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ESTATE PLANNING QUESTIONNAIRE

Married / Partners

Please complete this questionnaire to the best of your ability. If you have questions, please list them on the last page and we will discuss them at your initial appointment. Our website has helpful explanations of these documents under the "Blog" header. If you have any signed estate planning documents (Will, Trust, Powers of Attorney), please bring them to your appointment.

PERSONAL INFORMATION

	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
Full Legal Name		
Preferred Name		
Date of Birth		
Home Address		
City/State/Zip Code		
Residence County		
Best Phone Number		
Email		
Date/Location of Marriage		

CITIZENSHIP

	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
U.S. Citizen?	☐ Yes ☐ No	☐ Yes ☐ No
If No, What Country		

EXISTING DOCUMENTS

If you have documents, please bring them to your appointment.

	Date	State Where Prepared
Will		
Trust		
Pre/Post Marital Agreement		
Powers of Attorney		

PRIOR MARRIAGES

Prior Spouse 1	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
Prior Spouse Name		
How Ended/When/Length		
Living/Deceased		
Any Children		

Prior Spouse 2

Prior Spouse Name

How Ended/When/Length

Living/Deceased

Any Children

SPOUSE / PARTNER 1**SPOUSE / PARTNER 2****INFORMATION ABOUT CHILDREN****1. Child**

Child Name

Address

Parents

Disabled? Public Benefits?

Date of Birth

Phone Number

Their children/ages

2. Child

Child Name

Address

Parents

Disabled? Public Benefits?

Date of Birth

Phone Number

Their children/ages

3. Child

Child Name

Address

Parents

Disabled? Public Benefits?

Date of Birth

Phone Number

Their children/ages

4. Child

Child Name

Address

Parents

Disabled? Public Benefits?

Date of Birth

Phone Number

Their children/ages

5. Child

Child Name

Address

Parents

Disabled? Public Benefits?

Date of Birth

Phone Number

Their children/ages

Note: Additional children may be identified in the space at the end of this questionnaire. Be sure to include all requested information.**CLOSE FAMILY MEMBERS OR FRIENDS YOU MAY NAME IN YOUR WILL OR TRUST****Person 1**

Name

Address

Relationship

Disabled? Public Benefits?

DOB or Age

Phone Number

Children/ages

Person 2

Name

Address

Relationship

Disabled? Public Benefits?

DOB or Age

Phone Number

Children/ages

(additional lines on next page)

Person 3

Name		DOB or Age	
Address		Phone Number	
Relationship		Children/ages	
Disabled? Public Benefits?			

Person 4

Name		DOB or Age	
Address		Phone Number	
Relationship		Children/ages	
Disabled? Public Benefits?			

OTHER INFORMATION

Safe Deposit Box?	☐ Yes ☐ No	Bank:	
Veteran?	☐ Yes ☐ No	Period of Service:	
Long Term Care Insurance?	☐ Yes ☐ No	Insurer:	
Financial Advisor:		Agency/Institution:	
Other Advisor:		Agency/Institution:	

Income and Assets

This section is for understanding your income, what accounts you have, how your accounts are titled, and if there are current beneficiaries on your accounts.

INCOME

Source	Amount per month	Who receives it (name)

REAL ESTATE

Location/County/State	Owned (sole/joint)	Mortgage Balance	Approximate Value

BANK ACCOUNTS

Bank/Credit Union	Owned (sole/joint)	Account Type	Approximate Value	Current Beneficiary and %

RETIREMENT ACCOUNTS OF SPOUSE/PARTNER 1 (401K, 403B, IRA, ETC.)

Type of Account and Company	Value	Named Beneficiaries and %

RETIREMENT ACCOUNTS OF SPOUSE/PARTNER 2 (401K, 403B, IRA, ETC.)

Type of Account and Company	Value	Named Beneficiaries and %

NON-RETIREMENT ACCOUNTS, BROKERAGE ACCOUNTS, ANNUITIES, 529 PLANS, ETC.

