

ESTATE PLANNING QUESTIONNAIRE

What would you like to accomplish in this meeting?

Client One:

Street Address:

City:

State:

Zip:

Mailing Address (if different):

Street:

City:

State:

Zip:

Maiden Name:

Marital Status: **Married** **Single**
 Partnered **Divorced** **Widow/er**

Employer:

Occupation:

Home Phone:

Work Phone:

Social Security Number:

Date of Birth:

U.S. Citizen:

Yes **No**

Do you currently have a Will or Trust?

Yes **No**

Were you ever a government employee?

Yes **No**

If so, are you entitled to any benefits?

Yes **No**

Client Two:

Street Address:

City:

State:

Zip:

Mailing Address (if different):

Street:

City:

State:

Zip:

Maiden Name:

Marital Status: **Married** **Single**
 Partnered **Divorced** **Widow/er**

Employer:

Occupation:

Home Phone:

Work Phone:

Social Security Number:

Date of Birth:

U.S. Citizen:

Yes **No**

Do you currently have a Will or Trust?

Yes **No**

Were you ever a government employee?

Yes **No**

If so, are you entitled to any benefits?

Yes **No**

About Your Children & Grandchildren

Child's Name:
Date of Birth:
City:
State:
Name of Child's Spouse:
List Names & Ages of Grandchildren:

Natural	Adopted	Foster
Married	Needs Special Care	
Dependent		
Related to:		
You Only	Spouse Only	Both
Notes:		

Child's Name:
Date of Birth:
City:
State:
Name of Child's Spouse:
List Names & Ages of Grandchildren:

Natural	Adopted	Foster
Married	Needs Special Care	
Dependent		
Related to:		
You Only	Spouse Only	Both
Notes:		

Child's Name:
Date of Birth:
City:
State:
Name of Child's Spouse:
List Names & Ages of Grandchildren:

Natural	Adopted	Foster
Married	Needs Special Care	
Dependent		
Related to:		
You Only	Spouse Only	Both
Notes:		

Additional Children May Be Listed in an Addendum

Are you interested in gifting or providing educational support for grandchildren?
Yes
No

Are there any health conditions pertaining to any family member or dependent that we should be aware of, or planning for?
Yes
No

Comments:

Assets & Liabilities

Please list your assets below. You may use an addendum or reprint this sheet if you need more room.

	Account Type and Location	Fair Market Value/ Basis		
		Owned by Client One	Owned by Client Two	Owned Jointly
Liquid <i>Checking, Savings, CDs, Money, Markets, T-Bills</i>				
	Sub-Total:			
Income Oriented <i>T-notes, Bonds, Fixed Annuities, Mutual Funds</i>				
	Sub-Total:			
Growth Oriented <i>Stocks, Variable Annuities, Mutual Funds</i>				
	Sub-Total:			
Retirement Plans <i>IRA, SEP, TSA, 401(k), Vested Profit Sharing</i>				
	Sub-Total:			

Assets, Continued

	Account Type and Location	Fair Market Value/ Basis		
		Owned by Client One	Owned by Client Two	Owned Jointly
Business or Liquid Investment Assets <i>Real Estate, Primary, Secondary, Rental, Business, Interest</i>				
	Sub-Total:			
Personal Use Assets <i>Autos, Boats, Furniture, Tools, Equipment, Collectibles</i>				
	Sub-Total:			
Misc. Assets <i>Accounts Receivable, Mortgages, Etc.</i>				
	Sub-Total:			
	Assets from Addendum:			
	Grand Totals:			

Insurance Policies:

Policy One		
Face Value/Benefit:	Cash Value:	Premiums:
Type of Policy:	Policy With:	
Insured:	Owner:	
Beneficiaries:		

Assets, Continued

Policy Two		
Face Value/Benefit:	Cash Value:	Premiums:
Type of Policy:	Policy With:	
Insured:	Owner:	
Beneficiaries:		

Policy Three		
Face Value/Benefit:	Cash Value:	Premiums:
Type of Policy:	Policy With:	
Insured:	Owner:	
Beneficiaries:		

Policy Four		
Face Value/Benefit:	Cash Value:	Premiums:
Type of Policy:	Policy With:	
Insured:	Owner:	
Beneficiaries:		

Please list your Liabilities below. You may use an addendum or reprint this sheet if you need more room.

	Liability Type and Location	Amount Owed	Terms of Loan	Interest Rate
Personal <i>Credit cards, Education loans, Personal loans, Car loans, Life insurance policy loans</i>				
		Sub-Total:		

	Liability Type and Location	Amount Owed	Terms of Loan	Interest Rate
Real Estate <i>Mortgages, Lines of credit</i>				
	Sub-Total:			
Business <i>Notes, Payable (secured & unsecured), Vehicle loans, Inventory, Plant, Equipment, Personally pledged liabilities</i>				
	Sub-Total:			
	Liabilities from Addendum:			
	Grand Totals:			

Have you had any prior taxable gifts?	Yes	No
If yes, amount of Gifts?		
Client One:	Client Two:	
How much has been paid in Gift taxes?		
Client One:	Client Two:	