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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

SINGLE PERSON Estate Plan

MARRIED PERSONS Estate Plan

1. Personal Information of Single Person or 1st Spouse:

Full name: _____

Assumed or other names (a.k.a.): _____

Address: _____

City: _____ State/Zip: _____ County: _____

E-mail address: _____ Cell phone: _____

Home Telephone: _____ Social security number: _____

U.S. citizen? Yes No Date of Birth: _____

Employer: _____ Occupation: _____

Current marital status: Married Unmarried

Date of present marriage: _____ Place of marriage: _____

Any previous marriages? Yes No

If Yes, please provide names of prior spouses, describe how the prior marriages were terminated (Death or Divorce), and when such marriages were terminated:

2. Information About 2nd Spouse or Registered Domestic Partner (if applicable):

Full name: _____

Assumed or other names (a.k.a.): _____

Cell Phone #: _____ Email: _____

Social security number: _____

U.S. citizen? Yes No Date of Birth: _____

Employer: _____ Occupation: _____

Any previous marriages? Yes No

If Yes, please provide names of prior spouses, describe how the prior marriages were terminated (Death or Divorce), and when such marriages were terminated:

*** Do you and your Spouse have a Pre-Marital or Post-Marital Agreement? Yes No**

3. Information About Your Children

1) Full name of child:

Sex: Male Female Date of birth: _____

Child is a child of: Current marriage 1st Spouse only 2nd Spouse only

2) Full name of child:

Sex: Male Female Date of birth: _____

Child is a child of: Current marriage 1st Spouse only 2nd Spouse only

3) Full name of child:

Sex: Male Female Date of birth: _____

Child is a child of: Current marriage 1st Spouse only 2nd Spouse only

4) Full name of child:

Sex: Male Female Date of birth: _____

Child is a child of: Current marriage 1st Spouse only 2nd Spouse only

5) Full name of child:

Sex: Male Female Date of birth: _____

Child is a child of: Current marriage 1st Spouse only 2nd Spouse only only

6) Full name of child:

Sex: Male Female Date of birth: _____

Child is a child of: Current marriage 1st Spouse only 2nd Spouse only

Use Another Piece of Paper to add more children

4. Information About Any Deceased Children

Full name: _____

Sex: Male Female Date of death: _____

Child is a child of: Current marriage 1st Spouse only 2nd Spouse only

Any living children of this deceased child? (Grandchildren) Yes No

Please indicate the names and addresses and birthdates of any living children of a deceased child (Grandchildren):

ASSET INFORMATION

Do you have a Financial Advisor and/or a Certified Public Accountant or Enrolled Tax Agent:
 Yes No

If Yes, Please provide their name, company and phone number:

If No: Are you interested in being referred to a Financial Advisor and/or a CPA/EA?
Please circle which advisor you would like to have a referral to.

(Below list all of your assets and those of your spouse, indicating those which are separately owned by either of you.)

1. REAL ESTATE

PRIMARY RESIDENCE

Address: Est. Current Value: Cost: Loan Balance:

How is Title Held (Solely, Joint Tenancy, Tenants in Common, Trust, etc):

INVESTMENT/VACATION HOME/TIMESHARE/FRACTIONAL OWNERSHIP

Address: Est. Current Value: Cost: Loan Balance:

How is Title Held (Joint Tenancy, Tenants in Common, Trust, etc):

Address: Est. Current Value: Cost: Loan Balance:

How is Title Held (Joint Tenancy, Tenants in Common, Trust, etc):

2. STOCKS, BONDS & MUTUAL FUNDS

Financial Institution /Account No: Est. Current Value: How is Title Held:
Facebook Stock 1000 shares \$100k Bill

3. BUSINESS INTERESTS (Include sole proprietorships, limited partnerships, LLC's general partnerships, S corps or C corporations, etc.)

