



Personal and Family Information

Client 1

Name

First Middle Last

Street Address

City, State Zip Indicate: Cell Phone Home Phone

Social Security Number Birthdate

Email Address U.S. Citizen: Yes
 No, country: _____

Occupation Business/Employer

Client 2

Name

First Middle Last

Street Address

City, State Zip Indicate: Cell Phone Home Phone

Social Security Number Birthdate

Email Address U.S. Citizen: Yes
 No, country: _____

Occupation Business/Employer

**ESTATE PLANNING QUESTIONNAIRE
(Confidential)**

Marriage

Marital Status: Married Single Divorced
 Widowed Legally Separated Registered Domestic Partners

Year Married / Registered Domestic Partners: _____

Do you have a Prenuptial or Cohabitation Agreement in effect? Yes No

Do you and your spouse/partner want to be jointly represented by this firm? Yes No

Have either of you been married previously? Yes No

Former Marriage(s) / Partnership(s):

	Client 1:	Client 2:
Former Spouse/ Partner Name	_____	_____
Date of Marriage/ Partnership	_____	_____
Date of Divorce/ Termination of Partnership	_____	_____
Do you have any continuing obligations to this spouse/ partner in connection with this relationship? If yes , please provide a copy of dissolution papers.	_____	_____

Children

Children of This Marriage (including legally adopted children)

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

Children of Client 1's Former Marriage(s) (including legally adopted children)

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

Children of Client 2's Former Marriage(s) (including legally adopted children)

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

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Financial Information

Advisors	Title	Name	Address/Email	Telephone
	<i>Accountant:</i>	_____	_____	_____
	<i>Financial Advisor:</i>	_____	_____	_____
	<i>Primary Personal Bank:</i>	_____	_____	_____
	<i>Life Insurance Agent:</i>	_____	_____	_____
	<i>Stock Broker:</i>	_____	_____	_____
	<i>Referred to Our Firm by:</i>	_____	_____	_____

Assets / Holdings	Real Estate			<i>* C1 = Client 1; C2 = Client 2; JT = Jointly Owned</i>			
	<i>Description & Location</i>	<i>Ownership</i>			<i>Market Value</i>	<i>Balance of Mortgage</i>	<i>Net Equity</i>
		<i>C1*</i>	<i>C2*</i>	<i>JT*</i>			
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____

Cash Accounts

<i>Name of Institution</i>	<i>Ownership</i>			<i>Checking</i>	<i>Savings or Money Market</i>	<i>CDs</i>
	<i>C1*</i>	<i>C2*</i>	<i>JT*</i>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____

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Safe Deposit Box Yes No

Name of Institution: _____

Branch: _____

Box No.: _____ Ownership: C1 C2 JT

Others Listed on Box: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

Investments: (Stocks, Bonds, etc. If held in street name with Broker, just list the Brokerage Account. Please also list any 529 college savings accounts or similar accounts for the benefit of others that you control.)

	<u>Ownership</u>			<u>Value</u>
	C1	C2	JT	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Business Interests: (for Type, use "C" for Corporation, "P" for Partnership, "LLC" for Limited Liability Company, "SP" for Sole Proprietorship)

<u>Name of Business</u>	<u>Ownership</u>			<u>Type</u>				<u>Value</u>
	C1	C2	JT	C	P	LLC	SP	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Mortgages, Notes, and Other Receivables:

	<u>Ownership</u>			<u>Date of Note</u>	<u>Amount Now Due</u>
	C1	C2	JT		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$

ESTATE PLANNING QUESTIONNAIRE (Confidential)

Miscellaneous: *(list only major personal effects such as automobiles, valuable jewelry, art, coin/stamp collections, etc.)*

	<u>Ownership</u>			<u>Net Value</u>
	<u>C1</u>	<u>C2</u>	<u>JT</u>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Life Insurance Policies:

C1 as Owner

<u>Company</u>	<u>Type (Term, Whole Life, etc.)</u>	<u>Beneficiary</u>	<u>Alternate Beneficiary</u>	<u>Death Benefit</u>	<u>Loans</u>	<u>Policy No.</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

C2 as Owner

<u>Company</u>	<u>Type (Term, Whole Life, etc.)</u>	<u>Beneficiary</u>	<u>Alternate Beneficiary</u>	<u>Death Benefit</u>	<u>Loans</u>	<u>Policy No.</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Retirement Accounts: *(include pensions, 401(k), IRAs)*

	<u>C1</u>	<u>C2</u>	<u>Beneficiary, if any</u>	<u>Present Value</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

ESTATE PLANNING QUESTIONNAIRE (Confidential)

Estate Summary

	<u>C1</u>	<u>C2</u>	<u>JT</u>
Real Estate	\$ _____	\$ _____	\$ _____
Cash Accounts	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Receivables	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

Anticipated inheritances (describe source/amount): _____

Annual Gross Income - C1: \$ _____ Annual Gross Income - C2: \$ _____

Digital Assets

Digital Assets

The term "digital assets" are electronic content and/or media and the right to use that content or media, such as email accounts, smartphones and computers, webpages, domain names, blogs, social networking accounts, and intellectual property rights in digital assets.

