

ESTATE PLANNING QUESTIONNAIRE

I. Communication Preferences

- A. Preferred method of contact: Home Phone Cell Phone Email
- B. Preferred method for receiving written correspondence: Mail Email

II. Personal Data

A. Client's Legal Name: _____
(First Name) (Middle Initial) (Last Name)

Address: _____

Email: _____

Phone: (Home) (____) _____ - _____ (Cell) (____) _____ - _____

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Citizenship: USA Other: _____ Prior Marriage: Yes No

B. Spouse's Legal Name: _____
(First Name) (Middle Initial) (Last Name)

Email: _____

Phone: (Home) (____) _____ - _____ (Cell) (____) _____ - _____

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Citizenship: USA Other: _____ Prior Marriage: Yes No

C. Advisors

1. Accountant

Name: _____ Company: _____

Address: _____

Phone: (____) _____ - _____ Email: _____

2. Financial Advisor

Name: _____ Company: _____

Address: _____

Phone: (____) _____ - _____ Email: _____

D. Children

1. Child's Full Name: _____
(First Name) (Middle Initial) (Last Name)

Date of Birth: ___/___/___ Gender: _____

Address: _____

Child's Spouse's Name: _____

Child's Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

2. Child's Full Name: _____
(First Name) (Middle Initial) (Last Name)

Date of Birth: ___/___/___ Gender: _____

Address: _____

Child's Spouse's Name: _____

Child's Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

3. Child's Full Name: _____
(First Name) (Middle Initial) (Last Name)

Date of Birth: ___/___/___ Gender: _____

Address: _____

Child's Spouse's Name: _____

Child's Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

4. Child's Full Name: _____
(First Name) (Middle Initial) (Last Name)

Date of Birth: ___/___/___ Gender: _____

Address: _____

Child's Spouse's Name: _____

Child's Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

E. Existing Estate Planning Documents *(Do you have existing estate planning documents? If yes, please describe the documents below and provide copies in advance of your scheduled meeting.)*

III. Annual Income

	<u>Employment</u>	<u>Social Security</u>	<u>Pension</u>	<u>Investment</u>	<u>Other</u>	<u>Total</u>
Client	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____

Total Annual Income: \$ _____

IV. Assets and Liabilities

A. Cash Accounts

	<u>Type of Account</u>	<u>Owner</u>	<u>Account Balance</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Total Cash Accounts: \$ _____

B. Real Estate

	<u>Address</u>	<u>Owner</u>	<u>Approximate Value</u>	<u>Balance of Mortgage</u>	<u>Balance of HELOC</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Total Real Estate Equity: \$ _____

C. Brokerage Accounts

	<u>Name of Broker</u>	<u>Owner</u>	<u>Account Balance</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Total Brokerage Accounts: \$ _____

D. Stocks and Bonds (*held outside of Brokerage Accounts*)

	<u>No. of Shares or Amount</u>	<u>Name of Company or Issuer</u>	<u>Owner</u>	<u>Basis</u>	<u>Value</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Total Stocks and Bonds: \$ _____

E. Non-Qualified Annuities (*not IRAs*)

	<u>Company</u>	<u>Owner</u>	<u>Annuitant</u>	<u>Basis</u>	<u>Value</u>	<u>Beneficiary</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

Total Non-Qualified Annuities: \$ _____

F. Business Interests

	<u>Name of Business</u>	<u>Entity Type</u>	<u>Owner</u>	<u>Ownership Interest (%)</u>	<u>Value</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Total Business Interests: \$ _____

G. Notes and Accounts Receivable

	<u>Description</u>	<u>Owner</u>	<u>Value</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Total Notes and Accounts Receivable: \$ _____

H. Life Insurance Policies Owned by Client and/or Spouse

	<u>Name of Company</u>	<u>Owner</u>	<u>Insured</u>	<u>Cash Value</u>	<u>Death Benefit</u>	<u>Beneficiary</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

Total Life Insurance Death Benefits: \$ _____

I. Long Term Care Insurance Policies Owned by Client and/or Spouse

	<u>Name of Company</u>	<u>Insured</u>	<u>Daily Benefit</u>	<u>Max. Lifetime Benefit</u>	<u>Death Benefit</u>	<u>CT Partnership Policy?</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

Total Long Term Care Insurance Death Benefits: \$ _____

J. Retirement Plan Accounts (*IRAs, 401(k) Plans, etc.*)

	<u>Type of Account</u>	<u>Owner</u>	<u>Acct. Balance</u>	<u>Beneficiary</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Total Retirement Plan Accounts: \$ _____

K. Other Assets

	<u>Description</u>	<u>Owner</u>	<u>Value</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Total Other Assets: \$ _____

L. Liabilities (other than Mortgages/HELOCs)

	<u>Name of Lender</u>	<u>Type of Account</u>	<u>Balance Owed</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Total Liabilities: \$ _____

M. Taxable Gifts (Have you filed a gift tax return? If yes, please provide the relevant information below.)

	<u>Amount</u>	<u>Date</u>	<u>Recipient</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Total Taxable Gifts: \$ _____

Summary of Assets and Liabilities

A. Cash Accounts	_____
B. Real Estate Equity	_____
C. Brokerage Accounts	_____
D. Stocks and Bonds	_____
E. Non-Qualified Annuities	_____
F. Business Interests	_____
G. Notes and Accounts Receivable	_____
H. Life Insurance Death Benefits	_____
I. LTC Insurance Death Benefits	_____
J. Retirement Plan Accounts	_____
K. Other Assets	_____
Total Assets	_____
L. Liabilities	(_____)
Total Net Worth	_____