Business Name/Type: % of Interest Owned: Value of Interest: Title:
Ex: Peterson Landscaping 100 \$30k Sole Proprietor

4. CASH ACCOUNTS (Include bank accounts, certificates of deposit, T-Bills, money market funds, etc.)

<u>Description/Institution/Account No.:</u>	<u>Current Balance:</u>	<u>Title:</u>
<i>Wells Fargo Chkg xxxx2000</i>	<i>\$10k</i>	<i>Jt. Acct.</i>

5. LIFE INSURANCE

<u>Name of Insurance Company:</u>	<u>Type of Policy:</u>	<u>Face Value:</u>	<u>Title and Beneficiary:</u>
<i>Ex: Met Life</i>	<i>Whole or Term</i>	<i>\$500k</i>	<i>Bill's Policy/Pay to Spouse</i>

6. RETIREMENT PLANS (Include pension, profit sharing, deferred compensation, 401(k)s, IRAs, Keogh, annuities, etc.)

<u>Name/Type of Plan:</u>	<u>Account #:</u>	<u>Est. Current Value:</u>	<u>Title and Beneficiary(ies):</u>
<i>Morgan Stanley/IRA</i>	<i>xxxx6999</i>	<i>\$300k</i>	<i>Nancy Acct/Transfer to Joe</i>

7. PERSONAL PROPERTY (Include household furniture, vehicles, jewelry, objects of art, collections, that has a value of individually more than \$5,000 each item, etc.)

Description of Property: Est. Current Value: Title:

8. MISCELLANEOUS ASSETS

Description of Asset: Estimated Current Value: Title:

9. DEBTS OWED TO YOU OR YOUR SPOUSE (How is it owed? Promissory Note, Oral Agreement, Invoice?)

Name of Debtor: Amount Receivable/Owed: How Owed:
Ex: Phillip Smith (brother of Joe) \$50K –payable \$500/mo Promissory Note

10. ANTICIPATED GIFTS AND INHERITANCE (Describe possibility, if any, and estimated value of future inheritance or gifts from relatives or friends)_____

CURRENT ESTIMATE OF TOTAL NET WORTH: \$ _____

FIDUCIARIES

Please list the names and addresses of the persons whom you wish to name as successor trustees of your revocable living trust and/or executors of your Will. Please indicate if you would like people to serve together as co-trustees or co-executors.

TRUSTEES/EXECUTORS

*If this is a joint married trust, your spouse will be the initial successor Trustee/Fiduciary.

If married, please name at least 2 Successor Trustees. If not, please list 3 Successor Trustees.

1. First Successor

Full name: _____

Address: _____

Main Telephone: _____ Relationship: _____

2. Second Successor

Full name: _____

Address: _____

Main Telephone: _____ Relationship: _____

3. Third Successor

Full name: _____

Address: _____

Main Telephone: _____ Relationship: _____

HEALTH CARE AGENTS

Please list the names and addresses of the persons whom you wish to name as agents on your power of attorney for health care if you are unable to make medical decisions for yourself. Please indicate if you would like people to serve together as co-agents.

Do you want your spouse or partner to act as the initial agent? [] Yes [] No

Health Insurance Policy Company: _____

1. First Successor

Full name: _____

Address: _____

Main Telephone: _____ Relationship: _____

2. Second Successor

Full name: _____

Address: _____

Main Telephone: _____ Relationship: _____

GUARDIANS of MINOR CHILDREN (If Applicable)

If you have any children who are under the age of 18, please list the names and addresses of the persons whom you wish to name as guardians for your children if BOTH Parents are deceased or incapacitated. Please indicate if you would like people to serve together as co-agents.

1. First Guardian

Full name: _____

Address: _____

Home Telephone: _____ Relationship: _____

2. Second Guardian

Full name: _____

Address: _____

Home Telephone: _____ Relationship: _____

Do you want the Guardians to serve together? _____

BRIEFLY DESCRIBE HOW YOU WOULD LIKE TO DISTRIBUTE YOUR ASSETS AFTER YOUR DEATH:

(Example: 50/50 Split between my two children, and to their children if they do not survive us/me.)

Do you have any of the following Estate Plan documents that have been legally executed:

1. Power of Attorney – Financial _____
2. Advance Health Care Directive (aka Living Will) _____
3. Irrevocable Trust _____ (date created) _____
4. Revocable Living Trust _____ (date created) _____
5. Last Will and Testament _____ (date created) _____

If you answered YES to any of the above, please provide copies of your documents.

Please Return This Form:

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Fax: (707) 220-8285

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