Have you made an inventory of your digital assets and how to access them? C1: Yes No C2: Yes No

You should keep a master list of user IDs and passwords in a safe place. Does anyone currently have access to your inventory of digital assets and password information?

C1: Yes No

Name: _____ Phone: _____

Address: _____

C2: Yes No

Name: _____ Phone: _____

Address: _____

ESTATE PLANNING QUESTIONNAIRE (Confidential)

Is there anyone other than your Attorney-in-Fact (see Section below) or Personal Representative (see Section below) whom you want to act on your behalf with respect to digital assets?

C1: Yes No

Name:

Phone:

Address:

C2: Yes No

Name:

Phone:

Address:

Do any of your digital assets themselves (not what they reflect) have value?

C1: Yes No

C2: Yes No

Please Explain:

Please Explain:

Is there anything within or about your digital assets that should remain confidential?

C1: Yes No

C2: Yes No

Please Explain:

Please Explain:

Do you currently use an online service for housing your digital assets and passwords?

C1: Yes No

C2: Yes No

Please Explain:

Please Explain:

Designees

Personal Representatives

Personal Representatives

The Personal Representatives of your estate accounts for all of your assets, pays any debts and taxes due, and distributes your assets in accordance with your will. If not your spouse/partner, whom would you want to serve as Personal Representative of your estate?

C1 First Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C1 Second Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C1 Third Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C2 First Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C2 Second Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C2 Third Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

ESTATE PLANNING QUESTIONNAIRE
(Confidential)

Guardians / Conservators

Guardians / Conservators

If you have minor children, you may designate in your will a guardian (or guardians) of the person and their estate in the event of your death and/or your spouse's/partner's.

C1 First Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C1 Second Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C1 Third Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C2 First Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C2 Second Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C2 Third Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

ESTATE PLANNING QUESTIONNAIRE
(Confidential)

Attorneys-in-Fact

Attorneys-in-Fact

An Attorney-in-Fact manages your financial assets in the event of your incapacity. If not your spouse/partner, whom would you want to serve as Attorney-in-Fact? Whom would you want as an alternative?

C1 First Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C1 Second Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C1 Third Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C2 First Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C2 Second Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C2 Third Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

ESTATE PLANNING QUESTIONNAIRE (Confidential)

Trustee(s)

Trustee(s)

Your trustees have the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of trusts you may create. Depending on the terms of the trust, there may be adverse tax consequences if a trustee has an interest or possible interest in the trust, although usually if the trustee's discretion is limited those adverse tax consequences are similarly limited. A trustee can be a corporation (qualified to act) or individual. You may choose to have co-trustees, one of which may or may not be a corporation. Because corporate trustees must charge fees for their services, they may decline to accept small trusts. Their fees to administer a small trust may turn out to be disproportionately large if they are to cover their costs in handling the trust. In general, choose a trustee with the following qualities: integrity, mature judgment, fiscal responsibility, and reasonable business and investment acumen. If you wish to select co-trustees, you may want to choose them for how well their individual strengths compliment each other. Frequently, the same person(s) or corporation selected as executor(s) may be designated as trustee(s).

First Choice: _____ **Relationship:** _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Second Choice: _____ **Relationship:** _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Third Choice: _____ **Relationship:** _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Health Care

Have you signed any document specifically authorizing another person such as your spouse/partner to make decisions with respect to your health care in the event that you are unable to do so?

Yes (Date completed: _____) No

If not, would you like to do so?

Yes No

Health Care Representative

A Health Care Representative makes health care decisions in the event of your incapacity. If not your spouse/partner, whom would you want to serve as Health Care Representative? Whom would you want as an alternative?

