

Estate Planning Questionnaire

Date: _____

SECTION I: PERSONAL INFORMATION

1. INFORMATION			
First Name:		Middle Initial:	Last Name:
Date of Birth:	Place of Birth:		SSN:
U.S. Citizen Yes No (If No, please fill out last page addendum)			
Other Names Known by:			
Are you presently employed? Yes No If Yes, for how long?			
Occupation (former if retired):			
Employer:			
Business Address:			
Office Phone:		Email Addr:	
Cell Phone:		Fax No.:	

2. HOME ADDRESS		
Street:		
City:	State:	Zip Code:
Country (if not USA):	County:	Home Phone:
Other Residences:		

All information provided on this form will be treated as privileged and confidential

SECTION II: GENERAL QUESTIONS

1.	Do you have an existing Will? Yes No If Yes, please provide a copy
2.	Do you have an existing Trust? Yes No If Yes, please provide a copy
3.	Have you previously been married? Widowed Divorced Never Married If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available.
4.	Are you planning on getting married soon? Yes No If Yes, would you like to discuss the advisability of a Prenuptial Agreement? Yes No
5.	Please indicate your state of domicile and the date established . If you spend more than a nominal amount of time in another state or country, please identify.
6.	Have you given away cash or assets in excess of the annual gift tax exclusion to anyone in a single year? (Annual exclusion was \$3,000 until 1982, then \$10,000; has risen to \$16,000 with modest future increases. Yes No If Yes, list amounts by years below or on the reverse side: Year Amount: \$ Year Amount: \$ Year Amount: \$
7.	Are you receiving or will you receive an annuity? Yes No How long will payments be made? Life Fixed Term Joint Lives If Fixed Term, for how long? Amount of each payment? \$
8.	Have you ever filed a gift tax return (IRS Form 709)? Yes No (If Yes, please provide a copy of the last one filed with the IRS)
9.	Have you ever filed a corporate or partnership tax return? Yes No (If Yes, please provide a copy of the last one filed with the IRS)
10.	Do you have any interest under a Will or Trust of another person, including a power of appointment? Yes No If Yes, please supply a copy of the document if available.
11.	Are you a Trustee of any Trust? Yes No
12.	Have you received, or do you expect to receive, any inheritances? Yes No
13.	Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the US? Yes No
14.	Do you have relatives dependent upon you for support? Yes No If Yes, give names and relationships:
15.	Please list any specific items or amounts that you wish to give to any individuals or organizations at your death: (Check here if attaching separate sheet)

24.	<p>Who will serve as <u>Guardian</u> of your minor children (if applicable)?</p> <p>Name: _____ Relation: _____</p> <p>City/State: _____ Male Female Couple</p> <p>Alternate (if above unable to serve): _____ Male Female Couple</p> <p>City/State: _____ Relation: _____</p>
25.	<p>Who will serve as <u>Agent</u> under a durable power of attorney (if desired)?</p> <p>Name: _____ Relation: _____</p> <p>City/State: _____ Male Female</p> <p>Alternate (if above unable to serve): _____ Male Female</p> <p>City/State: _____ Relation: _____</p>
26.	<p>Who will serve as <u>Health Care Surrogate/Agent</u> (person to make medical decisions)?</p> <p>Name: _____ Relation: _____</p> <p>Male Female Phone: _____</p> <p>Address: _____</p> <p>City/State: _____</p> <p>Alternate (if above person(s) unable to serve):</p> <p>Relation: _____ Male Female</p> <p>Phone: _____</p> <p>Address: _____</p> <p>City/State: _____</p>
27.	<p>Do you want a <u>Living Will</u> to address end of life issues? Yes No</p>
28.	<p>Do you wish to be cremated? Yes No If Yes, please provide details of the disposition of your ashes, e.g., directing they are to be scattered or preserved in one location.</p>
29.	<p>Are you an organ donor? Yes No</p>
30.	<p>Are you concerned that any of your beneficiaries will not behave responsibly with money that you give them? Yes No</p>
31.	<p>Do you have any relatives attending private school, college, or graduate school? Yes No</p>
32.	<p>Do you have any relative who regularly incurs significant medical bills? Yes No</p>
33.	<p>Is there any member of your family disabled or receiving medical benefits from State or Federal government? Yes No</p>

34.	Do you wish to discuss the impact of Assisted Reproductive Technology on your estate plan? Yes No
35.	Do you have pets for which you would like to make special provisions (such as custodial or financial arrangements)? Yes No
36.	How did you first learn about our firm?

