

## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

### ***Part One: Personal Information***

**Your Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Personal Email:** \_\_\_\_\_

**U.S. Citizen?**  Y  N **Are you retired?**  Y  N **Occupation (prior if retired):** \_\_\_\_\_

**Were you previously married?**  Y  N **If yes, year divorced:** \_\_\_\_\_ *(Please bring your divorce agreement.)*

**Are you a military veteran?**  Y  N

**How Is Your Health?**  Good  Fair  Poor **Describe any current health problems:**

**Home Address:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **County:** \_\_\_\_\_

*If married, please complete the information below. If unmarried, please continue to the next page.*

### ***Spouse and Marriage Information***

**Spouse's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Personal Email:** \_\_\_\_\_

**U.S. Citizen?**  Y  N **Are you retired?**  Y  N **Occupation (prior if retired):** \_\_\_\_\_

**Were you previously married?**  Y  N **If yes, year divorced:** \_\_\_\_\_ *(Please bring your divorce agreement.)*

**Are you a military veteran?**  Y  N

**How Is Your Health?**  Good  Fair  Poor **Describe any current health problems:**

**Date of Marriage:** \_\_\_\_\_

**Do you and your spouse consider all of your assets community property?**  Y  N

**Did you or your spouse receive any valuable gifts or inheritance after marriage?**  Y  N

**If yes, have you treated the gifted or inherited funds as community property?**  Y  N

**Would you consider future inheritances as community property?**  Y  N

**Did you or your spouse come into your marriage with any substantial assets?**  Y  N

**Do you have a pre-marital or post-marital agreement? *(If yes, please bring it)***  Y  N

**Children & Family** (Print additional pages as necessary.)

Full Name

Sex

Date of Birth

Parent  
(His, Hers, Ours)

# of  
Children

M / F

Cell Phone:

Email:

Address:

(if not with you)

Marital Status:

Spouse's Name:

Any special concerns for this child?  Y  N

Describe:

Full Name

Sex

Date of Birth

Parent  
(His, Hers, Ours)

# of  
Children

M / F

Cell Phone:

Email:

Address:

(if not with you)

Marital Status:

Spouse's Name:

Any special concerns for this child?  Y  N

Describe:

Full Name

Sex

Date of Birth

Parent  
(His, Hers, Ours)

# of  
Children

M / F

Cell Phone:

Email:

Address:

(if not with you)

Marital Status:

Spouse's Name:

Any special concerns for this child?  Y  N

Describe:

Full Name

Sex

Date of Birth

Parent  
(His, Hers, Ours)

# of  
Children

M / F

Cell Phone:

Email:

Address:

(if not with you)

Marital Status:

Spouse's Name:

Any special concerns for this child?  Y  N

Describe:

Do all of your children get along?  Y  N

Do you have any deceased children?  Y  N

If so, do they have any surviving children and/or grandchildren?  Y  N

Names \_\_\_\_\_

Age of grandchildren: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_

Do you or your spouse have a trust with a previously deceased spouse?  Y  N

If so, who? \_\_\_\_\_

Are there any family members that require special schooling, medical or other attention?  Y  N

If so, who? \_\_\_\_\_

### **Professional Advisors**

Financial Advisor Name and Phone/Email \_\_\_\_\_

Ok to Contact?  Y  N *If yes, please initial here:* \_\_\_\_\_

CPA Name and Phone/Email \_\_\_\_\_

Ok to Contact?  Y  N *If yes, please initial here:* \_\_\_\_\_

How did you find us? \_\_\_\_\_

### **Estate Plan Objectives**

*Check all that apply:*

- | <b>Planning Objective</b>                            | <b>Planning Objective</b>  |
|--|--|
| _____ Naming guardians for minor children            | _____ Avoiding probate   |
| _____ Making sure I'll be taken care of if disabled  | _____ Maintaining privacy  |
| _____ Maximizing my loved ones' inheritance          | _____ Sale or succession of the family business  |
| _____ Making sure my loved ones don't squander it    | _____ Stretch IRA distributions to maximize assets                                       |
| _____ Making sure my loved ones get a good education | _____ Making sure my loved ones' inheritance is protected from creditors, divorces, etc. |

### **Additional Objectives:**

## **Part Two: Information about Fiduciaries**

*You will be picking multiple individuals to represent you and your estate during incapacity and after passing. This includes: Successor Trustees, Guardians for minor children, Personal Representatives (Executors), Agents to manage your affairs during incapacity and Agents to make healthcare decisions if you cannot.*

*If you know who you plan to list in these positions, please list their names and mobile phone numbers. Don't worry about listing who should serve in which position as we will discuss that during our estate plan design meeting. If you don't know who you plan to list yet, please skip this part and go to the next.*

<b>Name</b>	<b>Cell Phone Number</b>

### Part Three: Asset Information

Understanding the nature and value of your assets is critical to designing your plan. Identifying your assets and liabilities helps us better understand your individual planning needs. In addition, being familiar with your assets and liabilities is critical for trust funding and probate avoidance. Be as specific as you can with account names. Account balances will vary, so please list the approximate balance of each account.

