

# ESTATE PLANNING QUESTIONNAIRE

THE DESIGN OF YOUR ESTATE PLAN WILL BE BASED ON THE INFORMATION YOU PROVIDE IN THIS QUESTIONNAIRE. IF THE INFORMATION IS INCOMPLETE OR INACCURATE, THE NATURE OF OUR LEGAL ADVICE MAY BE AFFECTED.

## SECTION 1. CONTACT INFORMATION

**Client's Name:**

(As Appears on License)

\_\_\_\_\_ (first)

\_\_\_\_\_ (middle)

\_\_\_\_\_ (last)

Any Other Names: \_\_\_\_\_

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

Telephone Numbers:

\_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

E-Mail Address: \_\_\_\_\_

U.S. Citizen  Yes  No

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Income: \_\_\_\_\_

Military Service:  Yes  No Branch of Service: \_\_\_\_\_ Serial# \_\_\_\_\_

Previous Marriages:  Yes  No Name of Prior Spouse: \_\_\_\_\_

How Terminated:  Death  Divorce Date of Death or Divorce: \_\_\_\_\_

**Spouse's Name:**

(As Appears on License)

\_\_\_\_\_ (first)

\_\_\_\_\_ (middle)

\_\_\_\_\_ (last)

Any Other Names: \_\_\_\_\_

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

Telephone Numbers:

\_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

E-Mail Address: \_\_\_\_\_

U.S. Citizen  Yes  No

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Income: \_\_\_\_\_

Military Service:  Yes  No Branch of Service: \_\_\_\_\_ Serial # \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Previous Marriages:  Yes  No Name of Prior Spouse: \_\_\_\_\_

How Terminated:  Death  Divorce Date of Death or Divorce: \_\_\_\_\_

Have you ever resided in a community property state while married?  Yes  No  
(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin)

**SECTION 2. CHILDREN**

ATTACH ADDITIONAL PAGES, IF NEEDED.

TOTAL NUMBER OF CHILDREN: \_\_\_\_\_

1. \_\_\_\_\_  Client  Spouse  Both  
(name of child) (date of birth) (child of?)

\_\_\_\_\_  
(current address) (phone number)

Adopted \_\_\_\_\_  Deceased \_\_\_\_\_  
(date of adoption) (date of death)

Married \_\_\_\_\_ Divorce or Creditor Concerns:  Yes  No  
(name of spouse)

\_\_\_\_\_  
(name of grandchild) (date of birth)

\_\_\_\_\_  
(name of grandchild) (date of birth)

\_\_\_\_\_  
(name of grandchild) (date of birth)

\_\_\_\_\_  
(comments – please identify any child or grandchild with special needs)

2. \_\_\_\_\_  Client  Spouse  Both  
(name of child) (date of birth) (child of?)

\_\_\_\_\_  
(current address) (phone number)

Adopted \_\_\_\_\_  Deceased \_\_\_\_\_  
(date of adoption) (date of death)

Married \_\_\_\_\_ Divorce or Creditor Concerns:  Yes  No  
(name of spouse)

\_\_\_\_\_  
(name of grandchild) (date of birth)

\_\_\_\_\_  
(name of grandchild) (date of birth)

\_\_\_\_\_  
(name of grandchild) (date of birth)

\_\_\_\_\_  
(comments – please identify any child or grandchild with special needs)

3. \_\_\_\_\_  Client  Spouse  Both  
 (name of child) (date of birth) (child of?)

\_\_\_\_\_  
 (current address) (phone number)

Adopted \_\_\_\_\_  Deceased \_\_\_\_\_  
 (date of adoption) (date of death)

Married \_\_\_\_\_ Divorce or Creditor Concerns:  Yes  No  
 (name of spouse)

\_\_\_\_\_  
 (name of grandchild) (date of birth)

\_\_\_\_\_  
 (name of grandchild) (date of birth)

\_\_\_\_\_  
 (name of grandchild) (date of birth)

\_\_\_\_\_  
 (comments – please identify any child or grandchild with special needs)

4. \_\_\_\_\_  Client  Spouse  Both  
 (name of child) (date of birth) (child of?)