SECTION III: BENEFICIARY INFORMATION

Names of living children as they are to appear in your documents (attach additional pages if necessary)

1.	Name of Child:	Date of Birth:	Phone:
		Address:	
		Gender of child: Male Female	
		Nationality of child:	
Married? Yes No		If Yes, please provide name of child's spouse:	
Grandchildren? Yes No		If Yes, please provide names and ages below:	
Names:		Ages:	

2.	Name of Child:	Date of Birth:	Phone:
		Address:	
		Gender of child: Male Female	
		Nationality of child:	
Married? Yes No		If Yes, please provide name of child's spouse:	
Grandchildren? Yes No		If Yes, please provide names and ages below:	
Names:		Ages:	

3.	Name of Child:	Date of Birth:	Phone:
		Address:	
		Gender of child: Male Female	
		Nationality of child:	
Married? Yes No		If Yes, please provide name of child's spouse:	
Grandchildren? Yes No		If Yes, please provide names and ages below:	
Names:		Ages:	

4.	Name of Child:	Date of Birth:	Phone:
		Address:	
		Gender of child: Male Female	
		Nationality of child:	
Married? Yes No		If Yes, please provide name of child's spouse:	
Grandchildren? Yes No		If Yes, please provide names and ages below:	
Names:		Ages:	

5.	Name of Child:	Date of Birth:	Phone:
		Address:	
		Gender of child: Male Female	
		Nationality of child:	
Married? Yes No		If Yes, please provide name of child's spouse:	
Grandchildren? Yes No		If Yes, please provide names and ages below:	
Names:		Ages:	

6.	Name of Child:	Date of Birth:	Phone:
		Address:	
		Gender of child: Male Female	
		Nationality of child:	
Married? Yes No		If Yes, please provide name of child's spouse:	
Grandchildren? Yes No		If Yes, please provide names and ages below:	
Names:		Ages:	

Do you have any children who have predeceased you? Yes No			
If yes, list information below:			
Name of deceased child:			
Married at death? Yes No		If Yes, please provide name:	
Grandchildren? Yes No		If Yes, please provide names and ages below:	
Names:		Ages:	

Do you have any children or grandchildren who are adopted?	Yes	No
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Other Persons or Institutions to be Named in Your Documents (and not listed above):

	Names as you would like them to appear on your documents	City / State / Country	Relationship (if any);
1.			
2.			
3.			
4.			
5.			
6.			

SECTION IV: FINANCIAL INFORMATION

Check the box if held in a Revocable Trust

<u>Assets</u> (Estimate Current Fair Market Value)	<u>In Your Name</u>	<u>Owned</u> <u>Jointly</u>
1. Principal Residence		
2. Other Real Estate		
3. Mineral Interests		
4. Checking Account(s)		
5. Savings Account(s)		
6. Certificates of Deposit(s)		
7. TOD/POD Accounts		
8. Brokerage Account(s)		
9. Other Securities		
10. Business Interests		
11. Notes Receivable		
12. Personal Effects & Furnishings		
13. Automobiles		
14. Other		
<i>Total Assets</i>		

<u>Liabilities</u>	<u>Your Name Only</u>	<u>Contingent Liabilities</u>	<u>Owed Jointly</u>
Home Mortgage			
Other Mortgages			
Other Loans			
Total Liabilities			

Net Assets:		--	
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Profit Sharing, IRA, Pension Plans, 401k, Etc.

<u>Owner</u>	<u>Description</u>	<u>Beneficiary</u>	<u>Current Value</u>
Total Retirement Benefits:			

Life Insurance

*Please bring policies to initial appointment if available

Policies Owned

Type (e.g. term, group whole life)	Face Amount of Death Benefit	Approximate Cash Value	Company	Primary Beneficiary	Secondary Beneficiary
Total Insurance:					

_____	+	_____	+	_____	=	_____
NET ASSETS		TOTAL RETIREMENT BENEFITS		TOTAL INSURANCE		TOTAL

Digital Footprints

1.	Do you have any electronic and/or digital assets of significant value, whether stored externally or on your devices? These might include digital currency, intellectual property, or literary works. Yes No
	Do you wish to make specific gifts (or other disposition) of your digital assets? Yes No
3.	Do you want some or all of your digital assets to be preserved at your death, instead of allowing the accounts and their content to be deleted? Yes, Preserve No
4.	Do you use an electronic service containing a list of your accounts and/or passwords? Yes No
5.	Does anyone currently have access to your online accounts and/or passwords, or will they at your death? Yes No If yes, who
6.	Do you want to appoint someone to serve as your "Digital Fiduciary," i.e., to deal with your digital Yes No If yes, who

SECTION V: PROFESSIONAL ADVISORS

ADVISOR	NAME AND FIRM	ADDRESS / PHONE NUMBER
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Trust Officer		
Other		

Do we have your permission to discuss your plan and personal information with these advisors?		
Yes	No	Ask Me First

Signature _____

Addendum for Noncitizen Clients

Please fill out this section if you are not a US citizen

First Name:	Middle Initial:	Last Name:
Country of Citizenship		
Other Nationalities		
Residency/Visa Status	Permanent Resident	Other
If you have a green card, when was it obtained?		When does it expire?
Have you ever expatriated from the U.S., i.e., were you ever a US citizen or long term green card holder (8 out of 15 years) Yes No		
Have you purchased any property after 1981 and before July 14, 1988?		Yes No