

## ESTATE PLANNING QUESTIONNAIRE

### GENERAL INFORMATION

Marital Status: ☐ Married ☐ Unmarried ☐ Unmarried with long-term partner (domestic partner)

Are you Registered Domestic Partners? ☐ Yes ☐ No ☐ Don't Know

### Client Name Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Alias Name (if any): \_\_\_\_\_

Gender: ☐ Male ☐ Female SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

U.S. Citizen? ☐ Yes ☐ No

If No, specify citizenship: \_\_\_\_\_

Health: ☐ Excellent ☐ Reasonably good ☐ Poor ☐ Serious Adverse Condition

Legally blind? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

### Spouse/Partner Name Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Alias Name (if any): \_\_\_\_\_

Gender: ☐ Male ☐ Female SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

U.S. Citizen? ☐ Yes ☐ No

If No, specify citizenship: \_\_\_\_\_

Health: ☐ Excellent ☐ Reasonably good ☐ Poor ☐ Serious Adverse Condition

Legally blind? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

### Contact Information

	Client	Spouse/Partner
Address		
City		
State		
Zip		
Home Phone		
Home Fax		
Personal email		

<b>Cell Phone</b>		
<b>Business Phone</b>		
<b>Business Fax</b>		
<b>Business email</b>		

### Referral Information

By whom were you referred to this office?

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

### CHILDREN (if applicable)

	<b>Name</b>	<b>Living</b>	<b>Gender</b>	<b>Date of Birth</b>	<b>Child of Both</b>	<b>Child of Client only</b>	<b>Child of Spouse only</b>
Child 1		Y / N	M/F		Y / N	Y / N	Y / N
Child 2		Y / N	M/F		Y / N	Y / N	Y / N
Child 3		Y / N	M/F		Y / N	Y / N	Y / N
Child 4		Y / N	M/F		Y / N	Y / N	Y / N
Child 5		Y / N	M/F		Y / N	Y / N	Y / N
Child 6		Y / N	M/F		Y / N	Y / N	Y / N

	<b>Address (if not living with client and spouse/partner)</b>	<b>Legally Blind</b>	<b>Disabled</b>	<b>Receives SSI</b>	<b>Completed Education</b>
Child 1		Y / N	Y / N	Y / N	Y / N
Child 2		Y / N	Y / N	Y / N	Y / N
Child 3		Y / N	Y / N	Y / N	Y / N
Child 4		Y / N	Y / N	Y / N	Y / N
Child 5		Y / N	Y / N	Y / N	Y / N
Child 6		Y / N	Y / N	Y / N	Y / N

**Guardian(s) for minor or disabled children (if applicable):**

#### Initial Guardians/Conservators

<b>Name</b>	<b>Address</b>

#### Successor Guardians/Conservators

<b>Name</b>	<b>Address</b>

### CLIENT'S DISPOSITIVE PROVISIONS

**Cash Gifts (cash and cash-equivalent gifts)**

Name of Recipient	Relationship	Amount

**Gifts of Real Estate**

Name of Recipient	Relationship	Description of property

**Gift of Tangible Property (autos/jewelry/art/etc.)**

Name of Recipient	Relationship	Description of property

**Gift of Intangibles (stock/bonds/annuities/etc.)**

Name of Recipient	Relationship	Description of property

**SPOUSE'S DISPOSITIVE PROVISIONS****Cash Gifts (cash and cash-equivalent gifts)**

Name of Recipient	Relationship	Amount

**Gifts of Real Estate**

Name of Recipient	Relationship	Description of property

**Gift of Tangible Property (autos/jewelry/art/etc.)**

Name of Recipient	Relationship	Description of property

**Gift of Intangibles (stock/bonds/annuities/etc.)**

Name of Recipient	Relationship	Description of property

**CLIENT'S RESIDUAL GIFTS (after specific gifts, above)****Spouse/Partner**

Want to provide primarily for your Spouse/Partner (and then secondarily for children/descendants, if any)? ☐ Yes ☐ No