#### BANK ACCOUNTS

Owner Name:	Institution:
Account Type:	Approx. Balance:
Address:	
Safety Deposit Box: <input type="checkbox"/> Y <input type="checkbox"/> N	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

Owner Name:	Institution:
Account Type:	Approx. Balance:
Address:	
Safety Deposit Box: <input type="checkbox"/> Y <input type="checkbox"/> N	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

Owner Name:	Institution:
Account Type:	Approx. Balance:
Address:	
Safety Deposit Box: <input type="checkbox"/> Y <input type="checkbox"/> N	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

Owner Name:	Institution:
Account Type:	Approx. Balance:
Address:	
Safety Deposit Box: <input type="checkbox"/> Y <input type="checkbox"/> N	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

#### IRA ACCOUNTS & RETIREMENT PLANS

Custodian:	Account Owner:
Approx. Value:	Account Type (IRA, 401k, etc.):
Primary Beneficiary	Secondary Beneficiary:

Custodian:	Account Owner:
Approx. Value:	Account Type (IRA, 401k, etc.):
Primary Beneficiary	Secondary Beneficiary:

Custodian:

Account Owner:

Approx. Value:

Account Type (IRA, 401k, etc.):

Primary Beneficiary

Secondary Beneficiary:

Custodian:

Account Owner:

Approx. Value:

Account Type (IRA, 401k, etc.):

Primary Beneficiary

Secondary Beneficiary:

## ***ANNUITIES***

Annuity Company Name:

Account Owner:

Current Approx. Value:

Death Benefit:

Primary Beneficiary

Secondary Beneficiary:

Annuity Company Name:

Account Owner:

Current Approx. Value:

Death Benefit:

Primary Beneficiary

Secondary Beneficiary:

Annuity Company Name:

Account Owner:

Current Approx. Value:

Death Benefit:

Primary Beneficiary

Secondary Beneficiary:

## ***LIFE INSURANCE***

Insurance Company:

Insured Person:

Primary Beneficiary:

Secondary Beneficiary:

Cash Value:

Death Benefit:

Insurance Company:

Insured Person:

Primary Beneficiary:

Secondary Beneficiary:

Cash Value:

Death Benefit:

Insurance Company:

Insured Person:

Primary Beneficiary:

Secondary Beneficiary:

Cash Value:

Death Benefit:

Insurance Company:

Insured Person:

Primary Beneficiary:

Secondary Beneficiary:

Cash Value:

Death Benefit:

**STOCKS & BONDS**

*These include certificates you actually hold; please list Mutual Funds separately below.*

Name of Stock:

Owner Name:

Number of Shares:

Approx. Value:

Name of Stock:

Owner Name:

Number of Shares:

Approx. Value:

Name of Stock:

Owner Name:

Number of Shares:

Approx. Value:

Name of Stock:

Owner Name:

Number of Shares:

Approx. Value:

Name of Stock:

Owner Name:

Number of Shares:

Approx. Value:

**MUTUAL FUNDS**

Name of Firm/Fund:

Owner Name:

Number of Shares:

Approx. Value:

Name of Firm/Fund:

Owner Name:

Number of Shares:

Approx. Value:

Name of Firm/Fund:

Owner Name:

Number of Shares:

Approx. Value:

Name of Firm/Fund:

Owner Name:

Number of Shares:

Approx. Value:

Name of Firm/Fund:

Owner Name:

Number of Shares:

Approx. Value:

**BUSINESS INTERESTS**

Business Name: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

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

Owned By: \_\_\_\_\_ Buy-Sell Agreement?  Y  N

Ownership Percentage: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Business Name: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

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

Owned By: \_\_\_\_\_ Buy-Sell Agreement?  Y  N

Ownership Percentage: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Business Name: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

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

Owned By: \_\_\_\_\_ Buy-Sell Agreement?  Y  N

Ownership Percentage: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Business Name: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

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

Owned By: \_\_\_\_\_ Buy-Sell Agreement?  Y  N

Ownership Percentage: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

**REAL ESTATE**

*Please list all real property and timeshares in which you have an interest. If possible, please bring a copy of the GRANT DEED for each property (not a deed of trust).*

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

Owned By: \_\_\_\_\_ County and State: \_\_\_\_\_

Original Cost: \_\_\_\_\_ Current Value: \_\_\_\_\_ Debt: \_\_\_\_\_

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

Owned By: \_\_\_\_\_ County and State: \_\_\_\_\_

Original Cost: \_\_\_\_\_ Current Value: \_\_\_\_\_ Debt: \_\_\_\_\_



Property Address:

Owned By:

County and State:

Original Cost:

Current Value:

Debt:

Property Address:

Owned By:

County and State:

Original Cost:

Current Value:

Debt:

Are you renting any of your properties?  Y  N

If yes, which property(s): \_\_\_\_\_

Net annual cash flow on rental real estate \$ \_\_\_\_\_

Are you planning on selling any of your real estate soon?  Y  N

If yes, which property(s): \_\_\_\_\_

Are any properties owned with someone other than your spouse?

If yes, which property(s): \_\_\_\_\_

Are any properties owned by an entity? (LLC, Corp., etc.)  Y  N

If yes, which property(s): \_\_\_\_\_

Do any of your children or relatives live on any of your properties?  Y  N

If yes, please list the relative and property: \_\_\_\_\_

### **Other Assets**

Are you expecting any inheritances soon?

If so, from whom? \_\_\_\_\_

Approximately how much? \_\_\_\_\_

Please list unusually valuable personal items such as art, coins, jewelry, collections, etc.

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Please list any other assets not mentioned such as stock options, patents, royalties, etc.

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**Part Four: Questions?**

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***Thank you for completing the Questionnaire!***

