MEFA, Vanguard, etc.)	Owner	Contingent Owner (if named)	Beneficiary	Approximate balance

**LIFE INSURANCE/ANNUITIES**

**Life Insurance on Person A’s Life**

Company & Policy No.	Type of Policy (term, whole life, group-term)	Owner	Beneficiary	Death Benefit	Cash Value (or periodic payment for annuities)	Current Loan Balance

**Life Insurance on Person B’s Life**

Company & Policy No.	Type of Policy (term, whole life, group-term)	Owner	Beneficiary	Death Benefit	Cash Value (or periodic payment for annuities)	Current Loan Balance

**INSURANCE RELATED-QUESTIONS:**

- Do you have disability insurance?  Yes  No
- Do you have long-term care insurance?  Yes  No
- Do you a Health Savings Plan (HSA)?  Yes  No
- Do you own any life insurance on the life of another (e.g. child, parent, biz partner, etc.?  Yes  No  
*If yes, please explain* \_\_\_\_\_

**INCOME**

	Person A	Person B	Notes (for further description)
Salary + Bonus			
Self-employment			
Real Estate			
Dividends & Interest			
Trust Income			
Social Security			
Other			

**ADDITIONAL QUESTIONS**

- Do you currently have any estate planning documents?  Yes  No *If so, please provide.*
- Are you presently a party to a lawsuit (plaintiff or defendant) or do you expect a lawsuit?  Yes  No  
*If yes, please explain:* \_\_\_\_\_
- Have you ever filed a gift tax return (IRS Form 709)?  Yes  No *If yes, please provide the most recent gift tax return.*
- Have you made substantial gifts (\$10K and up) to any person in any one year?  Yes  No  
*If yes, please describe* \_\_\_\_\_
- Do you have a safe deposit box?  Yes  No  
*If yes, please describe its contents:* \_\_\_\_\_
- Do you want to give specific instructions regarding funeral arrangements, disposition of your body after death or anatomical gifts?  Yes  No  
*If yes, please describe (e.g. cremation, organ donation, etc.):* \_\_\_\_\_  
\_\_\_\_\_
- List any proposed beneficiaries not otherwise mentioned in this questionnaire (e.g., individuals, specific charities, etc.) \_\_\_\_\_
- If you have preserved genetic material (i.e., frozen sperm or eggs), please indicate where it is stored and whether you have specific wishes for its disposition upon your death \_\_\_\_\_  
\_\_\_\_\_
- Do you maintain or store usernames and passwords for any online financial accounts, social media accounts, and e-mail in case someone (other than you) needed to access  Yes  No
- Please indicate below anything else you wish to discuss or questions you want answered.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How did you hear about us? \_\_\_\_\_

**OTHER ADVISORS**

	Name	Contact Information
Financial Planner/Advisor		
Accountant		
Insurance Agent		
Other Advisor		