



**ESTATE PLANNING INFORMATION QUESTIONNAIRE**  
**(SINGLE PERSON)**

Date: \_\_\_\_\_

**1. Personal Information:**

Full Name:	Social Security #:	Date of Birth:  Place of Birth:
Address:	Home Phone:  Cell Phone:	Work Phone:  Facsimile:
County of Residence:		
Email Address:		

A. Are you a Widow or Widower?       Yes       No  
 If yes, Date of Spouse's Death: \_\_\_\_\_

B. Prior Marriages?       Yes       No

C. Are you a United States Citizens?       Yes       No

If not, please specify citizenship:  
 \_\_\_\_\_

D. What is your occupation?  
Occupation (former if retired): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Office Telephone Number: \_\_\_\_\_  
Business Email Address: \_\_\_\_\_

E. What is your State of Residence?  
\_\_\_\_\_  
Year domicile established? \_\_\_\_\_  
Place of Birth? \_\_\_\_\_

F. What are your states of prior residence?  
\_\_\_\_\_

**2. Beneficiary Information:**

A. Full Name of Children, Natural or Adopted:

1. **Name** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. **Name** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. **Name** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

B. Please List Any Other Beneficiaries to be included in the Will (indicate age if a minor & either Husband or Wife if not to be included in both Wills.)

1. Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

3. Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

C. Do You Have Any Other Relative Dependat Upon You For Support?  Yes  
 No

If Yes, Please Give Names And Relationships:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

D. If you have minor children, who would you like to serve as their guardian if something were to happen to you and your spouse? (You may specify a separate guardian for the person and guardian for the property if you so desire.)

<b>Guardian(s) of the Person:</b>	<b>Guardian(s) of the Property:</b>
1st Choice Name: Address: Phone Number: Relationship:	1st Choice Name: Address: Phone Number: Relationship:
2nd Choice Name: Address: Phone Number: Relationship:	2nd Choice Name: Address: Phone Number: Relationship:

**3. General Information:**

A. How would you like your remains to be handled in the event of your death?

cremation                       burial

Do you have a pre-arranged plan?    Yes    No

Please provide details of cremation, burial or pre-arranged plan wishes:

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B. Whom would you like to serve as the Personal Representative of your estate?

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3d Choice: \_\_\_\_\_

C. Do you currently have a Will?

Yes    No

If so, where is the original located? \_\_\_\_\_

Please provide a copy.

D. Do you currently have any trusts?

Yes    No

If so, where is the original located? \_\_\_\_\_

Please provide a copy.

E. If you decide to establish a Trust, whom would you like to serve as Trustee?

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3d Choice: \_\_\_\_\_

F. Do you currently contribute to charities?    Yes    No

1. Charity: \_\_\_\_\_

Contribution Amount: \$ \_\_\_\_\_

2. Charity: \_\_\_\_\_

Contribution Amount: \$ \_\_\_\_\_

Would you like to contribute to charities upon your death?    Yes    No

If so, please list charity and contribution amount:

1. Charity: \_\_\_\_\_

Contribution Amount: \$ \_\_\_\_\_

2. Charity: \_\_\_\_\_

Contribution Amount: \$ \_\_\_\_\_

- G. Do You Have Any Obligations Under a Divorce Decree from a Prior Marriage?  
 Yes  No  (if yes, attach a copy)
- H. Have You Ever Received a Substantial Amount by Inheritance? Yes  No   
 If Yes, When? \_\_\_\_\_ Approximate Amount: \$ \_\_\_\_\_
- I. Are You a Beneficiary of a Trust That Was Created by Someone Else?  
 Yes  No   
 If Yes, Attach a Copy and List Approximate Amount: \$ \_\_\_\_\_
- J. Do You Anticipate Receiving an Inheritance? Yes  No   
 If Yes, Give Approximate Amount: \$ \_\_\_\_\_
- K. Have You Given Away More Than \$3,000 in Money or Property to Any Person in Any Single Year After 1976(or \$10,000 in 1982 or later)? Yes  No   
 (If yes, list amounts by years below or on the reverse side)  
 Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- L. 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? \_\_\_\_\_
- M 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
- N. Do You Presently Have, or Were You Ever a Participant in a Qualified Plan or an IRA? Yes  No
- O. Please Attach Copies of Your Designation of Beneficiary Form and Your Most Recent IRA and/or Retirement Plan Benefit Statements.

