

Appointment date and time: _____

ESTATE PLANNING QUESTIONNAIRE

Please complete the following questionnaire to the best of your ability. This information is most helpful to us so that we may properly plan for you and it will be held in the strictest confidence. We will review this information at our meeting.

PERSONAL INFORMATION

	Date of Birth	Soc. Sec. #
Husband:	_____	_____
Wife:	_____	_____
Address:	_____	
Telephone:	Home: _____	Cell: _____
	Business: _____	Email: _____

MARITAL INFORMATION

Have you been married previously? _____

CHILDREN

Children of present and former marriages and by adoption (living and deceased). Indicate if deceased by putting "D" and give date of death next to name.

Children's Names:

_____ Joint ___ His ___ Hers ___

_____ Joint ___ His ___ Hers ___

_____ Joint ___ His ___ Hers ___

_____ Joint ___ His ___ Hers ___

Do any of your children receive Supplemental Security Income (SSI)?

Do any family members require special attention? For example, health, physical, mental, financial status, special and/or individual needs. If yes, please explain:

DOCUMENTS/PLANNING

	Husband	Wife
	Yes/No	
Please indicate if you have any of the following:		
Will? If yes, date of Will? _____	_____	_____
Durable Power of Attorney (Financial)?	_____	_____
Health Care Power of Attorney?	_____	_____
Living Will?	_____	_____
Trust? If yes, indicate Irrevocable or Revocable _____	_____	_____
Pre-paid funeral/burial plan?	_____	_____
Veteran If yes, list dates of service _____	_____	_____
Long-term care insurance	_____	_____

PROFESSIONAL ADVISORS

Tax Preparer/Accountant:

Name: _____

Company: _____

Address: _____

Telephone: _____

Financial Advisor:

Name: _____

Company: _____

Address: _____

Telephone: _____

ASSETS

1. Real Estate

1. Owner: _____

Location: _____

Estimated Value: _____ **Mortgage Balance:** _____

2. Owner: _____

Location: _____

Estimated Value: _____ **Mortgage Balance:** _____

2. Cash, Bank Accounts and CD's

	<u>Owner</u>	<u>Name of Bank</u>	<u>Amount</u>
Cash	_____	_____	_____
Checking	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Savings/ Money Market	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
CD's	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

