

**Estate Planning Questionnaire**

I. Family Information:

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| <u>Children</u> | <u>Address</u> | <u>Birthdate</u> | <u>Spouse<br/>(if any)</u> |
|-----------------|----------------|------------------|----------------------------|
|-----------------|----------------|------------------|----------------------------|

| <u>Parents or<br/>Parent-in-law<br/>(if living)</u> | <u>Relationship</u> | <u>Address</u> | <u>Birthdate</u> |
|---|---------------------|----------------|------------------|
|---|---------------------|----------------|------------------|

Financial Data:

A. Assets (Approximate Current Value)

| <u>Real Estate</u>            | Husband        | Wife         | Joint              |                   |
|-------------------------------|----------------|--------------|--------------------|-------------------|
| Location: _____               | _____          | _____        | _____              |                   |
| Location: _____               | _____          | _____        | _____              |                   |
| Co-op Apartments              |                |              |                    |                   |
| Location: _____               | _____          | _____        | _____              |                   |
| Location: _____               | _____          | _____        | _____              |                   |
| Bank Accounts                 | _____          | _____        | _____              |                   |
| Marketable Securities         | _____          | _____        | _____              |                   |
| Closely Held Business         | _____          | _____        | _____              |                   |
| Automobile                    | _____          | _____        | _____              |                   |
| Collection (art, coins, etc.) | _____          | _____        | _____              |                   |
| Professional Equipment        | _____          | _____        | _____              |                   |
| Furniture, Furnishings        | _____          | _____        | _____              |                   |
| Pension, Profit Sharing, IRA  | _____          | _____        | _____              |                   |
| Interests in Trusts           | _____          | _____        | _____              |                   |
| Other: _____                  | _____          | _____        | _____              |                   |
| Life Insurance                |                |              |                    |                   |
| <u>Company</u>                | <u>Insured</u> | <u>Owner</u> | <u>Beneficiary</u> | <u>Face Value</u> |
| <u>Policy Type</u>            |                |              |                    |                   |

B. Liabilities:

| <u>Mortgages:</u> | Husband | Wife | Joint |
|-------------------|---------|------|-------|
|-------------------|---------|------|-------|

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Notes Payable \_\_\_\_\_

Loans Against Life Insurance \_\_\_\_\_

Pending or Potential Litigation \_\_\_\_\_

Liabilities Under Separation Agreements \_\_\_\_\_

Other: \_\_\_\_\_

III. Questions:

The following items should be answered completely. Use additional sheets if necessary.

1. Date and place of marriage. \_\_\_\_\_

2. Are all children listed the children of the present marriage? \_\_\_\_\_ If not, explain. \_\_\_\_\_

3. Were any of the children listed above adopted? \_\_\_\_\_ If so, give date of adoption and court in which adoption approved. \_\_\_\_\_

4. Are the testator and spouse citizens of the United States? \_\_\_\_\_ If either was not born in the United States, give location of citizenship papers. \_\_\_\_\_

5. Was the testator or spouse ever divorced? \_\_\_\_\_ If so, give date and court awarding decree. Attach copy of divorce decree and any separation agreement. State names of any children of prior marriage. \_\_\_\_\_

6. Did a previous marriage of the testator or spouse terminate because of the death of his or her spouse? \_\_\_\_\_ If so, give date and the names of any children. \_\_\_\_\_  
\_\_\_\_\_

7. Does the testator maintain any place of abode other than at the home address listed above? \_\_\_\_\_ If so, state location and amount of time spent at such other abode. \_\_\_\_\_  
\_\_\_\_\_

8. Are parents listed above self-supporting? \_\_\_\_\_ If not, state contribution of testator. \_\_\_\_\_  
\_\_\_\_\_

9. Does the testator have brothers or sisters? \_\_\_\_\_ If so, state names and addresses. \_\_\_\_\_  
\_\_\_\_\_

10. Does the testator have dependents other than those identified above? \_\_\_\_\_ If so, state names and addresses. \_\_\_\_\_  
\_\_\_\_\_

11. Is the testator a veteran? \_\_\_\_\_ If so, is he/she entitled to any veteran's benefits? \_\_\_\_\_

12. Describe anticipated inheritance of testator, spouse, children, and grandchildren from parents of testator and parents of spouse. Describe any other anticipated inheritance. \_\_\_\_\_

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13. If testator or spouse has:

a. interest in pension, profit sharing, stock bonus or retirement plan, state name, address and nature of plan, whether or not contributory, and present beneficiary. \_\_\_\_\_

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b. interests in trusts, attach copy of the instruments and last principal and income statements, if available.

c. powers of appointment, attach copies of instruments.

d. a closely-held business interest, state name, address and nature of business, percentage of ownership, net worth and attach copy of any "buy/sell" agreement. \_\_\_\_\_

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14. Has testator or spouse ever created a trust? \_\_\_\_\_ If so, attach copy of instrument and current financial statement.

15. Has testator or spouse ever made a gift in excess of \$10,000? \_\_\_\_\_ If so, attach copy of gift tax return.

16. If spouse, children or grandchildren have significant assets or liabilities in their own names, describe amount and nature of such assets and liabilities. \_\_\_\_\_

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17. State name of testator's dependants and their estimated annual living expenses in the event of the testator's death. \_\_\_\_\_  
\_\_\_\_\_

18. State testator's and spouses' approximate annual earned income for the past two years. \_\_\_\_\_ Attach copy of last year's Federal income tax return.

19. State location of retained copies of tax returns and other personal financial data. \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

21. State names and addresses of firms at which brokerage accounts are maintained.  
\_\_\_\_\_

22. State name and address of insurance broker. \_\_\_\_\_  
\_\_\_\_\_

23. State name and address of accountant. \_\_\_\_\_  
\_\_\_\_\_

24. If cash bequests are to be made to persons other than the testator's spouse and children, state name, address and relationship of legatee, amount to be bequeathed, and whether such bequests are to bear their share of death taxes. \_\_\_\_\_  
\_\_\_\_\_

25. If specific property is to be left to any person, give description of property and name, address and relationship of legatee. \_\_\_\_\_  
\_\_\_\_\_

26. State preferences as to executors and trustees for Will. If corporate executor or trustee is desired; state name of bank or trust company. \_\_\_\_\_  
\_\_\_\_\_

27. State preference as to guardians for minor children. \_\_\_\_\_  
\_\_\_\_\_

28. If testator owns cemetery plot, state location. State wishes, if any, concerning burial or cremation. \_\_\_\_\_  
\_\_\_\_\_

29. If lifetime transfers to spouse or children are indicated for purposes of saving income or estate taxes, is testator willing to make such transfers? \_\_\_\_\_

