

ESTATE PLANNING QUESTIONNAIRE
PERSONAL AND CONFIDENTIAL

DATE FORM COMPLETED: _____

NAME: _____ SOC. SEC. #: ____ - ____ - ____

FIRST LAST MIDDLE U. S. CITIZEN: YES OR NO

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ADDRESS: _____ HOME PHONE # () ____ - ____

ADDRESS: _____ WORK/CELL PHONE # () ____ - ____

VETERAN: YES OR NO LIST BRANCH AND YEARS OF SERVICE: _____

APPROPRIATE MARITAL STATUS: MARRIED / SINGLE / DIVORCED / WIDOWED

IF DIVORCED, GIVE DATE AND PLACE OF DIVORCE:

IF DIVORCED, GIVE NAME OF EX-SPOUSE:

LIST ANY OBLIGATIONS TO EX-SPOUSE BY AGREEMENT OR COURT ORDER:

LIST ANY OBLIGATIONS TO CHILDREN BY AGREEMENT OR COURT ORDER

IF WIDOWED, GIVE NAME OF DECEASED SPOUSE:

IF WIDOWED, GIVE DATE OF DEATH OF DECEASED SPOUSE:

IF MARRIED, GIVE DATE AND PLACE OF MARRIAGE:

SPOUSE'S INFORMATION:

NAME: _____ SOC. SEC. #: ____ - ____ - ____

FIRST LAST MIDDLE

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MILITARY VETERAN: YES OR NO LIST BRANCH AND YEARS OF SERVICE:

CHILDREN OF THIS MARRIAGE:

NAME: _____ ADDRESS:

BIRTHDATE: _____ MARRIED: YES OR NO, VOCATION:

NUMBER OF CHILDREN: _____ SPOUSE'S NAME:

NAME: _____ ADDRESS:

BIRTHDATE: _____ MARRIED: YES OR NO, VOCATION:

NUMBER OF CHILDREN: _____ SPOUSE'S NAME:

NAME: _____ ADDRESS:

BIRTHDATE: _____ MARRIED: YES OR NO, VOCATION:

NUMBER OF CHILDREN: _____ SPOUSE'S NAME:

CHILDREN BY PREVIOUS MARRIAGE(S) (IF ANY):

NAME: _____ ADDRESS:

BIRTHDATE: _____ MARRIED: YES OR NO, VOCATION:

NUMBER OF CHILDREN: _____ WHOSE CHILD:

A. ARE YOU THE BENEFICIARY OF ANY ESTATES OR TRUSTS OR DO YOU ANTICIPATE RECEIVING ANY INHERITANCES? IF SO, PLEASE DESCRIBE:

B. ARE YOU OR YOUR SPOUSE ACTING AS EXECUTOR OR TRUSTEE OF ANY ESTATES OR TRUSTS? IF SO, PLEASE DESCRIBE:

C. LOCATION AND BOX NUMBERS OF BANK SAFE DEPOSIT BOX(ES):

ASSET INFORMATION

*NOTE: IN THE FOLLOWING QUESTIONS, **FMV** = FAIR MARKET VALUE; **COST** = COST BASIS; **TITLED** = IN WHOSE NAME AN ASSET IS TITLED; **MTG. BAL.** = MORTGAGE BALANCE; **MGE** = MORTGAGEE (LENDER)

I. REAL ESTATE

DESCRIPTION	LOCATION	HOW TITLED	WHEN ACQUIRED	ORG COST	CURRENT MTG. BAL	MGE	FMV
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II. INVESTMENT ACCOUNTS, (STOCKS AND BONDS AND MUTUAL FUNDS, (PLEASE ATTACH A COPY OF MOST RECENT BROKERAGE STATEMENT(S))

NAME	FMV	HOW TITLED
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III. ACCOUNTS RECEIVABLE, MORTGAGES AND NOTES (MONEY WHICH OTHER PEOPLE (DEBTORS) OWE TO YOU)

DEBTOR	DESCRIPTION	HOW TITLED	WHEN ACQUIRED	COST	ORIG. FMV
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IV. LIFE INSURANCE

COMPANY	POLICY TYPE	WHO OWNS POLICY	BENEFICIARY	SECOND BENEFICIARY	DEATH BENEFIT(S)
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V. CHECKING, SAVINGS, MONEY MARKET AND CD ACCOUNTS

BANK	ACCOUNT TYPE	HOW TITLED	FMV
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VI. TANGIBLE PERSONAL PROPERTY AND MISCELLANEOUS PROPERTY OF SIGNIFICANT VALUE

DESCRIPTION	HOW TITLED	FMV
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VII. HAVE YOU OR YOUR SPOUSE MADE ANY GIFTS IN EXCESS OF \$13,000.00 IN ONE YEAR TO ANY ONE PERSON IN THIS OR ANY OTHER YEAR? IF SO, PLEASE DESCRIBE AND SAY IF GIFT TAX RETURNS WERE FILED, WHERE, AND IF ANY TAX WAS PAID, THE AMOUNT:

DONEE	YEAR	FILED (YES or NO)	LOCATION	AMOUNT PAID
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VIII. ANNUITIES, IRA'S, 401(K), THRIFT, SAVINGS, PROFIT-SHARING, AND PENSION PLANS (PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT FOR EACH)

NAME OF OWNER	TYPE PLAN	PRIMARY BENEFICIARY	SECOND BENEFICIARY
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IX. DEBTS

NAME OF CREDITOR	TYPE OF DEBT	CURRENT	BALANCE
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X. PLEASE LIST AMOUNT OF YOUR INCOME AND SOURCES OF INCOME:

XI. FIDUCIARIES:

A. HUSBAND'S POWER OF ATTORNEY AND BACKUP:

B. WIFE'S POWER OF ATTORNEY AND BACKUP:

C. HUSBAND'S MEDICAL AGENT AND BACKUP:

D. WIFE'S MEDICAL AGENT AND BACKUP:

E. HUSBAND'S EXECUTOR AND BACKUP:

F. WIFE'S EXECUTOR AND BACKUP:

G. TRUSTEES IF NEEDED:

H. GUARDIAN IF NEEDED:

XII. ADDITIONAL COMMENTS OR INSTRUCTIONS: