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ESTATE PLANNING QUESTIONNAIRE

Confidentiality: The following information will be held in the strictest confidence.
Please complete the questionnaire as thoroughly and as accurately as possible.

Date Completed: _____

Part I- Personal Information of Client

Full Legal Name:

Mr. _____

Mrs. _____

Date of Birth: Mr. _____ Mrs. _____

Age: Mr. _____ Mrs. _____

Legal Address: _____

County of Residence: _____

Home Phone: _____

Cell Phone Mr.: _____ Cell Phone Mrs.: _____

Primary Occupation: Mr. _____

Employer's Name: _____

Mrs. _____

Employer's Name: _____

Marriage Date: _____

Part II- Client's Children Information

If any child listed is not a child of your present marriage, please place an asterisk beside that child's name, indicating whether you or your spouse is the parent of a child by a previous marriage.

Child's Legal Name	Full Address	Phone & Email	Birth Date	Spouse	Children (Grandchildren)

Do you have any predeceased children? Yes _____ No _____

For predeceased children, please list their name(s) and the name(s) of their children, if applicable:

Child: _____ their children _____

Child: _____ their children _____

Part III- Client's Dependent Information

Please list the names of any other dependents.

Dependent's Legal Name	Full Address	Phone & Email	Birth Date	Relationship

Part VI- Gift History

List all gifts made by you or your spouse in excess of \$1,000 in the last five years.

Date of Gift	Recipient	Value

Have you or your spouse ever filed a gift tax return? _____ Yes _____ No

If yes, provide copies of all returns.

Part IV- Asset/Liability Summary

List the approximate value of each asset or liability (debt). Indicate whether the asset is owned individually, or jointly, by entering the value under the appropriate owner.

Type of Asset	Client's Separate Property	Spouse's Separate Property	Joint Property
Cash, Checking Accounts, Savings Accounts, CD's			
Publicly Traded Stocks & Bonds, Mutual Funds, Brokerage Accounts			
Unlisted Securities			
Business Interests, including closely-held stock and partnership interests. Buy-sell agreements?			
Retirement Benefits – Est. Current Values (IRA's, Pensions, 401(k))			
Annuities			
Estimated Current Cash Value of Life Insurance			
Accounts, Notes, Loans, Mortgages, Receivable			
Miscellaneous Household Property			
Automobiles			
Other Assets – including collections			
Real Estate			
Total Assets			

Liabilities

Liabilities	Client's Separate Property	Spouse's Separate Property	Joint Property
Current Debts/Credit Cards			
Bank Loans			
Other Debts			
Total Liabilities			
Estimated Combined Present Net Worth (Total Assets less Total Liabilities)			

****Other Debts:** Describe any other liabilities, including threatened or pending litigation or reasonably ascertainable creditors: _____

Monthly Income

	Client	Spouse	Joint
Employment			
Pension			
Pension			
IRA's, Annuities, etc.			
Rents			
Business Interest			
Interest and Dividends			
Other			
Total:			

Indicate which sources of income have benefit for a surviving spouse:

Part V- Other Information

What are your estate planning objectives? (Help children, avoid death taxes, avoid probate, protect assets from nursing homes, make charitable gifts, etc.)

Is there any reason to treat children (or grandchildren) other than equally? If so, please explain.

Do you, your spouse or any of your or your spouse's children (or grandchildren) have any special needs or disabilities? If so, please explain.

Is this a second marriage for either you or your spouse? _____ Yes _____ No

Is there a pre-marital agreement? _____ Yes _____ No

Is there a post-marital agreement? _____ Yes _____ No

If you or your spouse have ever been divorced, do you or your spouse have any payment obligations either to a former spouse or to children of a prior marriage embodied in any court decree or written agreement? _____ Yes _____ No

If yes, please provide copies of this documentation.

Has a prepaid funeral trust been established for you? _____ Yes _____ No

Has a prepaid funeral trust been established for your spouse? _____ Yes _____ No