C1 First Choice: _____ **Relationship:** _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

C1 Second Choice: _____ **Relationship:** _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

ESTATE PLANNING QUESTIONNAIRE
(Confidential)

C2 First Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

C2 Second Choice: _____ *Relationship:* _____

Address: _____

Phone: _____ *Fax:* _____

Email: _____

Bequests

Bequests

Generally, to whom do you want to leave your assets:

Special Bequests: *(specific items you wish to give to people)*

Item(s) or Amount(s): _____

Name _____ *Relationship* _____

Address _____ *Phone* _____

Item(s) or Amount(s): _____

Name _____ *Relationship* _____

Address _____ *Phone* _____

Item(s) or Amount(s): _____

Name _____ *Relationship* _____

Address _____ *Phone* _____

Item(s) or Amount(s): _____

Name _____ *Relationship* _____

Address _____ *Phone* _____

Item(s) or Amount(s): _____

Name _____ *Relationship* _____

Address _____ *Phone* _____

ESTATE PLANNING QUESTIONNAIRE
(Confidential)

Charitable Bequests: *(specific gifts you wish to give to charitable organizations)*

Item(s) or Amount(s): _____

Name of Organization _____

Address _____

Item(s) or Amount(s): _____

Name of Organization _____

Address _____

Item(s) or Amount(s): _____

Name of Organization _____

Address _____

Item(s) or Amount(s): _____

Name of Organization _____

Address _____

Item(s) or Amount(s): _____

Name of Organization _____

Address _____

Estate Residue: *(list who is to receive the estate after you have made your general, specific, and charitable gifts)*

Name _____

Address _____

Percentage _____

Name _____

Address _____

Percentage _____

Name _____

Address _____

Percentage _____

ESTATE PLANNING QUESTIONNAIRE (Confidential)

Contingent Beneficiaries: *(in the event of a common disaster)*

Name

Address

Percentage

Name

Address

Percentage

Name

Address

Percentage

Other Special Provisions Desired: *(e.g., specific funeral/burial/disposition of remains wishes)*

Other Information or Comments:

Important Family Questions:

Family Questions

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Do any of your children have special educational, medical, or physical needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Do you have legally adopted children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Are any of your children institutionalized? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Are you or your spouse/partner receiving social security, disability, or other governmental benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Do any of your family members receive governmental support or benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Do you provide primary or other major financial support to adult children or other family members? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Do you have any continuing obligations relative to a divorce or property settlement agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Have you ever signed a pre- or post-marriage contract? (Please furnish a copy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ESTATE PLANNING QUESTIONNAIRE (Confidential)

9. Have you ever been widowed? (If a federal or state estate tax return was filed, please furnish a copy) Yes No
10. Have you ever filed federal gift tax returns? (Please furnish copies of these returns) Yes No
11. Have you completed previous wills, trusts, powers of attorney, or other estate planning arrangements including medical directive/healthcare directive/advance healthcare directive? (Please furnish copies.) Yes No
12. In what states have you lived while married/partnered with your spouse/partner? During what periods of time did you reside there? (Please list below.)

13. Are both you and your spouse/partner US citizens Yes No
14. If you answered "No," are either you or your spouse/partner a resident or nonresident alien? Yes No

Genetic Material

Genetic Material

Do you have any stored genetic material (sperm/eggs/embryos)? (If your answer is no, please skip this section.)

Client 1: Yes No

Client 2: Yes No

Please explain:

Please explain:

Do you intend to donate or "bank" reproductive material?

Client 1: Yes No

Client 2: Yes No

If you have already donated reproductive material for possible future use, who owns it?

Name:

Phone:

Address:

Did you consent to using your genetic material to conceive a child after you become disabled or die?

Client 1: Yes No

Client 2: Yes No

And if so, would you consider that child an heir?

Client 1: Yes No

Client 2: Yes No

If donated genetic material is not used before you die, do you want it destroyed?

Client 1: Yes No

Client 2: Yes No

If not, who should control it?

Client 1:

Client 2:

ESTATE PLANNING QUESTIONNAIRE (Confidential)

If you are in a relationship, who gets it after the dissolution of your marriage, termination of your relationship, or your death?

Client 1:

Client 2:

What may they do with it?

Client 1:

Client 2:

Is there a contract between a donor and a recipient that allows the donor to control his or her reproductive matter?

Client 1: Yes No

Client 2: Yes No

Does that contract allow the reproductive material to be given away by will or trust?

Client 1: Yes No

Client 2: Yes No

Is there a state law that allows for or prohibits that kind of transfer?

Client 1: Yes No

Client 2: Yes No

Who is responsible for the payment of storing the material and what should happen if they stop paying?

Client 1:

Client 2:

If you leave money outright or in a trust for descendants, do you want to distinguish between children or even grandchildren already born at the time of your death and descendants conceived using frozen genetic material after your death?

Client 1: Yes No

Client 2: Yes No

For how long after your death may an heir be conceived using frozen genetic material and still be considered your heir for purposes of inheriting under your will or trust?

Client 1:

Client 2:

Thank you for taking the time to complete this form. It makes our meeting more productive.