If Yes, prefer gift to Spouse/Partner to be given: ☐ Outright ☐ In a Trust

**Children/Descendants**

Prefer gift to children (if any) to be given: ☐ Outright ☐ In a Trust

Do you wish to treat children equally? ☐ Yes ☐ No

Prefer gift to grandchildren (if any) to be given: ☐ Outright ☐ In a Trust

Do you wish to treat grandchildren equally? ☐ Yes ☐ No

**Other Beneficiaries**

Specify gift to other beneficiary(ies):

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**SPOUSE'S RESIDUAL GIFTS (after specific gifts, above)****Spouse/Partner**

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If Yes, prefer gift to Spouse/Partner to be given: ☐ Outright ☐ In a Trust

**Children/Descendants**

Prefer gift to children to be given: ☐ Outright ☐ In a Trust

Do you wish to treat children equally? ☐ Yes ☐ No

Prefer gift to grandchildren to be given: ☐ Outright ☐ In a Trust

Do you wish to treat descendants equally? ☐ Yes ☐ No

**Other Beneficiaries**

Specify gift to other beneficiary(ies):


### EXECUTORS (for Wills)

#### CLIENT'S EXECUTORS

##### Initial Executor Under Client's Will (will serve concurrently)

Name
Check if Spouse/Partner is first choice <input type="checkbox"/>

##### Successor Executors Under Client's Will (serve at death/disability of Initial Executors)

Name

#### SPOUSE/PARTNER'S EXECUTORS

##### Initial Executors Under Spouse/Partner's Will (will serve concurrently)

Name
Check if Spouse/Partner is first choice <input type="checkbox"/>

##### Successor Executors Under Spouse/Partner's Will (serve at death/disability of Initial Executors)

Name

### TRUSTEES (if applicable)

#### CLIENT'S TRUSTEES

##### Initial Trustees for Client (applicable if trusts being considered)

Name

##### Successor Trustees for Client (applicable if trusts being considered)

Name

**Initial Trust Protector for Client (may be applicable if trusts being considered)**

Name

**Successor Trust Protectors for Client (may be applicable if trusts being considered)**

Name

**SPOUSE/PARTNER'S TRUSTEES****Initial Trustees for Spouse/Partner (applicable if trusts being considered)**

Name

**Successor Trustees for Spouse/Partner (applicable if trusts being considered)**

Name

**Initial Trust Protector for Spouse/Partner (may be applicable if trusts being considered)**

Name

**Successor Trust Protectors for Spouse/Partner (may be applicable if trusts being considered)**

Name

**CLIENT'S HEALTH CARE DIRECTIVES**

Do you have a current Living Will? ☐ Yes ☐ No If yes, date: \_\_\_\_\_

Do you have a current Health Care Directive (also called Health Care Power of Attorneys)? ☐ Yes  
☐ No. If yes, date: \_\_\_\_\_

Do you have a HIPAA Authorization? ☐ Yes ☐ No. If yes, date: \_\_\_\_\_

**IF YOU DO NOT HAVE A LIVING WILL OR HEALTH CARE DIRECTIVE OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:**

In preparing a Living Will or Health Care Directive, do you want to provide for continued nutrition/hydration (food/water) if your death was imminent? ☐ Yes ☐ No

Do you wish to become an organ donor? ☐ Yes ☐ No

**Primary Health Care Agent(s)**

Name	Address	City	State	Zip	Phone

**Alternate Health Care Agent(s)**

Name	Address	City	State	Zip	Phone

**Name of Primary Care Physician**

Name	Address	City	State	Zip	Phone

**SPOUSE/PARTNER'S HEALTH CARE DIRECTIVES**

Do you have a current Living Will? ☐ Yes ☐ No If yes, date: \_\_\_\_\_

Do you have a current Health Care Directive (also called Health Care Power of Attorneys)? ☐ Yes

☐ No. If yes, date: \_\_\_\_\_

Do you have a HIPAA Authorization? ☐ Yes ☐ No. If yes, date: \_\_\_\_\_

**IF YOU DO NOT HAVE A LIVING WILL OR HEALTH CARE DIRECTIVE OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:**

In preparing a Living Will or Health Care Directive, do you want to provide for continued nutrition/hydration (food/water) if your death was imminent? ☐ Yes ☐ No

