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**Confidential Estate Planning Questionnaire**

We realize this is an extensive Questionnaire, but please provide as much information as you can so we can maximize our time together. Experience has shown us that the more information you provide upfront, the more we will be able to explore your unique concerns in order to craft solutions to address them.

Preferred mode of Contact from our office \_\_ Email \_\_ Phone \_\_ Home Address

**Client #1’s Legal Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Also Known As \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer to be called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Citizen? \_\_ Yes \_\_ No

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Life Partner \_\_\_ Divorced \_\_\_ Widowed

**Client #2’s Legal Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Also Known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred to be called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Citizen? \_\_\_\_ Yes \_\_No

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

If either person has been divorced or widowed, please let us know, any details that would be relevant to your future estate plan, such as children from a prior marriage.

**BENEFICIARIES**

Identify all potential individual beneficiaries of your estate. Children and grandchildren are most common, but you may have other individuals in your life who you may wish to be a beneficiary of your estate. Use “JT” if both spouses are parents, “Y “if you are the parent, “S “if your spouse is the parent. Please provide their full legal names, last known city, and date of birth. Use additional pages if necessary.

Beneficiary 1 Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location (City, State): \_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_

\_\_ Married \_\_ Divorced \_\_ Single Special Needs: \_\_\_Medical \_\_\_ Educational \_\_\_ Financial

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary 2 Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location (City, State): \_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_

\_\_ Married \_\_ Divorced \_\_ Single Special Needs: \_\_\_ Medical \_\_\_ Educational \_\_\_ Financial

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary 3 Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location (City, State): \_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_

\_\_ Married \_\_ Divorced \_\_ Single Special Needs: \_\_\_ Medical \_\_\_ Educational \_\_\_ Financial

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary 3 Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location (City, State): \_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_

\_\_ Married \_\_ Divorced \_\_ Single Special Needs: \_\_ Medical \_\_ Educational \_\_ Financial

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary 4 Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location (City, State): \_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_

\_\_ Married \_\_ Divorced \_\_ Single Special Needs: \_\_ Medical \_\_ Educational \_\_\_ Financial

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have biological children or family members that are not listed here (disinherited)? \_\_ Yes \_\_ No

Are you concerned with any of your beneficiaries’ ability to get along with one another? \_\_ Yes \_\_ No

**CHARITABLE BENEFICIARIES**

Some of our client’s desire to direct a portion of their estate toward charities or other non-profit organizations. Whether it is your church, college, club or favorite philanthropy, you may wish to do the same. Take a moment to consider whether you might include a charity in your bequests and write their information below for further discussion with your attorney.

Name of the Charity or Non-Profit Organization

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADVISORS**

Your advisors play a key role in your comprehensive estate plan. We can coordinate with them as much or as little as you prefer.

Tax Advisor (CPA, EA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Insurance Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stockbroker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPOINTMENTS- PEOPLE WHO ACT ON YOUR BEHALF**

If you were unable to make decisions for yourself, who would you want to make those decisions for you? Though the people who fill these ‘appointments’ are called different names in their different roles, they are people that you trust will act or speak on your behalf to protect you, your choices, your family and your estate.

**Guardians**- Who do you nominate to serve as guardian for your minor children

(If any)? Please provide full legal names.

 CLIENT 1 CLIENT 2

Initial Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back up #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back up #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Agents**- Who would you choose to handle your financial matters?

Please provide full legal names.

 CLIENT 1 CLIENT 2

Initial Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back up #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back up #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Healthcare Agents**- Who would you choose to make healthcare decisions for you?

Please provide full legal names.

 CLIENT 1 CLIENT 2

Initial Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back up #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back up #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Representative/ Fiduciary**- Who would you choose to administer and distribute your estate? Please provide full legal names.

 CLIENT 1 CLIENT 2

Initial Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back up #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back up #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWNERS/BENEFICIARIES AND ACCOUNT NUMBERS**

How you own your assets is extremely important for purposes of properly designing and implementing your Family Continuing Care Program plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

**OWNER OF PROPERTY USE**

If married, asset held in Your name alone w/ no other person **H**

If married, asset held in Spouse’s name alone w/ no other person **W**

If married, joint Tenancy with Right of Survivorship w/Spouse **JTS**

Joint Tenant with someone other than Spouse (i.e. child, parent)  **JTO**

If you cannot determine how the property is owned. **?**

In an existing Trust **T**

**ASSET INVENTORY**

Please share with us the ownership, value and nature of ALL your assets in the table below. These assets include Real Estate property, Future & personal effects, Auto, Boats, Cash Accounts (Bank, savings, CD & Money market), Stocks. Bonds & Brokerage, IRA, 401k, Retirement Assets, Life Ins, Closely held Businesses, LLC. (Approximate current values as necessary.) Ownership, value and nature affect your potential tax liability and transfer capability, so please enter extra data where needed.

