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**ESTATE PLANNING QUESTIONNAIRE**

Please provide as much of the following information as possible. This information is most helpful to us so that we may properly plan for you. We will review this information at our meeting.

Name (full name as it should appear in your Will):      Date of Birth      Social Security No.

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: Home \_\_\_\_\_

Husband Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Wife Work: \_\_\_\_\_

Children common to the marriage:

Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Children not common to the marriage:

Name

Date of Birth

Whose child (H/W)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other persons who are important to your estate plan (grandchildren, siblings, nieces and nephews):

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

General Information

Husband

Wife

Are you covered by Social Security? (Y, N)

\_\_\_\_\_

\_\_\_\_\_

Are you self-employed? (Y, N)

\_\_\_\_\_

\_\_\_\_\_

Do you have a will? (Y, N)

\_\_\_\_\_

\_\_\_\_\_

Date of Will:

\_\_\_\_\_

\_\_\_\_\_

Are you the beneficiary of any Trust? (Y, N)

\_\_\_\_\_

\_\_\_\_\_

Do you have a Power of Attorney? (Y, N)

\_\_\_\_\_

\_\_\_\_\_

Comments:

Health Care

Do you have: Medicare Part "A" \_\_\_\_\_ Medicare Part "B" \_\_\_\_\_

Supplemental Insurance \_\_\_\_\_

Long Term Health Care Insurance \_\_\_\_\_

Do you or any member of your family have any illness or disability which should be considered in planning your estate?

Comments:

**ASSETS SUMMARY**

	Husband's Name	In Joint Names	Wife's Name
1. Real Estate	_____	_____	_____
2. Stocks & Bonds	_____	_____	_____
3. Bank Accounts	_____	_____	_____
4. Mortgages & Notes	_____	_____	_____
5. Personal Property	_____	_____	_____
6. Life Insurance	_____	_____	_____
7. Retirement Benefits	_____	_____	_____
8. Business Assets	_____	_____	_____
9. Miscellaneous	_____	_____	_____
Subtotal	_____	_____	_____
Total Assets		\$	_____

**ASSETS AND LIABILITIES (Detail)**

**ASSETS:** Complete the appropriate sections or attach separate statements such as bank account or brokerage statements, balance sheet, your own list, etc. If assets are not owned jointly by husband and wife, please indicate.

1. Real Estate

Location	Estimated Value	Mortgage Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

2. Stocks and Bonds

Number	Security	Value	IRA or other tax qualified plan?
	(a) Securities <u>not</u> held in a Brokerage Account		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	(b) Brokerage Accounts		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Bank Accounts

Bank and Account Number	Type of Account (checking, CD, money mkt.,etc.)	Joint Account (if any)	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you maintain a safe deposit box?

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Number \_\_\_\_\_

4. Promissory Notes, Mortgages

Description	Value
_____	_____
_____	_____
_____	_____

5. Tangible Personal Property

Estimate the total value of your household furnishings, automobiles, and other personal belongings: \_\_\_\_\_

Do you have any items of special value which should be considered in planning your estate?

Comments:

6. Life Insurance

Insured (H or W?)	Company	Amount	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Retirement Benefits

	Description	Amount	Beneficiary
	(a) Pension/Profit Sharing		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	(b) IRA Accounts/401(k)		
_____	_____	_____	_____
_____	_____	_____	_____
	(c) Annuities		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Business Assets

Description	Value
_____	_____
_____	_____

Comments:

9. Miscellaneous

Description	Value
_____	_____
_____	_____

Liabilities

Please list all outstanding liabilities (you need not include ordinary monthly expenses) if not shown elsewhere:

Description	Amount	Date Due
_____	_____	_____
_____	_____	_____

**NOTE: Documents to bring to our meeting, if available and applicable:**

- (a) **Will(s)**
- (b) **Powers of Attorney**
- (c) **Insurance Policies**
- (d) **Bank or brokerage account statements**
- (e) **Any other documents that you deem relevant**