

# ESTATE PLANNING QUESTIONNAIRE

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Initial Meeting \_\_\_\_\_ Signing \_\_\_\_\_

## FAMILY

### Spouse

Full Legal Name \_\_\_\_\_ Goes By \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ U.S. Citizen Y/N if no, country: \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email \_\_\_\_\_

Profession/Career \_\_\_\_\_ Date of Marriage \_\_\_\_\_

### Spouse

Full Legal Name \_\_\_\_\_ Goes By \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ U.S. Citizen Y/N if no, country: \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email \_\_\_\_\_

Profession/Career \_\_\_\_\_

## Children

1. Full Legal Name \_\_\_\_\_ Goes By \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ His / Hers / Both

Address \_\_\_\_\_ County \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email \_\_\_\_\_

Profession/Career \_\_\_\_\_ Spouse \_\_\_\_\_

Children and DOB \_\_\_\_\_

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2. Full Legal Name \_\_\_\_\_ Goes By \_\_\_\_\_  
Gender \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ His / Hers / Both  
Address \_\_\_\_\_ County \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email \_\_\_\_\_  
Profession/Career \_\_\_\_\_ Spouse \_\_\_\_\_  
Children and DOB \_\_\_\_\_  
\_\_\_\_\_

3. Full Legal Name \_\_\_\_\_ Goes By \_\_\_\_\_  
Gender \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ His / Hers / Both  
Address \_\_\_\_\_ County \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email \_\_\_\_\_  
Profession/Career \_\_\_\_\_ Spouse \_\_\_\_\_  
Children and DOB \_\_\_\_\_  
\_\_\_\_\_

4. Full Legal Name \_\_\_\_\_ Goes By \_\_\_\_\_  
Gender \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ His / Hers / Both  
Address \_\_\_\_\_ County \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email \_\_\_\_\_  
Profession/Career \_\_\_\_\_ Spouse \_\_\_\_\_  
Children and DOB \_\_\_\_\_  
\_\_\_\_\_

# AGENTS

**Husband**

**Wife**

## **Health Care Agent**

Initial

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Successors

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## **Power of Attorney**

Initial

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Successors

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## **Executors**

Initial

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Successor(s)

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## **Trustees**

Initial

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Successor(s)

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## **Guardians (for minor children)**

Initial

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Successor(s)

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# ASSETS & INCOME

## Personal property assets in excess of \$100,000


## Real Property

Address	Owner	Market Value	Debt

## Stocks, Bonds, Investments, Etc.

Name	Owner	Type	Value

## Bank Accounts (Checking, Savings, Money Market, CDs)

Name	Owner	Type	Value

## Retirement Plans

Type (IRA, 401K, etc.)	Owner	Beneficiaries	Value
		Primary Contingent	
		Primary Contingent	

		Primary Contingent	
		Primary Contingent	
		Primary Contingent	

**Pensions and Social Security**

Type	Beneficiary	Value

**INSURANCE**

**Life Insurance**

Type/Company	Date	Owner	Beneficiaries	Cash Value	Face Value	Premium Payment
			Primary Contingent			
			Primary Contingent			
			Primary Contingent			
			Primary Contingent			

**Health Insurance**

Provider	Owner

# LONG TERM CARE & ANNUITIES

## Long Term Care and Annuities

Type/Company	Date	Owner	Beneficiaries	Cash Value	Face Value
			Primary Contingent		
			Primary Contingent		
			Primary Contingent		

## PROFESSIONAL TEAM

### CPA

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Financial Advisor

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Insurance Advisors

Life Insurance:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Property and Casualty Insurance

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Physicians

Name \_\_\_\_\_ His / Hers

Specialty \_\_\_\_\_

Name \_\_\_\_\_ His / Hers

Specialty \_\_\_\_\_

Name \_\_\_\_\_ His / Hers

Specialty \_\_\_\_\_

Name \_\_\_\_\_ His / Hers

Specialty \_\_\_\_\_

## COMPANIES

Name of Company: \_\_\_\_\_

Owners: \_\_\_\_\_

Address: \_\_\_\_\_

EIN# \_\_\_\_\_ Type of Entity: C-Corp / S Corp / LLC /Partnership / SP

Date of Formation \_\_\_\_\_ State of Formation \_\_\_\_\_

Registered Agent \_\_\_\_\_ Value \_\_\_\_\_

## DIGITAL & SECURED STORAGE

Location of Digital Login/ Password Information: \_\_\_\_\_

Safety Deposit Box: \_\_\_\_\_

Safe: \_\_\_\_\_

## MEMORIAL & FUNERAL ARRANGEMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NOTES

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\_\_\_\_\_