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Please help us provide better service - it is not necessary to answer everything, but any information you provide will be helpful

ESTATE PLANNING QUESTIONNAIRE – GENERAL INFORMATION

	You	Spouse
Name		
Date of Birth		
Social Security No.		
Email address		
Phone No.		
Occupation		
Employment Location		
Country of Citizenship		

Home Address

_____

CHILDREN

Name **DOB (or Age)** **City, State** **Marital Status**

_____

_____

_____

_____

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GRANDCHILDREN

Name	DOB (or Age)	City, State	Parent(s)

ADDITIONAL INFORMATION, So we may serve you better:

1. Briefly describe your primary estate planning goal.

2. Are there any special family considerations (for example, support of a parent or child, special education needs, physical or mental disability, etc.)?

3. Who are your beneficiaries (the people that will inherit your property – usually children, grandchildren, charity)?

4. Who would you name as the guardian of your child(ren)?

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PRIOR ESTATE PLANNING - HAVE YOU EXECUTED PRIOR ESTATE PLANNING DOCUMENTS?

(if yes, please provide us with a copy)

	You		Spouse	
	Yes	No	Yes	No
Will				
Revocable/Living Trust				
Health Care - Advanced directives				
General Power of Attorney				
Pre- or post-nuptial agreement, divorce decree				

EXECUTORS AND TRUSTEES (FIDUCIARIES)

(*Please name the persons you trust to be in charge of the estate administration process)*

		You	Spouse
Will	**Executor/Personal Rep**		
	Successor		
Trust	**Trustee**		
	Successor		
Health Care – Living Will	**Personal Representative**		
	Successor		
General Power of Attorney	**Power of Attorney**		
	Successor		

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ASSETS

Cash/Bank Accounts

Name of Institution	Type of Account	Form of Ownership and With Whom	Approx. Value
		Totals	

Investment Accounts/Stocks/Mutual Funds

Name of Institution	Type	Form of Ownership	Approx. Value
		Totals	

Retirement Accounts

Name of Institution	Type	Form of Ownership	Approx. Value
		Totals	

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Business and Professional Holdings

Company/Entity	Type of entity	Succession Planning?	Pct. Ownership	Value

PERSONAL EFFECTS

Please indicate any significant personal holdings such as boats, jewelry, or any other property with special meaning

Type	Who will receive	Approx. Value
	Totals	

REAL ESTATE

Please indicate ownership of land, buildings, or homes, and the state or country where they are located.

General Description – Address and Location	Owner(s)	Fair Market Value	Mortgage?
		Totals, net	

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LIFE INSURANCE, LONG TERM CARE INSURANCE, AND ANNUITIES

	Policy #1	Policy #2	Policy #3	Policy #4
Company				
Insured				
Amounts				
Beneficiary				

FINANCIAL/OTHER ADVISORS YOU CURRENTLY USE

(share with us to the extent you feel comfortable – name, phone number and/or email address)

Attorney _____

Accountant _____

Financial Advisor _____

Life insurance agent _____

Long-term Care planning _____

Social Security planning _____

Other Consultants/Advisors _____

Is there anything else you would like us to know?

Thank you!