Confidential Estate Planning Questionnaire

Please Complete and Bring to Your Appointment

Date:_________________________

Instructions:

1. Please Print. Verify name spellings to be sure they are correct.
2. If you have prior estate planning documents, such as a Will, please bring them with you.
3. If you are married, **BOTH** spouses must attend the first meeting. If for any reason, one spouse is unable to attend, please call in advance.

Part One: Personal Information

Name _______________________________________ Date of Birth ______________________
(Full Legal Name)

Legal AKA (if any) ____________________________________ SS# ________________
(AKA = also know as – how do you prefer to sign your name)

Work Phone (_______) __________________ email: ___________________________

Cell Phone (_______) ________________U.S. Citizen? Y or N

(Spouse's) Name ______________________________ Date of Birth _____________________
(Full Legal Name)

Legal AKA (if any) ____________________________________ SS# ________________
(AKA = also know as – how do you prefer to sign your name)

Work Phone (_______) __________________ email: ___________________________

Cell Phone (_______) ________________U.S. Citizen? Y or N

Home Address____

City _______________________________________ State _________ Zip__________________

County of ______________________________ Home Phone (________) _____________________

Home E-mail address ___________________________ Fax # (________) ____________________

Children and Family

Full Name	***Sex***	***DOB***	***Parent (circle)***	***Number of Children***
1. ______________________________________	M F	___/___/___	Ours His Hers	_________________

Address____

Home Phone (_____) ___________________ E-mail: ____

Cell Phone (______) ______________________ Are you concerned with this child's ability to manage money? Y or N

2. ______________________________________	M F	___/___/___	Ours His Hers	_________________

Address____

Home Phone (_____) ___________________ E-mail: ____

Cell Phone (______) ______________________ Are you concerned with this child's ability to manage money? Y or N

3. ______________________________________	M F	___/___/___	Ours His Hers	________________

Address____

Home Phone (_____) ___________________ E-mail: _______________________________________

Cell Phone (______) ______________________ Are you concerned with this child's ability to manage money? Y or N

4. ______________________________________	M F	___/___/___	Ours His Hers	________________

Address____

Home Phone (_____) ___________________ E-mail: _______________________________________

Cell Phone (______) ______________________ Are you concerned with this child's ability to manage money? Y or N

Do you have any deceased children? Y or N If yes, did they leave surviving children? Y or N

Do any of your children have stepchildren? Y or N _______________________________________

If married, please answer:

1. How long have you been married? _______ Date of marriage? ________________

2. Do you and your spouse consider all of your assets community property? Y or N

3. Did you or your spouse receive any valuable gifts or inheritances after marriage? Y or N

4. Would you consider future inheritances as community property? Y or N

5. Did you or your spouse come into your marriage with any substantial assets? Y or N

6. Do you have a pre-marital agreement? (If yes, please bring to the meeting) Y or N

Part Two: Financial Information

Please list any asset you may have on the lines below under the appropriate heading:

Banks, Savings & Loans and Credit Unions - *NOT* in an IRA

(Please list IRA and other retirement accounts separately on page 7)

Approximate total amount in all accounts: ______________________

Mutual Funds And/Or Brokerage Accounts — *NOT* in an IRA

(Please list IRA and other retirement accounts separately on page 7)

Approximate total amount in all accounts: ______________________

Real Estate

REMINDER: Please bring the General Warranty Deed for each property.

Property Address	*Net Value*
1. ____	$________________
2. ____	$________________
3. ____	$________________
Total Net Value:	$________________

Total Value: $_____________

Life Insurance or Non-Qualified Annuities

Insured Person or Annuitant	*Company*	*Does it have Cash Value? (Estimated Amount)*	*Death Benefit*
1. ______________________	__________________	$ ____________	$____________
2. ______________________	__________________	$ ____________	$____________

Total Value: $____________

Limited or General Partnerships

Name of Partnership	*Limited or General Partnership?*	*Total Market Value*
1. ______________________________	__________________	$__________________
2. ______________________________	__________________	$__________________

Total Value: $__________________

Your Own Business

If you own a business, its name: ____

Is it a corporation? Y or N Percentage owned by you: _________ %

Do you have a Buy-Sell Agreement? Y or N Total Value of Business: $ ____________

IRA Accounts and Other Retirement Plans

Custodian of Account (Bank, Broker, Employer)	***Type*** (IRA, 401K, SEP, Keogh, TRS, etc.)	***Approximate Value***
1. __________________________	______________	$_______________
2. __________________________	______________	$_______________
3. __________________________	______________	$_______________
4. __________________________	______________	$________________

Thank you for completing the Questionnaire!