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## **CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

*This questionnaire has been developed for use by this firm in order to design comprehensive estate plans for clients. The information that you provide on this form will be retained in our files and no information will be released to any person without your prior permission.*

# ESTATE PLANNING QUESTIONNAIRE

## Section I: General Information

A. Name:

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

Names, other than the name set forth above, by which you have been or are now known: \_\_\_\_\_

B. Address:

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

\_\_\_\_\_

County of Residence: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

\_\_\_\_\_

Alternate

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

C. Telephone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

D. Social Security Number: \_\_\_\_\_

E. Birth:

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

Place of Birth: \_\_\_\_\_  
(City, State, or Province, Country)

F. Citizenship:

Citizen of United States? Yes \_\_\_\_ No \_\_\_\_

If not Citizen of United States, citizen of what country? \_\_\_\_\_

Lawful Permanent Resident of United States (ie, Green Card) Yes \_\_\_\_ No \_\_\_\_

Alien Certificate of Registration Number, if any: \_\_\_\_\_

**Section II: Family Information**

A. Current Marital Status (check all that apply):

Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_ Single \_\_\_\_

B. If Married:

Name of Spouse: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

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

Address of Spouse, if different: \_\_\_\_\_

\_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Spouse's Employer Address: \_\_\_\_\_

Spouse previously married? Yes \_\_\_\_ No \_\_\_\_

Name of Prior Spouse: \_\_\_\_\_

Date of termination of prior marriage: \_\_\_\_\_

Are you party to an antenuptial or postnuptial agreement? Yes \_\_\_ No \_\_\_\_\_

Location of Agreement: \_\_\_\_\_

- C. Next of Kin: (Include children born out of wedlock, adopted children and children of deceased spouse)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Section III: Military Service**

- A. United States Military Service? Yes \_\_\_ No \_\_\_\_\_

- B. Military Service in Foreign Country? Yes \_\_\_ No \_\_\_\_\_

Country? \_\_\_\_\_

If Discharged, location of Discharge Papers? \_\_\_\_\_

**Section IV: Employment and Employment Benefits**

A. If Employed:

Name of Employer: \_\_\_\_\_

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

Employment Agreement? Yes \_\_\_\_ No \_\_\_\_

Employment Benefits: (specify company, amount, beneficiary)

Health and Accidental Insurance: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Pension: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_

Stock Options: \_\_\_\_\_

Other benefits: \_\_\_\_\_

B. If Retired:

Name of Previous Employer: \_\_\_\_\_

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

Date of Retirement: \_\_\_\_\_

Retirement/Pension Plans? (Please list, if any)

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

**Section V: Safe Deposit Boxes**

A. Box Number, and Name of Bank or Trust Company where located & branch:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

B. For each box, please list contents:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

C. Persons entitled to enter box:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**Section VI: Bank and Credit Union Accounts**

A. Account Number, Bank, Branch, Approx. Balance

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

B. For each account above, please list:

a. Type of Account:

- i. \_\_\_\_\_  
\_\_\_\_\_
- ii. \_\_\_\_\_  
\_\_\_\_\_
- iii. \_\_\_\_\_  
\_\_\_\_\_

b. How account is titled:

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

**Section VII : Insurance**

A. Life Insurance:

- a. Company \_\_\_\_\_
- b. Policy No. \_\_\_\_\_ Face Amount: \_\_\_\_\_
- c. Insured \_\_\_\_\_
- d. Owner \_\_\_\_\_
- e. Beneficiary \_\_\_\_\_

- a. Company \_\_\_\_\_
- b. Policy No. \_\_\_\_\_ Face Amount: \_\_\_\_\_
- c. Insured \_\_\_\_\_
- d. Owner \_\_\_\_\_
- e. Beneficiary \_\_\_\_\_

B. Other Insurance:

- a. Company \_\_\_\_\_
- b. Policy No. \_\_\_\_\_ Kind & Amount \_\_\_\_\_

- a. Company \_\_\_\_\_
- b. Policy No. \_\_\_\_\_ Kind & Amount \_\_\_\_\_

- a. Company \_\_\_\_\_
- b. Policy No. \_\_\_\_\_ Kind & Amount \_\_\_\_\_

**Section VIII: Real Property**

- | A. | Location | Description |
|----|----------|-------------|
|    | a.       | _____       |
|    | b.       | _____       |
|    | c.       | _____       |
|    | d.       | _____       |
- B. How are the property(s) listed above titled:
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- C. Purchase Price/Present Value/Mortgage:
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**Section IX: Securities or Brokerage Accounts**

- Name of Brokerage Accounts (indicate firm & balance)
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**Section X – Estate Planning Documents.**

Please provide me with copies of each of the following documents, if you currently have such documents in place:

Last Will and Testament

Revocable or Irrevocable Trust Instruments

Stockholder or Partnership Agreements

Durable Powers of Attorneys

Prenuptials or postnuptials agreements or separation agreements.

Deeds for all real property

Life Insurance Policies

List of tangible personal property

Bank Statements

Brokerage Account Statements

Bonds/Stocks

Corporate Books

Partnership Agreements

Notes Receivable