\_\_\_\_\_  
 (current address) (phone number)

Adopted \_\_\_\_\_  Deceased \_\_\_\_\_  
 (date of adoption) (date of death)

Married \_\_\_\_\_ Divorce or Creditor Concerns:  Yes  No  
 (name of spouse)

\_\_\_\_\_  
 (name of grandchild) (date of birth)

\_\_\_\_\_  
 (name of grandchild) (date of birth)

\_\_\_\_\_  
 (name of grandchild) (date of birth)

\_\_\_\_\_  
 (comments – please identify any child or grandchild with special needs)

*\*If additional children, please copy this page and complete; or we can send you additional pages if needed.*

**SECTION 3. PARENTS**

**Father**

**Mother**

Client's Parents: \_\_\_\_\_  
(name) (name)

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

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Health: \_\_\_\_\_

Financially Independent:  Yes  No  Yes  No

Spouse's Parents: \_\_\_\_\_  
(name) (name)

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

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Health: \_\_\_\_\_

Financially Independent:  Yes  No  Yes  No

**SECTION 4. SIBLINGS**

1. \_\_\_\_\_ Sibling of:  Client  Spouse  
(name of sibling) (date of birth)

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

2. \_\_\_\_\_ Sibling of:  Client  Spouse  
(name of sibling) (date of birth)

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

3. \_\_\_\_\_ Sibling of:  Client  Spouse  
(name of sibling) (date of birth)

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

4. \_\_\_\_\_ Sibling of:  Client  Spouse  
 (name of sibling) (date of birth)

\_\_\_\_\_  
 (current address) (phone number)

5. \_\_\_\_\_ Sibling of:  Client  Spouse  
 (name of sibling) (date of birth)

\_\_\_\_\_  
 (current address) (phone number)

6. \_\_\_\_\_ Sibling of:  Client  Spouse  
 (name of sibling) (date of birth)

\_\_\_\_\_  
 (current address) (phone number)

7. \_\_\_\_\_ Sibling of:  Client  Spouse  
 (name of sibling) (date of birth)

\_\_\_\_\_  
 (current address) (phone number)

8. \_\_\_\_\_ Sibling of:  Client  Spouse  
 (name of sibling) (date of birth)

\_\_\_\_\_  
 (current address) (phone number)

**SECTION 5. ASSETS AND RESOURCES**

**A. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)**

<u>Name of Institution</u>	<u>Type of Account</u>	<u>Approx. Balance</u>	<u>Owner(s)</u>	<u>Transfer on Death Benef.</u>
“ABC Bank” (sample)	Checking/Savings	\$ XXXX	Client/Joint	None/TOD Child
1. _____	_____	\$ _____	_____	_____
2. _____	_____	\$ _____	_____	_____
3. _____	_____	\$ _____	_____	_____
4. _____	_____	\$ _____	_____	_____
5. _____	_____	\$ _____	_____	_____
6. _____	_____	\$ _____	_____	_____
7. _____	_____	\$ _____	_____	_____

**B. INVESTMENT & BROKERAGE ACCOUNTS (Stocks, Bonds, Marketable Securities, etc.)**

<u>Name of Institution</u>	<u>Type of Account</u>	<u>Approx. Balance</u>	<u>Owner(s)</u>	<u>Transfer on Death Benef.</u>
“ABC Investments” (sample)	Investment	\$ XXXX	Client/Joint	None/TOD Child
1. _____	_____	\$ _____	_____	_____
2. _____	_____	\$ _____	_____	_____
3. _____	_____	\$ _____	_____	_____
4. _____	_____	\$ _____	_____	_____
5. _____	_____	\$ _____	_____	_____

**C. RETIREMENT ACCOUNTS (IRA, 401k, 403b, etc.)**

<u>Name of Institution</u>	<u>Type of Account</u>	<u>Balance/Value</u>	<u>Owner</u>	<u>Beneficiaries</u>
Acme (sample)	IRA/401k	\$ XXXX	Client	Spouse/Kids
1. _____	_____	\$ _____	_____	_____
2. _____	_____	\$ _____	_____	_____
3. _____	_____	\$ _____	_____	_____
4. _____	_____	\$ _____	_____	_____
5. _____	_____	\$ _____	_____	_____

**D. INDIVIDUAL SECURITIES (NOT PART OF BROKERAGE OR RETIREMENT ACCOUNT)**

<u>Name of Company</u>	<u># of Shares</u>	<u>Owner/Owners</u>	<u>Transfer Agent</u>
“Acme Co” (sample)	100	Client & Spouse	Computershare
1. _____:	_____	_____	_____
2. _____:	_____	_____	_____
3. _____:	_____	_____	_____
4. _____:	_____	_____	_____
5. _____:	_____	_____	_____

**E. SAVINGS BONDS**

<u>Type of Bond</u>	<u>Denomination</u>	<u>Issue Date</u>	<u># of Similar Bonds</u>	<u>Owner/Owners</u>	<u>Beneficiaries</u>
EE,HH, I etc. (sample)	\$1,000	3/16/1968	10	Client & Spouse	POD to Child
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

**F. PENSIONS (DEFINED BENEFIT PLANS)**

<u>Name of Company</u>	<u>Plan Participant</u>	<u>Single Life or Survivor Benefits</u>	<u>Approx. Value</u>
Acme Employer (sample)	Spouse	Single Life Only	\$100,000
1. _____:	_____	_____	\$ _____
2. _____:	_____	_____	\$ _____
3. _____:	_____	_____	\$ _____
4. _____:	_____	_____	\$ _____

