

# ESTATE PLANNING QUESTIONNAIRE

Date \_\_\_\_\_ File Number \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax No. \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.**

## **A. PERSONAL DATA**

**(Spouse 1)**

**(Spouse 2)**

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_  
(print name as shown on your checks) (print name as shown on your checks)

Address (**Spouse 1**) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address (**Spouse 2**) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

U.S. Citizen?  Yes  No U.S. Citizen?  Yes  No

Annual Income \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

**B. REFERRAL**

By whom were you referred to this office?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Referral is a:
- Attorney
  - Financial Planner
  - Previous Client of Firm
  - Other

**C. CHILDREN** (if applicable)

Name of Child \_\_\_\_\_ Gender  Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

- Relationship to Spouse 1:
- Natural Child
  - Adopted
  - Stepchild
  - Child born out of wedlock

- Relationship to Spouse 2:
- Natural Child
  - Adopted
  - Stepchild
  - Child born out of wedlock

**Name of Child** \_\_\_\_\_ Gender  Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Spouse 1:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

Relationship to Spouse 2:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

**Name of Child** \_\_\_\_\_ Gender  Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Spouse 1:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

Relationship to Spouse 2:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

Name of Child \_\_\_\_\_ Gender  Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Spouse 1:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

Relationship to Spouse 2:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**D. GRANDCHILDREN** (if applicable)

Name of Grandchild \_\_\_\_\_ Gender  Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_



**E. DISPOSITIVE INTENTIONS**

**1. SPOUSE AND CHILDREN**

Do you wish to provide primarily for your spouse and secondarily for your children?

Yes  No

Do you wish to treat all of your children equally?

Yes  No

If not, why not? \_\_\_\_\_

After your spouse's death, at what age do you want distribution to your children (e.g. a typical plan provides for 1/2 at age 30 and 1/2 at age 35)? \_\_\_\_\_

**2. OTHER BENEFICIARIES**

Do you want your Will or Trust to benefit anyone other than your spouse, children, grandchildren or a charity?

Yes  No

If so, please list:

<b>Name of Beneficiary</b>	<b>Address of Beneficiary</b>	<b>Relationship</b>	<b>Dollar Amount</b>

**F. EXECUTOR**

Whom do you want to serve as your Executor?

**(Spouse 1)**

First Choice:  Spouse

Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**(Spouse 2)**

First Choice:  Spouse

Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**G. TRUSTEE**

Whom do you want to serve as your Trustee?

**(Spouse 1)**

First Choice:  Spouse

Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**(Spouse 2)**

First Choice:  Spouse

Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**H. GUARDIAN**

If you have minor or disabled child/children, whom do you want to act as Guardian?

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**I. LIVING WILL**

**(Spouse 1)**

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  Yes  No

Do you want to donate your eyes or organs?  Yes  No

Do you want your Health Care Agent to consult with any other person prior to acting?  Yes  No

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the name and address of your primary care physician?

Full Name of Physician \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Spouse 2)**

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  Yes  No

Do you want to donate your eyes or organs?  Yes  No

Do you want your Health Care Agent to consult with any other person prior to acting?  Yes  No

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the name and address of your primary care physician?

Full Name of Physician \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**J. POWER OF ATTORNEY**

**(Spouse 1)**

Name of Proposed Financial Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Spouse 2)**

Name of Proposed Financial Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**K. MISCELLANEOUS**

Do you have any other legal issues which I should be aware of?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box?  Yes  No

If yes, please indicate the name and address of the location \_\_\_\_\_  
\_\_\_\_\_

Have a you ever made gifts in excess of \$12,000 in any one calendar year?  Yes  No

Have you ever filed a Federal Gift Tax Return?  Yes  No

**L. FINANCIAL SUMMARY**

<b>ASSET/LIABILITY</b>	<b><u>ASSETS</u></b>			<b><u>LIABILITIES</u></b>
	<b>SPOUSE 1</b>	<b>SPOUSE 2</b>	<b>JOINT</b>	
<b>CHECKING</b> <b>(attach copies of statements)</b>				
<b>SAVINGS</b> <b>(attach copies of statements)</b>				
<b>MONEY MARKET</b> <b>(attach copies of statements)</b>				
<b>CERTIFICATE OF DEPOSIT</b> <b>(attach copies of statements)</b>				

<b>RESIDENCE</b> <b>(attach a copy of deed)</b>				
<b>OTHER REAL ESTATE</b> <b>(attach copy of deeds)</b>				
<b>Address:</b>				
<b>Address:</b>				
<b>BROKERAGE ACCOUNT</b> <b>(attach copies of statements)</b>				
<b>MUTUAL FUNDS</b> <b>(attach copies of statements)</b>				
<b>STOCKS NOT HELD BY</b> <b>BROKER</b> <b>(attach copies of statements)</b>				

<b>BONDS – NON-MUTUAL FUNDS HELD BY BROKER (attach copies of statements)</b>				
<b>BONDS – NON-MUTUAL FUNDS NOT HELD BY BROKER (attach copies of statements)</b>				
<b>NOTES &amp; MORTGAGES RECEIVABLE (attach copies of Notes &amp; Mortgages)</b>				
<b>BUSINESS INTERESTS (attach copies of stock certificates, partnership agreements and/or other documentation)</b>				
<b>Name of Business:</b>				
<b>Name of Business:</b>				
<b>NON-IRA TAX QUALIFIED</b>				

<b>RETIREMENT PLAN (attach copies of statements)</b>				
<b>TRADITIONAL IRA PLAN (attach copies of statements)</b>				
<b>ROTH IRA (attach copies of statements)</b>				
<b>ANNUITIES (attach copies of contracts)</b>				
<b>LIFE INSURANCE (attach copies of the front page of all policies)</b>				
<b>INHERITANCE, ETC.</b>				
<b>AUTOMOBILES</b>				
<b>JEWELRY COLLECTIONS</b>				
<b>OTHER ASSET (attach copies of documentation pertaining to</b>				

such assets)				
<b>Description:</b>				
<b>Description:</b>				
<b>Description:</b>				
<b>TOTALS</b>				

Are you a contributor to a 529 Plan?  Yes  No

If yes, please attach a statement of the 529 account.

**Personal Residence:**

Tax Block # \_\_\_\_\_ Lot# \_\_\_\_\_ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_ Lot# \_\_\_\_\_ (Can be obtained from Tax Bill)

(2) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_ Lot# \_\_\_\_\_ (Can be obtained from Tax Bill)

**M. CERTIFICATION**

The undersigned hereby represents that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:

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