ALL ASSETS SHOULD BE ACCOUNTED FOR INDIVIDUALLY. (For example: If you have 3 savings accounts, enter one per line.

|  |  |  |  |
| --- | --- | --- | --- |
| **REAL PROPERTY** | (Address) | **Owner** | **$Value** |
| Primary Residence | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $ |
| Other |  |  | $ |
| Other |  |  | $ |
| **CASH ACCOUNTS** (*Checking, Savings, Money Markets, CDs*) |  |  |
| (Name) |  |  |  |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **INVESTMENT ACCOUNTS** (*Non-retirement accounts*) |  |  |
| (Name) |  |  |  |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **STOCKS/BONDS** (*Held separate from a brokerage account*) |  |  |
| (Name) |  |  |  |
|  |  |  | $ |
| **RETIREMENT PLANS** (*IRAs/401k/403b/TSA/TSP etc.*) |  |  |
| (Name) |  |  |  |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **LIFE INSURANCE POLICIES** *(owned individually and Group policies)* |  |  |
| (Name) |  |  |  |
|  |  |  | $ |
|  |  |  | $ |
| **ANNUITIES** (*Non-retirement*) |  |  |
| (Name) |  |  |  |
|  |  |  | $ |
|  |  |  | $ |
| **BUSINESS INTEREST** *(Type and Name of Entity)* |  |  |
|  |  |  |  | $ |
| **OTHER ASSETS** (*Notes payable to you;* *Oil, Gas, Mineral royalties; Anticipated Inheritance or Gifts; Lawsuit Judgments; Copyrights; Patents*) |  |  |
|  |  |  |  | $ |
| **TOTAL ASSETS** |  |  | **$** |

**PRIVACY STATEMENT**

In the course of providing our clients with income tax, estate tax, gift tax, business planning and financial advice, we receive private, non-public information. We collect this information directly from you and from other service providers, when authorized by you to do so. It is our policy that any information, particularly financial information and sensitive personal information provided by you or your agents to us for purposes of our business relationships, is to be disclosed only under the following conditions:

**Our Staff**. Employees of our office may need such information to conduct or conclude a transaction for which you have engaged our services. Access to client information is strictly limited to the specific items needed to perform the services you may require.

**Outside Service Contractors**. In the course of providing services that you request, an outside service might be used to evaluate your financial, insurance, investing, or tax options. We insist that any such information needed by outside firms for business purposes must be considered confidential. We notify those outside sources that this business policy must be honored, and such service providers are responsible for honoring Federal Trade Commission regulations.

**Others, by Client Request**. If you ask us to work with one of your advisors, you must expect us to share pertinent information to complete the tasks you require of us.

**Security.** We maintain physical, electronics and procedural guidelines and safeguards that comply with federal regulations to guard clients’ private, personal information (in fact, all information you give us is handled in such a manner.)

New provisions from the Federal Trade Commission require us to notify you that this our policy and that you have the right to keep non-public, personal information private by notifying us that this is your request. Regardless of the FTC requirements and even if you never request us to keep your nonpublic personal information private, we will do so, under the conditions listed above. This has always been our policy, not only in respect to Federal Trade commission requirements, but also to comply with our moral and ethical responsibilities to you. If you have any questions, whatsoever, please do not hesitate to call me.

**ACKNOWLEDGEMENT OF PRIVACY STATEMENT**

I have read and understand the explanation titled “Privacy Policy” regarding non-public personal information I may supply and the federal trade commission regulations. By signing this acknowledgement, you agree to the terms stated. You may notify us at any time that you do not want us to disclose your personal information to a particular financial advisors or helpers, even though you have previously given us permission to do so. If so, please let us know in writing, and we will honor your request.

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

Client 1 – Signature Client 2- Signature