

## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE for Single Person

Date: \_\_\_\_\_ County: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Single Person	
Full Legal Name	
Former/Other Name	
Form of Address	Mr. Miss. Ms. Mrs. Dr. Rev.
SS No.	
Birth date	
Birthplace	
Citizenship	
Occupation	
Employer	

FORMER MARRIAGE(S)			
Former Spouse Name			
S.S. No. of Former Spouse			
Date of Marriage			
Date of Divorce or Death			
Copy of Dissolution Papers	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide

CHILDREN (including adopted children)	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

OTHER FAMILY MEMBERS	RELATIONSHIP TO YOU	City/ State
Name:		
Name:		
Name:		
Name:		
Name:		
Name:		
Name:		

ADVISORS			
TITLE	NAME	ADDRESS	TELEPHONE
Primary Personal Bank			
Life Insurance Agent			
Stock Broker			
CPA			
Other Financial Advisor			
Clergy			
Doctor			
Referred to our firm by			

**PROPERTY INFORMATION:**

***Real Estate:***

Description & Location	Market Value	Balance of Mortgage	Net Equity
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Cash Accounts:**

	Checking	Savings or Money Market	CD's
Name of Institution			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Safe Deposit Box:**

Safe Deposit Box: \_\_\_\_\_ Name of Institution \_\_\_\_\_

Branch \_\_\_\_\_ Box No.: \_\_\_\_\_

Others listed on box:

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

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

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

**Investments:** (Stocks, Bonds, etc. If held with Broker, just list the Brokerage Account)

	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Retirement Benefits:** (Including IRA, 401(k) and 403(b))

	Beneficiary if any	Present Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Business Interests:** (For type use "CC" for corporation, "SC" for S Corporation, "P" for Partnership, "LLC" for Limited Liability Company, and "SP" for Sole Proprietorship)

Description & Location	Type					% Interest	Value
	CC	SC	P	LLC	SP		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

**Amounts Owed To You (Loans You Made To Others And Other Receivables):**

Owed by:	Date of Note	Amount Due Now
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Miscellaneous:** (List only major personal effects such as automobiles, valuable jewelry, paintings, coin collections, stamp collections, etc.)

	Approximate Value (less loans)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Life Insurance:**

Company	Type (Term, W/L, etc)	Owner	Insured	Beneficiary	Alternate Death Beneficiary	Benefit	Cash Value	Policy Loans
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

***Long Term Care Insurance:***

<b>Company</b>	<b>Coverage</b>	<b>Maximum Per Day</b>	<b>Lifetime Maximum</b>	<b>Inflation Adjusted?</b>	<b>Other Pertinent Terms</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

***Estate Summary:***

Real Estate	\$ _____
Cash Accounts	\$ _____
Stocks, Bonds, Mutual Funds	\$ _____
Retirement Benefits	\$ _____
Business Interests	\$ _____
Receivables	\$ _____
Miscellaneous	\$ _____
Life Insurance Death Benefit	\$ _____
Other	\$ _____
<b>TOTAL</b>	\$ _____

***Income:***

Source	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Debts/Liabilities:**

Type

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

We will discuss how to select Executors, Guardians, and Trustees in our meeting. Please insert your tentative choices below.

**Executors** (carries out the terms of your will):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**Attorney-In-Fact** (to make financial decisions for you and handle your affairs if you are unable):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**Guardian** (to care for minor children if any):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**Trustee** (to manage funds on behalf of a beneficiary):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**Health Care Agent** (makes health care decisions when you are unable):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**Generally, to whom do you want to leave your assets:**

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**Specific Bequests** (specific items, if any, you wish to give to people):

Name	Address	Phone	Item or Amount	Relationship
1)	<hr/>			
2)	<hr/>			
3)	<hr/>			

**Charitable Bequests** (gifts, if any, you wish to make to charitable organizations):

Name of Organization	Address	Item or Amount
1)	<hr/>	
2)	<hr/>	
3)	<hr/>	

**Residue of Estate** (list who is to receive estate after you have made your specific and charitable gifts):

Person(s)	Address	Percentage
<hr/>		
<hr/>		
<hr/>		
<hr/>		

**Contingent Beneficiaries** (in the event of common disaster):

Person(s)	Relationship
<hr/>	
<hr/>	
<hr/>	

**Other Special Provisions Desired:**

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**Important Family Questions:**

1. Do you have a child who is blind or disabled?  Yes  No
2. Do any of your family receive governmental support or benefits?  Yes  No  
If so, what types \_\_\_\_\_
3. Do you have adopted children?  Yes  No
4. Do any of your children have special education, medical, or physical needs?  Yes  No
5. Are any of your children institutionalized?  Yes  No
6. Are you receiving social security, disability, or other governmental benefits?  Yes  No
7. Is anyone dependent on you for support?  Yes  No
8. Have any of your children or brothers or sisters lived with you during the last two years?  Yes  No
9. Have you been divorced?  Yes  No
10. Are you making payments pursuant to a divorce or property settlement agreement?  Yes  No
11. Have you been widowed? *(If a federal estate tax return or a state death tax return was filed, please furnish a copy)*  Yes  No
12. Have you ever made any gifts worth over \$10,000 or filed federal or state gift tax returns? *(Please furnish copies of these returns)*  Yes  No
13. Do you or your descendants have any health challenges or chronic illnesses?  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
14. Have you completed previous wills, trusts, powers of attorney or other estate planning arrangements? *(Please furnish copies of these documents)*  Yes  No
15. Are you a United States citizen?  Yes  No  
If you answered "No," how long have you lived in the United States?  Yes  No
16. Are you a veteran?  Yes  No  
If so, please provide dates of service, branch of service and whether you have a service-connected disability:  
\_\_\_\_\_

17. Are you the Trustee of a trust?  Yes  No
18. Are you expecting any inheritance? If so, how much? \_\_\_\_\_  Yes  No
19. Do you want specific funeral arrangements?  Yes  No

Specify, if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Information or Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking the time to fill out this form. It makes our meeting more productive. Please review the completed form to ensure information is accurate. We rely on this information in completing your long term care plan and/or estate plan.**