

\* \* \* CONFIDENTIAL \* \* \*

**ESTATE PLANNING QUESTIONNAIRE**

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

**1. PERSONAL INFORMATION**

- a. Full Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_  
\_\_\_\_\_
- c. Telephone: (Work) \_\_\_\_\_  
(Home) \_\_\_\_\_
- d. Social security number: \_\_\_\_\_
- e. Birth date: \_\_\_\_\_
- f. Citizenship: \_\_\_\_\_

**2. SPOUSE**

- a. Full name: \_\_\_\_\_
- b. Telephone: (Work) \_\_\_\_\_  
(Home) \_\_\_\_\_
- c. Social security number: \_\_\_\_\_
- d. Birth date: \_\_\_\_\_
- e. Citizenship: \_\_\_\_\_

**3. CHILDREN**

a.	<u>Names of Children</u>	<u>Addresses of Children</u>	<u>Birth dates</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____



b. Personal Representatives (Executor) to be named:

**For Husband:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

First Alternate Personal Representative:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Second Alternate Personal Representative:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

**For Wife:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

First Alternate Personal Representative:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Second Alternate Personal Representative:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

c. Guardian or Co-Guardians (for any minor children):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

d. Information on bequests of specific items of property or dollar amounts:

<u>Name of individual or institution</u>	<u>Description of property or dollar amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

e. Do you want all taxes, if any, and costs of administration to be borne by the beneficiary of the residue of your estate or do you want each and every beneficiary of each probate and nonprobate asset charged proportionately for taxes and costs of administration?

\_\_\_\_\_

**7. OTHER ESTATE PLANNING DOCUMENTS REQUESTED:**

a. General Durable Power of Attorney:

Wife

First Choice for your Attorney in Fact: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

*(Indicate preference)*

Effective immediately: \_\_\_\_\_

or

Effective upon disability: \_\_\_\_\_

Husband

First Choice for your Attorney in Fact: \_\_\_\_\_

Second Choice: \_\_\_\_\_  
Third Choice: \_\_\_\_\_

*(Indicate preference)*

Effective immediately: \_\_\_\_\_

or

Effective upon disability: \_\_\_\_\_

b. Health Care Power of Attorney:

Wife

First Choice for your Attorney in Fact: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

*(Indicate preference)*

Effective immediately: \_\_\_\_\_

or

Effective upon disability: \_\_\_\_\_

Husband

First Choice for your Attorney in Fact: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

*(Indicate preference)*

Effective immediately: \_\_\_\_\_

or

Effective upon disability: \_\_\_\_\_

c. Living Will--Directive to Physicians:

*(Authorizing termination of life support systems during terminal illness)*

Husband: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want doctors to wait a specific number of days? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Wife: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want doctors to wait a specific number of days? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

## NET WORTH ANALYSIS

1. **ASSETS** (designate assets which are held as joint tenants with right of survivorship, including name of co-tenant)

a. **Real Property**

<u>Location</u>	<u>Title Held In Whose Name</u>	<u>Indicate if title held as joint tenants with right of survivorship</u>	<u>Approximate Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. **Stocks and Bonds**

<u>Face value or number of shares</u>	<u>Company name</u>	<u>Registered in name of</u>	<u>Approximate value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. **Bank Accounts**

<u>Name of bank</u>	<u>Account name</u>	<u>Indicate--if survivorship account</u>	<u>Approximate balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. **Life Insurance**

<u>Name of Company</u>	<u>Type of Policy</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Cash Value</u>
_____	_____	_____	_____	_____

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e. **Annuities**

<u>Name of Company</u>	<u>Payment Provisions</u>	<u>Beneficiary</u>	<u>Invested Value</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

f. **Partnership Interests**

<u>Name of Partnership</u>	<u>Type of Business</u>	<u>Percentage of Ownership</u>	<u>Approximate Value</u>
<hr/>	<hr/>	<hr/>	<hr/>

g. **Other Property (including vehicles, boats, or other items of intrinsic value):**

<u>Description</u>	<u>Approximate Value</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

h. **Retirement or Pension Plans:** 

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- i. **Separate property (i.e. property acquired before marriage or by gift or inheritance):**

<u>Description</u>	<u>Source</u>	<u>Approximate Value</u>
_____	_____	_____
_____	_____	_____

2. **LIABILITIES** (Including mortgages, notes and loans):

<u>Description</u>	<u>Approximate Amount Owing</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. **TRUSTS**

a. Has any member of the family created or become the beneficiary of a trust: \_\_\_\_\_

4. **GIFTS:** (made by you or your spouse which involved property or cash or more than \$10,000):

<u>Date</u>	<u>Recipient</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

