



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.)

| Guardian(s) of the Person: | Guardian(s) of the Property: |
|----------------------------------------------------------------|----------------------------------------------------------------|
| 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:

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 |
|----------------------------------------------------------------------------------------------------|--------------------|
| REAL ESTATE | |
| <u>Residence:</u> | |
| (Approximate mortgage balance): | |
| Estimated Value of furnishings: | |
| <u>Other real estate</u> (give location or briefly describe): | |
| STOCKS | |
| <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>BONDS AND MUTUAL FUNDS</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>BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.</p> <p>Please give name of bank or institution, type of account, and approximate balance or value:</p> | |
| <p>MORTGAGES, NOTES, OR DEBTS (owed to you by someone else)</p> <p>Please list debtor's name, date acquired, and approximate balance remaining:</p> | |
| <p>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 of business.</p> | |

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

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

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.

Rev. 01/2013