***CONFIDENTIAL***

**ESTATE PLANNING QUESTIONNAIRE**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please fill out this form to the best of your ability. It will enable the attorney meeting with you to ascertain your particular estate planning needs in the time allotted for your appointment.*

**PERSONAL**

 Husband (Spouse) Wife (Spouse)

\_\_\_\_ \_\_ \_

Prior Names (if any)

 \_ \_\_

 Birthdate: \_ Birthdate: \_

 Citizenship: \_ Citizenship: \_

Marriage Date: \_ Location: \_

**Addresses**

Home:

 \_\_\_

Mailing *(if different)*: \_

 E-Mail:\_ E-Mail:\_

**Telephone Numbers**

 Home: Home:

 Cell: Cell:

 Work: Work:

**CHILDREN**

 Full Name Birthdate Child resides with:

 \_ \_ \_

 Grandchildren *(name)* Age Parents *(name)*

**PLANNING OBJECTIVES AND PRIORITIES**

Please describe in detail any planning objectives or priorities you may have.

\_

**GIFTS**

 Do you want to leave specific items to specific people?

**ASSET SCHEDULE**

Please indicate if any asset is separate property of either husband or wife and approximate current value.

 1. Real Property (*gross FMV*) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Other Assets $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Less Liabilities

Mortgages on real property $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit cards $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other debt (identify) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 9. **Net Worth** (approximate) **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Personal Representative(s)

*(Also known as executor, this person administers the Will upon your passing.)*

 1st Choice:

 Relationship: \_

 2nd Choice: \_

 Relationship: \_

Trustee(s) *(Manages estate for the benefit of beneficiaries if you create a Trust)*:

 1st Choice: \_

 Relationship: \_

 2nd Choice: \_

 Relationship: \_

Guardian(s) of Minor(s) cares for children who are not yet age 18:

*This can be the same as the Trustee, but does not have to be the same.*

 1st Choice: \_

 Relationship:

 2nd Choice:

 Relationship:

Distribution of Child(ren)’s Trust Estate:

 Age at which you want your child(ren) to have complete control and access to their inheritance? \_

 Any special requests concerning distribution?

 \_

 \_

Catastrophic Beneficiaries: What do you want to happen to your estate in the event your immediate family should perish together?

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Specific Bequests:

**Funeral/Burial Arrangements**

Do you wish **TO BE** cremated? *Yes/No Buried?* **Yes/No**: \_

Other specific provisions or information to be included in Will, such as the operation of or provisions for family business, etc.

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**DURABLE POWER OF ATTORNEY- Financial & Healthcare**

Person(s) to be named Attorney(s)-in-Fact:

Alternate or Co- Attorney(s)-in-Fact:

Additional Information

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