

## 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.	<b>~ to be provided in person</b>	<b>~ to be provided in person</b>
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 & use additional sheets as necessary

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 _____ _____ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____

### RETIREMENT ACCOUNTS

Please provide estimated values for each account & use additional sheets if necessary

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)"	<b>Owned by Person A</b>	<b>Owned by Person B</b>	<b>Beneficiary</b>
IRA (e.g., traditional, Roth) _____ _____ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	_____ _____ _____
Pension and Profit Sharing _____ _____ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	_____ _____ _____
401(k), 403(b), Keogh, etc. _____ _____ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	_____ _____ _____

<b>REAL ESTATE</b>			
Please list your primary home, vacation home, rental property, etc., and an estimate of its current market value.	<b>Owned by Person A</b>	<b>Owned by Person B</b>	<b>Jointly Owned by Person A + Person B</b>
Home Address: _____ Mortgage balance: \$ _____	\$ _____	\$ _____	\$ _____
Address: _____ Mortgage balance: \$ _____	\$ _____	\$ _____	\$ _____
Address: _____ Mortgage balance: \$ _____	\$ _____	\$ _____	\$ _____
<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	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____