

Date _____

ESTATE PLANNING QUESTIONNAIRE

NAME: _____

Social Security Number: _____

SPOUSE'S NAME (if married): _____

Social Security Number: _____

Family Data

A. Personal Data

1. Date of birth: _____
2. Marital status: single married widowed divorced
3. Previously married? yes no
4. United States citizen: yes no

B. Spouse's Personal Data

1. Date of birth: _____
2. Previously married? yes no
3. United States citizen: yes no

C. Children

1. Name: _____
(Address, if adult): _____
Date of birth: _____
Spouse's name, if married: _____
Number of children, if any: _____
2. Name: _____
(Address, if adult): _____
Date of birth: _____

Spouse's name, if married: _____

Number of children, if any: _____

3. Name: _____

(Address, if adult): _____

Date of birth: _____

Spouse's name, if married: _____

Number of children, if any: _____

4. Name: _____

(Address, if adult): _____

Date of birth: _____

Spouse's name, if married: _____

Number of children, if any: _____

(Please use additional paper if necessary.)

D. Residence Address: _____

Telephone number: _____ Fax number: _____

E-Mail: _____

E. Occupation: _____

1. Name of business: _____

2. Address: _____

3. Telephone number: _____ Fax number: _____

E-Mail: _____

F. Spouse's Occupation: _____

1. Name of business: _____

2. Address: _____

3. Telephone number: _____ Fax number: _____

E-Mail: _____

G. Accountant:

1. Name: _____
2. Address: _____
3. Telephone number: _____ Fax number: _____
E-Mail: _____

H. Financial Planner:

1. Name: _____
2. Address: _____
3. Telephone number: _____ Fax number: _____
E-Mail: _____

I. Insurance Agent:

1. Name: _____
2. Address: _____
3. Telephone number: _____ Fax number: _____
E-Mail: _____

J. Residence or real estate in other states:

K. Have gift tax returns been filed for gifts made by you or your spouse?

L. Are you or your spouse a beneficiary of an existing trust?

Assets

A. Bank Accounts

1. Name of bank: _____
2. Type of account:
 checking savings certificate of deposit
3. Approximate values:
checking: _____
savings: _____
certificate of deposit: _____
4. Ownership:
 your name spouse's name joint tenancy
 other: _____

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B. Safe Deposit Box

1. Location: _____
2. Who can enter box: _____

C. Stocks/Bonds - See attached sheet

D. Real Estate - Residence

1. Ownership:
 your name spouse's name joint tenancy
 other: _____
2. Estimated market value: _____
3. Approximate amount of mortgage: _____

E. Other Real Estate Owned

1. Description and address: _____

2. Ownership:
 your name spouse's name joint tenancy
 other: _____
3. Estimated market value: _____
4. Approximate amount of mortgage: _____

F. Life Insurance - See attached sheet

G. Business Interest

1. Entity: _____
2. Percent owned: _____
3. Estimated value of interest: _____
4. Buy/Sell agreement: _____
5. Funded: _____
6. Comments: _____

H. Profit or Pension Plan

1. Approximate value: _____
2. Please attach copies of beneficiary designation, if any, and method in which the proceeds will be paid to the beneficiary.

I. Annual income and source: _____