Type of Account and Company	Owned By	Value	Named Beneficiary and %

STOCKS & BONDS

Company/Entity	Owned By	# of Shares & Value	Named Beneficiary and %

BUSINESS INTERESTS (LLCS, PARTNERSHIPS, C CORPS, S CORPS, ETC.)

Bring operating agreements or similar documents to your appointment.

Name	Type	Who Owns and Manages

LIFE INSURANCE FOR SPOUSE/PARTNER 1

Company	Whole or Term	Value	Named Beneficiary and %

LIFE INSURANCE FOR SPOUSE/PARTNER 2

Company	Whole or Term	Value	Named Beneficiary and %

TANGIBLE PERSONAL PROPERTY (JEWELRY, GUNS, ANTIQUES, ART, COLLECTIBLES)

Include any vehicles, boats, RVs, ATVs, etc.

Item	Approximate Value	Insured?

OTHER NOTABLE ASSETS

Include cryptocurrency, digital assets, notes/accounts receivable, etc.

Name	Type	Ownership

OUTSTANDING LIABILITIES NOT NOTED ELSEWHERE ON THIS QUESTIONNAIRE

Payable To	Amount Owed	How it is Secured (e.g. house)

Designations for New Estate Planning Documents

You may need new or updated powers of attorney for your finances or health decisions. Please think about who you would like to make decisions for you and at least one backup person.

Please note: if you have listed your agent or alternate agent's address and phone number elsewhere in this questionnaire, you do not need to repeat it here.

FINANCIAL POWER OF ATTORNEY

	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
Current Financial Power of Attorney?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, date:		
Do you wish to name your spouse first?	☐ Yes ☐ No	☐ Yes ☐ No
Who would you name as Alternate Agent 1?		
Name		
Address		
City/State/Zip		
Phone Number		
Who would you name as Alternate Agent 2?		
Name		
Address		
City/State/Zip		
Phone Number		

HEALTH CARE POWER OF ATTORNEY

	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
Current Health Care Power of Attorney?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, date:		
Do you wish to name your spouse first?	☐ Yes ☐ No	☐ Yes ☐ No
Who would you name as Alternate Agent 1?		
Name		
Address		
City/State/Zip		
Phone Number		
Who would you name as Alternate Agent 2?		
Name		
Address		
City/State/Zip		
Phone Number		

PERSONAL REPRESENTATIVE

Who would you like to designate as **Personal Representative** of your estate?

A personal representative is the person who is in charge of your estate. This person is commonly referred to as an executor.

	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
Do you wish to name your spouse first?	☐ Yes ☐ No	☐ Yes ☐ No
Alternate Personal Representative 1		
Name		
Street Address		
City/State/Zip		
Phone Number		
Alternate Personal Representative 2		
Name		
Street Address		
City/State/Zip		
Phone Number		

TRUSTEE

If you create and fund a trust, who would you like to designate as **Trustee**? If you and your spouse are not able to serve as trustee, this person would serve as Trustee.

	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
Trustee		
Name		
Street Address		
City/State/Zip		
Phone Number		
Alternate Trustee		
Name		
Street Address		
City/State/Zip		
Phone Number		

GUARDIAN

For any **minor** children, who would you like to name as **GUARDIAN**?

	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
Guardian		
Name		
Street Address		
City/State/Zip		
Phone Number		
Alternate Guardian		
Name		
Street Address		
City/State/Zip		
Phone Number		

Looking Ahead

INHERITANCE

Do you expect to inherit any property? ☐ Yes ☐ No

If Yes, from when and from whom:

Estimated value: \$

Will the property be in trust? ☐ Yes ☐ No

OTHER FUTURE CHANGES

Do you foresee any radical fluctuation in your total net worth in the next 5 years? ☐ Yes ☐ No

If Yes, please explain:

ANYTHING ELSE YOU WISH TO DISCUSS?