P. Please Circle Any of The Following States in Which You Have Lived or Acquired Property While Married:

Arizona	Louisiana	Texas
California	Nevada	Washington
Idaho	New Mexico	Wisconsin
None		

Q. Do You Own Any Property in a Foreign Country? Yes  No

R. Are You Concerned That One or More of Your Children or Grandchildren Will Not Behave Responsibly with Money That You Give Them? Yes  No

S. Are Any of Your Children or Grandchildren Attending Private School, College, or Graduate School?  
Yes  No

T. Do You Have Any Relative Who Regularly Incurs Significant Medical Bills?  
Yes  No

U. Do you currently have a Safe Deposit Box? Yes  No   
If yes, where is it located? \_\_\_\_\_



**4. Distribution of Estate:**

A. Please List Any Specific Items or Amounts That You Wish to Give to Any Individuals or Organizations:

NAME	GIFT
_____	_____
_____	_____
_____	_____

B. All Other Tangible Personal Property (automobiles, clothing, furniture, pictures, etc.) to be Distributed to: (check one):

Children Equally

Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Residue of Estate (check one):

To Children Equally Outright

To Children Equally in Trust

Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Supporting Document Information:**

A. Power of Attorney:

Would you like us to create a Durable Power of Attorney for financial decisions for you? (This document allows your designated person to make financial decisions on your behalf, is effective as of the date it is signed, and survives incapacity.) If so, please provide the names, addresses and phone numbers of your choices to serve as your attorney-in-fact under the Durable Power of Attorney:

1st Choice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Would you like your designated attorney-in-fact to be able to make gifts on your behalf?       Yes  No

Would you like your designated attorney-in-fact to be able to engage in other estate planning on your behalf including the ability to create Trusts in your name?

Yes  No

B. Designation of Health Care Surrogate:

Would you like us to create a Designation of Health Care Surrogate for you? (This document allows you to designate someone to make medical decisions on your behalf should you be unable to do so yourself.) If so, please provide the names, addresses and phone numbers of your choices to serve as your surrogate for health care decisions:

1st Choice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2nd Choice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

3rd Choice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

C. Living Will:

Would you like us to create a Living Will for you? (This document allows you to dictate whether or not you would like extraordinary efforts to be taken to artificially prolong your life should you become terminally ill.) If so, who would you like to designate to have the responsibility of signing the authorization for the withdrawal or non-application of such efforts according to your wishes?

1st Choice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2nd Choice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

3rd Choice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**5. Financial Information:**

A. Do you currently engage in annual gift giving?

Yes  No

1. Name of Donee: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Gift \_\_\_\_\_

2. Name of Donee: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Gift \_\_\_\_\_

B. Have you ever filed a gift tax return?

Yes  No

If so, please provide copies.

C. Please identify the following persons employed by you:

Position	Name and Organization	Contact Info
Attorney		
Accountant/CPA		
Financial Advisor/Broker		
Insurance Agent		
Primary Banker		
Physician		

D. **LIST OF ASSETS (Attach Additional Sheets if Necessary)**

	Approximate Values
<b>REAL ESTATE</b>	
<u>Residence:</u>	
(Approximate mortgage balance):	
Estimated Value of furnishings:	
<u>Other real estate</u> (give location or briefly describe):	
<b>STOCKS</b>	
<u>Publicly traded stock.</u> Name of corporation and type of shares and exchange on which traded:	
<u>Closely-held stock.</u> Name of corporation, number of shares, and shareholders:	

	Approximate Values
<p><b>BONDS AND MUTUAL FUNDS</b></p> <p><u>Bonds</u>: issuer, face value, interest rate, and maturity date.</p> <p><u>Mutual Funds</u>: name of fund, fund group, and number of units.</p>	
<p><b>BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.</b></p> <p>Please give name of bank or institution, type of account, and approximate balance or value:</p>	
<p><b>MORTGAGES, NOTES, OR DEBTS</b> (owed to you by someone else)</p> <p>Please list debtor's name, date acquired, and approximate balance remaining:</p>	
<p><b>OTHER BUSINESS INTERESTS (NON-CORPORATE)</b> Name of Partnership, Limited Liability Company, or sole proprietorship, percentage of ownership interest in business, and number of other partners or members of business.</p>	

	Approximate Values
<p><b>RETIREMENT ACCOUNTS</b> List Balances</p> <p><u>IRAs</u></p> <p><u>Pension or Profit Sharing</u></p> <p><u>Other</u> (indicate type)</p>	
<p><b>ANNUITIES</b> (Value to be filled in by attorney)</p> <p>Please list debtor's name, date acquired, and approximate balance remaining:</p>	
<p><b>MISCELLANEOUS PROPERTY</b></p> <p><u>Motor vehicles</u> (including boats, etc.) List total value:</p>	
<p><u>Jewelry and Art:</u></p>	

	Approximate Values
<p><u>Other valuable items</u> (describe):</p>	
<p><b>DEBTS</b></p> <p>List any mortgages or other substantial debts owed by you that are not shown above:</p>	



## 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.

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