**G. LIFE INSURANCE**

<u>Issuing Co.</u>	<u>Policy Type</u>	<u>Policy #</u>	<u>Insured</u>	<u>Owner</u>	<u>Death Benefit</u>
"Acme Ins." (sample)	Term/Whole	12345	Client/Spouse	Client/Spouse	\$100,000
1. _____	_____	_____	_____	_____	\$ _____
Primary Beneficiary: _____			Contingent Beneficiary: _____		
2. _____	_____	_____	_____	_____	\$ _____
Primary Beneficiary: _____			Contingent Beneficiary: _____		
3. _____	_____	_____	_____	_____	\$ _____
Primary Beneficiary: _____			Contingent Beneficiary: _____		
4. _____	_____	_____	_____	_____	\$ _____
Primary Beneficiary: _____			Contingent Beneficiary: _____		

**H. ANNUITIES**

<u>Issuing Co.</u>	<u>Product Type</u>	<u>Contract #</u>	<u>Annuitant</u>	<u>Owner</u>	<u>Approx. Value</u>
"Acme Ins."	Qual/Non-Qual	12345	Client/Spouse	Client/Spouse	\$10,000

1. \_\_\_\_\_ \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

**I. REAL ESTATE**

<u>Address</u>	<u>Purchase Price</u>	<u>Year Purchased</u>	<u>Mortgage Balance</u>	<u>How Title Held</u>
23 Crabapple Cove/Guilford (sample)	\$ XXXXXX	1972	ABC Bank	Joint with Spouse

1. \_\_\_\_\_ \$ \_\_\_\_\_

Mortgage Lender: \_\_\_\_\_ Homeowners Insurance Co: \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

Mortgage Lender: \_\_\_\_\_ Homeowners Insurance Co: \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Mortgage Lender: \_\_\_\_\_ Homeowners Insurance Co: \_\_\_\_\_

**J. PERSONAL PROPERTY**

\_\_\_\_\_ Make/Model & Year \_\_\_\_\_ How Title Held (Owner/Owners)

Cars, RVs, Boats, etc.: \_\_\_\_\_

Cars, RVs, Boats, etc.: \_\_\_\_\_

Cars, RVs, Boats, etc.: \_\_\_\_\_

Other Valuable Tangible Property: \_\_\_\_\_

Do you have any guns/firearms?  Yes  No

Do you have any Crypto Currency (ex. Bitcoin)?  Yes  No



**K. BUSINESS INTERESTS (LLC, Sole Proprietorship, Corporation, Partnership, etc.)** Please bring a copy of any operating agreements, incorporation filings, etc.

<u>Entity</u>	<u>Type</u>	<u>% Interest</u>	<u>Owner</u>	<u>Approx. Value</u>
Apple Tree LLC (sample)	LLC	100%	Client	\$XXXX
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____

**L. MONIES OWED TO YOU**

Please describe any debts or obligations owed to you including mortgages, rents or other payments. If the debt is documented by a lease, mortgage, promissory note etc., please bring copies of the documentation.

---



---

**M. MONIES YOU OWE TO OTHERS**

Please describe any debts or obligations you owe to others including mortgages, rents or other payments. If the debt is documented by a lease, mortgage, promissory note etc., please bring copies of the documentation.

---



---

**N. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES**

Briefly describe or give the name of any trust from which you currently receive any benefit. Please bring a copy of the instrument which creates the interest, if available.

---



---

**SECTION 6. LIFETIME TRANSFERS**

Have you or your spouse made any gifts of real estate, cash or other property? Please describe transfers OVER the annual exemption amount (currently \$15,000).

---



---



---

**SECTION 7. ESTATE PLANNING PRIORITIES**

<u>Planning Issue</u>	<u>Level of Importance (Least to Most)</u>				
Retaining Control During Lifetime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Planning for Possible Incapacity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Avoiding Probate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Minimizing Estate/Gift/Income Tax	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Protect Assets from Possibility of Remarriage After Death of Spouse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Divorce/Creditor Protection for Beneficiaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Planning for Beneficiaries with Special Needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other Concerns:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**SECTION 8. PROFESSIONAL ADVISORS**

Please identify any trusted advisors with whom you have existing relationships.

Financial Advisor(s): \_\_\_\_\_

Tax Preparer/Accountant: \_\_\_\_\_

Insurance/Annuities: \_\_\_\_\_

Employee Benefits: \_\_\_\_\_

Other(s): \_\_\_\_\_

**SECTION 9. OTHER INFORMATION**

If we have failed to ask about any information you believe is pertinent or important, please make note of it here. Likewise, if you have any questions that you want to make sure are addressed, please note them here.

---

---

---

---