Do you wish to become an organ donor? ☐ Yes ☐ No

**Primary Health Care Agent(s)**

Name	Address	City	State	Zip	Phone

**Alternate Health Care Agent(s)**

Name	Address	City	State	Zip	Phone

**Name of Primary Care Physician**

Name	Address	City	State	Zip	Phone

## CLIENT'S DURABLE POWER OF ATTORNEY

### Primary Agent(s)

Name	Address	City	State	Zip	Phone

### Alternate Agent(s)

Name	Address	City	State	Zip	Phone

## SPOUSE'S DURABLE POWER OF ATTORNEY

### Primary Agent(s)

Name	Address	City	State	Zip	Phone

### Alternate Agent(s)

Name	Address	City	State	Zip	Phone

## ASSETS AND LIABILITIES

Personal Net Worth: \$ \_\_\_\_\_

Client Annual Income: \$ \_\_\_\_\_

Spouse Annual Income: \$ \_\_\_\_\_

Client has interest in qualified pension plan(s)? ☐ Yes ☐ No

Spouse/Partner has interest in qualified pension plan(s)? ☐ Yes ☐ No

**Please bring a list of all life insurance policies on each of your life and your spouse/partner's life showing the face value, policy loans, the owner and beneficiary of each policy.**

## FINANCIAL SUMMARY

			ASSETS		LIABILITIES
	Description	Client	Spouse/Partner	Joint	
Cash/Liquid					
	Savings				
	Checking				
	Money Market				
	Other				
Real Estate					



	Primary				
	Secondary				
	Other				
<b>Personal Property</b>					
	Automobiles				
	Jewelry				
	Art or Other Collections				
	Boats				
	Other				
<b>Intangibles</b>					
	Bonds				
	Stock				
	Mutual Funds				
	Note & Mortgages Receivables				
	Future Inheritance				
	Interests in Trusts				
	Annuities				
	Other				
<b>Retirement Benefits</b>					
	IRAs				
	401K				
	Keough Plan				
	SEP				
	Other				
<b>Life Insurance</b>					
	Cash Value of all policies				

### OTHER PLANNING ISSUES

	<b>Client</b>	<b>Spouse/Partner</b>
Want to benefit Charity?	Y / N	Y / N
Ownership in farm or ranch?	Y / N	Y / N
Ownership in Closely held business?	Y / N	Y / N
Ownership in Closely held business?	Y / N	Y / N
Own stock in SubChapter S corporation?	Y / N	Y / N
Ownership in a Medical, Dental or Veterinarian Practice?	Y / N	Y / N
Own a valuable collection? (e.g., art, stamp collections)	Y / N	Y / N
Owens interest in gas/oil?	Y / N	Y / N
Own a Primary Residence?	Y / N	Y / N
Own a Secondary Residence?	Y / N	Y / N
Own other significant interests in real estate?	Y / N	Y / N

### MISCELLANEOUS

Do you have a safe-deposit box? ☐ Yes ☐ No

Location of safe-deposit box: \_\_\_\_\_

Location of important papers: \_\_\_\_\_

Has Client made gifts to any one person exceeding the gift tax annual exclusion (see note below for annual exclusion amounts for different years) in any one calendar year? ☐ Yes ☐ No

Has Spouse/Partner made gifts to any one person exceeding the gift tax annual exclusion (see note below for annual exclusion amounts for different years) in any one calendar year? ☐ Yes ☐ No

Has Client ever filed a Federal Gift Tax Return? ☐ Yes ☐ No

If Yes, Years of Returns filed: \_\_\_\_\_

Has Spouse/Partner ever filed a Federal Gift Tax Return? ☐ Yes ☐ No

If Yes, Years of Returns filed: \_\_\_\_\_

Do you have any other legal issues of which I should be aware? ☐ Yes ☐ No

If Yes, please describe:

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\* The gift tax annual exclusion was \$10,000 for gifts made in 2001 or earlier, \$11,000 for gifts made in 2002-2005, \$12,000 for gifts made in 2006-2008, \$13,000 for gifts made in 2009-2012, \$14,000 for gifts made in 2013-2017, \$15,000 for gifts made in 2018-2021, \$16,000 for gifts made in 2022 and \$17,000 for gifts made in 2023.