

ESTATE PLANNING QUESTIONNAIRE – (UNMARRIED CLIENT)

Date: _____

1. Full Name: _____
 Date of Birth: _____ Place of Birth: _____
 Social Security No. _____ U.S. Citizen: Yes No
 Other Names known by: _____
 Are you a widow or widower? Yes No
 If 'yes,' do you wish to be referred to as a widow or widower in the documents? Yes No
 Name of deceased spouse: _____
 Are you presently employed? Yes No For how long? _____
 Occupation (former if retired): _____
 Employer: _____
 Business Address: _____
 Office Telephone No.: _____ Email Address: _____
 Mobile Phone No. _____ Fax No.: _____
2. Home Address: _____ Resident Since: _____
 Street Address/P.O. Box: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Home Telephone Number: _____
 Other Residences: _____
3. Advisors:
 Accountant: _____
 Trust Officer: _____
 Insurance Agent: _____
 Investment Advisor: _____
4. Prior Marriages: Yes No

5. Names of children, whether natural or adopted;

A. _____ Phone No.: _____

Date of Birth: _____ SSN: _____

Name of Child's Other Parent: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

B. _____ Phone No.: _____

Date of Birth: _____ SSN: _____

Name of Child's Other Parent: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

C. _____ Phone No.: _____

Date of Birth: _____ SSN: _____

Name of Child's Other Parent: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

6. Do you have any other relatives dependent upon you for support? Yes No

(If yes, give names and relationships): _____

7. Names and addresses of other or alternate persons to receive property: _____

8. Please list any specific items or amounts that you wish to give to any individuals or organizations:

NAME	GIFT
_____	_____
_____	_____
_____	_____
_____	_____

9. All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: (check one)

Children equally

Other (specify): _____

10. Do you have a present Will: Yes No (If yes, attach a copy)

11. Have you ever created a trust? Yes No

If yes, attach a copy and list approximate value: \$ _____

12. Do you have any obligations under a divorce decree from a prior marriage? Yes No

(If yes, attach a copy)

13. Have you ever received a substantial amount by inheritance? Yes No

If yes, when? _____ Approximate Amount: \$ _____

14. Are you a beneficiary of a trust that was created by someone else? Yes No

If yes, attach a copy and list approximate value: \$ _____

15. Do you anticipate receiving an inheritance? Yes No

If yes, give approximate amount: \$ _____

16. Have you given away more than the annual gift tax exclusion, in money or property, to any person in any single year? (Annual exclusion was \$3,000 until 1982, then \$10,000, with modest increases beginning in 2002.)

Yes No

If yes, list amounts by years below or on the reverse side

Year: _____ Amount: \$ _____

Year: _____ Amount: \$ _____

17. Are you receiving or will you receive an annuity? Yes No

If yes, to who will the payments be made? _____

Is this a Life Annuity? Yes No

Will the amounts continue after your death? Yes No

For how long? _____ What will the amount of each payment be? _____

18.a. Do you now or have you ever participated in a plan maintained by an employer that will provide benefits in the event of your retirement and/or death?

Yes No Not sure

b. If yes, have you made any elections with respect to beneficiary designations, survivor benefits, spousal rights, waivers, or forms of payment under your employer's plan(s)?

Yes No

19. Do you presently have, or were you ever a participant in a Qualified Plan or an IRA?

Yes No

20. Please attach copies of your designation of beneficiary form and your most recent IRA and/or retirement plan benefit statements.

21. Who will serve as your personal representative? (Indicate relationship to you.)

Alternate (if above person(s) unable to serve): _____

22. Your choice to act as guardian of your minor children (if applicable): _____

City and state of residence: _____

Alternate(s): _____

City and state of residence: _____

23. Do you have a safe deposit box? Yes No

If yes, where is it located: _____

Name(s) deposit box is listed under: _____

24. Do you have any medical issues we should be aware of for planning purposes?

25. Do you have long term care insurance? Yes No

Do you have disability insurance? Yes No

Do you have liability insurance? Yes No

26. Have you ever lived or acquired property in any of the following states while married: Yes No

Arizona
California
Idaho
None

Louisiana
Nevada
New Mexico

Texas
Washington
Wisconsin

28. Do you own any property in a foreign country? Yes No

29. Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated

from the US? Yes No

30. Are you concerned that one or more of your children or grandchildren will not behave responsibly with money that you give them?

Yes No

31. Are any of your children or grandchildren attending private school, college, or graduate school?

Yes No

32. Do you have any relative who regularly incurs significant medical bills? Yes No

33. Is there any member of your family disabled or receiving medical benefits from State or Federal government? Yes No

34. How did you first learn about our firm?

BONDS AND MUTUAL FUNDS

Bonds:

issuer, face value, interest rate, and maturity date.

Mutual Funds:

name of fund, fund group, and number of units:

**BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY
MARKET FUNDS, ETC.**

Please give name of bank or institution, type of account, and
approximate balance or value:

Approximate Values

MORTGAGES, NOTES, OR DEBTS

(owed to you by someone else)

Please list debtor's name, date acquired, and approximate balance remaining:

OTHER BUSINESS INTERESTS (NON-CORPORATE)

Name of Partnership, Limited Liability Company, or sole proprietorship, percentage of ownership interest in business, and number of other partners or members in business

RETIREMENT ACCOUNTS

(list balances)

IRAs

Pension or Profit Sharing

Other

(indicate type)

ANNUITIES

(Value to be filled in by attorney)

Please list debtor's name, date acquired, and approximate balance remaining:

Approximate Values

MISCELLANEOUS PROPERTY

Motor vehicles (including boats, etc.)
List total value:

Jewelry and Art:

Other valuable items (describe):

DEBTS

List any mortgages or other substantial debts owed by you that are not shown above:

Approximate Values

Life Insurance

Company	Policy Number	Type*	Issue or Effective Date	Face Value	Cash Value	Person Insured	Policy Owner	Beneficiary	Annual Premium	Loan Against Policy

* Type means: Individual, Group, etc.