Confidential Estate Planning Questionnaire

Prepared for: ______________________________________

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Provided by:

____

Date:

____

Personal Information

Husband

Name: ______________________________________ Date of Birth: ___/___/_____
Height/Weight: ___ft___inches/_____lbs. Tobacco Use?: __Yes __No
Occupation: _____________________________________ Hazardous?: __Yes __No
Employer: ____
Annual Compensation: $___________ Social Security No.: ______________
Business Phone No.: ______________ Business E-Mail: _________________

Wife

Name: ______________________________________ Date of Birth: ___/___/_____
Height/Weight: ___ft___inches/_____lbs. Tobacco Use?: __Yes __No
Occupation: _____________________________________ Hazardous?: __Yes __No
Employer: ____
Annual Compensation: $___________ Social Security No.: ______________
Business Phone No.: ______________ Business E-Mail: _________________

Residence

Street Address: ____
City, State, Zip: ____
Phone No.: ______________ Personal E-Mail: _________________

Family Information

Children

Name	Date of Birth	Marital Status (S, M or D)	Any Children? (Y or N)
________________________	___/___/_____	S M D	Y N
________________________	___/___/_____	S M D	Y N
________________________	___/___/_____	S M D	Y N
________________________	___/___/_____	S M D	Y N
________________________	___/___/_____	S M D	Y N

Other Dependents

Name	Date of Birth	Relationship
________________________	___/___/_____	____________________________
________________________	___/___/_____	____________________________

Inventory of Assets and Liabilities

Assets (Valued at Today's Fair Market Value)

Type of Asset	Owned by: Husband	Wife	Joint Tenancy	Community Property
Savings	$________	$________	$________	$________
Investments	$________	$________	$________	$________
Real Property	$________	$________	$________	$________
Personal Property	$________	$________	$________	$________
Business Interests	$________	$________	$________	$________
Survivor Benefits	$________	$________	$________	$________
Vested Retirement Benefits	$________	$________	$________	$________
Annuities	$________	$________	$________	$________
Other Assets	$________	$________	$________	$________
Total Assets	$________	$________	$________	$________

Liabilities

Type of Liability	Owed by: Husband	Wife	Joint Tenancy	Community Property
Mortgages	$________	$________	$________	$________
Installment Loans	$________	$________	$________	$________
Charge Accounts	$________	$________	$________	$________
Credit Cards	$________	$________	$________	$________
Personal Notes	$________	$________	$________	$________
Business Debt	$________	$________	$________	$________
Other Liabilities	$________	$________	$________	$________
Total Liabilities	$________	$________	$________	$________

Life Insurance Inventory

Total Face Amount:

	On Husband's Life	**On Wife's Life**
Life Insurance Included in the Estate	$___________	$___________
Life Insurance Outside the Estate	$___________	$___________

Wills, Trusts and Gifts

Wills

	Yes	No
Does the husband have a will?	☐	☐
Does the wife have a will?	☐	☐
Date written/last reviewed: ___________/___________		
Type of Marital Deduction Clause:	**Husband**	**Wife**
None	☐	☐
100% to Surviving Spouse	☐	☐
Credit Trust (Optimal)	☐	☐
Specific Dollar Amount	$_________	$_________
Specific Percentage of Estate	________%	________%
	Yes	**No**
Has a guardian been named for any minor children?	☐	☐

Trusts

	Yes	No
Does the husband have a trust?	☐	☐
Type: ____		
Does the wife have a trust?	☐	☐
Type: ____		

Gifts

		Husband	Wife
Pre-1977 Taxable Gifts:	Total Amount	$_________	$_________
	Taxes Paid	$_________	$_________
Post-1976 Taxable Gifts:	Total Amount	$_________	$_________
	Taxes Paid	$_________	$_________
Planned Charitable Bequests		$_________	$_________

Professional Advisors

Attorney: _______________________________________	Phone No.: ___________
Accountant:_______________________________________	Phone No.: ___________
Bank/Trust Officer: _________________________________	Phone No.: ___________
Investment Advisor: ________________________________	Phone No.: ___________

Estate Planning Priorities

	High Priority	Medium Priority	Low Priority	No Priority
Planning a Comfortable Retirement	_____	_____	_____	_____
Reducing Estate Settlement Costs	_____	_____	_____	_____
Providing for Surviving Spouse	_____	_____	_____	_____
Providing for Children/Grandchildren	_____	_____	_____	_____
Making Charitable Bequests	_____	_____	_____	_____
Preserving the Value of the Estate	_____	_____	_____	_____
Planning for Long-Term Care Costs	_____	_____	_____	_____
Other: ___________________________	_____	_____	_____	_____

Notes

Important Information

This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

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