

INITIAL ESTATE PLANNING QUESTIONNAIRE

1. YOUR NAME: _____
 SOC. SEC. NO.: _____
 DATE OF BIRTH: _____
 U.S. CITIZEN: YES NO

SPOUSE'S NAME: _____
 SOC. SEC. NO.: _____
 DATE OF BIRTH: _____
 U.S. CITIZEN: YES NO

2. ADDRESS: _____

EMAIL: _____

PHONE: HOME: _____

WORK: _____

CELL: _____

3. WHO ARE YOUR CHILDREN AND FAMILY?

Name	Relationship	Date of Birth	Address

4. ARE THERE ANY SPECIAL CONCERNS OR NEEDS WITH RESPECT TO ANY OF YOUR HEIRS AND/OR BENEFICIARIES? YES NO

IF SO, WHAT ARE THEY? _____

THE FOLLOWING INFORMATION IS NEEDED FOR TAX PLANNING PURPOSES:

5. WHAT ARE YOUR ASSETS?

	Yours	Spouse's	Joint	Named Beneficiary
Real Estate*	\$	\$	\$	
Stocks and Bonds	\$	\$	\$	
Mortgages, (owned by you) notes and cash	\$	\$	\$	
Life Insurance	\$	\$	\$	
Miscellaneous Assets	\$	\$	\$	
Includible Life Transfers	\$	\$	\$	
Powers of Appointment	\$	\$	\$	
Collectives	\$	\$	\$	
Pension Rights	\$	\$	\$	
IRA's	\$	\$	\$	
Vehicles	\$	\$	\$	

* If we are to prepare any documents pertaining to real estate, please provide copies of most current deed/title policy.

6. WHAT ARE YOUR LIABILITIES?

	Yours	Spouse's	Joint
Debts	\$	\$	\$
Mortgages	\$	\$	\$

7. WHAT IS THE NATURE OF YOUR OCCUPATION? _____
 RETIRED? YES NO

8. WHAT IS THE NATURE OF YOUR SPOUSE'S OCCUPATION? _____
 RETIRED? RETIRED? YES NO

9. DO YOU HAVE AN EXISTING WILL OR TRUST: YES NO
 (IF SO, PLEASE PROVIDE COPIES.)

10. DO YOU AND/OR YOUR SPOUSE HAVE ANY OTHER ASSETS, PERSONAL NOTES, U.S. SAVINGS BONDS, STOCK OPTION AGREEMENTS, DEFERRED COMPENSATION AGREEMENTS, INSURANCE ON LIFE OF OTHERS, STOCK BONUS OR SIMILAR PLANS, EMPLOYMENT AGREEMENTS, MINERAL RIGHTS, OR ROYALTIES? YES NO

IF SO, WHAT ARE THEY? _____

11. DO YOU AND/OR YOUR SPOUSE INTEND TO MAKE ANY SPECIAL BEQUESTS?
YES NO

IF SO, WHAT ARE THEY? _____

12. DO YOU OR YOUR SPOUSE EXPECT TO RECEIVE SUBSTANTIAL PROPERTY BY GIFT OR INHERITANCE? YES NO

IF SO, WHAT? _____

13. WITHIN THE LAST TEN YEARS, HAVE YOU OR YOUR SPOUSE RECEIVED ANY PROPERTY BY GIFT OR INHERITANCE WITH RESPECT TO WHICH GIFT OR ESTATE TAX WAS PAID?
YES NO

IF SO, PLEASE IDENTIFY ANY SUCH GIFTS: _____

14. HAVE YOU OR YOUR SPOUSE MADE ANY GIFTS FOR FEDERAL GIFT TAX PURPOSES?
YES NO

IF SO, PLEASE PROVIDE DETAIL: _____

15. IS, OR WAS, ANY PROPERTY OF YOU OR YOUR SPOUSE COMMUNITY PROPERTY?
YES NO
IF SO, PLEASE PROVIDE DETAIL: _____

16. ARE THERE ANY PRENUPTIAL OR POSTNUPTIAL AGREEMENTS BETWEEN YOURSELF AND YOUR SPOUSE? YES NO IF SO, PLEASE FURNISH A COPY.

17. HAVE YOU DETERMINED WHO IS TO BE THE GUARDIAN OF ANY MINOR CHILDREN, THE EXECUTOR OF THE ESTATE, OR ITS TRUSTEE? YES NO
(PLEASE CONSIDER ALTERNATIVE PERSONS, IF YOUR FIRST CHOICE CANNOT ACT).

EXECUTOR:

1st _____

2nd _____

3rd _____

GUARDIAN:

1st _____

2nd _____

3rd _____

TRUSTEE:

1st _____

2nd _____

3rd _____

18. SPECIAL FUNERAL INSTRUCTIONS:

19. ANATOMICAL GIFTS (PLEASE IDENTIFY):

20. IN THE EVENT OF SERIOUS OR DEBILITATING ILLNESS, WHAT TYPE OF INSTRUCTIONS REGARDING YOUR CARE DO YOU WISH TO GIVE YOUR HEALTH CARE PROVIDERS?
