

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Date: _____

Your Name

Full Name: _____

Address: _____

County: _____

Work Telephone: _____

Home Telephone: _____

Citizenship, if not U.S. : _____

Date of Birth: _____

Social Security No.: _____

Email: _____

Previous Marriages? Yes / No (Circle)

Any Children by a Previous Marriage
Yes / No (Circle). If yes, please identify:

Have you executed a pre-nuptial agreement?

Financial Planner/Advisor name and address: _____

Spouse

Full Name: _____

Address: _____

County: _____

Work Telephone: _____

Home Telephone: _____

Citizenship, if not U.S. : _____

Date of Birth: _____

Social Security No.: _____

Email: _____

Previous Marriages? Yes / No (Circle)

Any Children by a Previous Marriage
Yes / No (Circle). If yes, please identify:

Yes / No (Circle)

Insurance Agent name and address: _____

Safe Deposit box - bank name and address: _____

Approximate total value of all of your assets, including life insurance death benefits: \$ _____

SELECTING INDIVIDUALS WHO WILL PLAY A ROLE IN YOUR ESTATE

Note:: Often a married couple will select each other as their first choice, and one of their children or a relative as their second choice.

You

If you became disabled, who would you want to handle your financial affairs?

1st Choice: _____

2nd Choice: _____

If you became disabled, who would you want to make medical decisions for you?

1st Choice: _____

2nd Choice: _____

Who would you want to be appointed as the executor/ personal representative of your estate upon your death?

1st Choice: _____

2nd Choice: _____

Spouse

If you became disabled, who would you want to handle your financial affairs?

1st Choice: _____

2nd Choice: _____

If you became disabled, who would you want to make medical decisions for you?

1st Choice: _____

2nd Choice: _____

Who would you want to be appointed as the executor/ personal representative of your estate upon your death?

1st Choice: _____

2nd Choice: _____

Addresses for any individual named above:

MATTERS RELATING TO THE DISTRIBUTION OF YOUR ASSETS

After the death of you and your spouse (if any), who should get your property and in what shares?

What if one or more of the recipients named above is no longer living at the time the gift is to be made (would his or her share go to their children)?

YOUR CHILDREN

Name: _____

Age/Date of Birth: _____

Address, if not living at home:

Married? yes _____ No _____

Name: _____

Age/Date of Birth: _____

Address, if not living at home:

Married? yes _____ No _____

Name: _____

Age/Date of Birth: _____

Address, if not living at home:

Married? yes _____ No _____

Name: _____

Age/Date of Birth: _____

Address, if not living at home:

Married? yes _____ No _____

MATTERS RELATED TO MINOR CHILDREN

If you (and your spouse, if any) were not living, who would you want to take care of your minor children (you may also name an alternate)?

Name: _____

Relationship and address: _____

Who would you want to have control of any assets held for the benefit of minor children (you may also name an alternate)?

Name: _____

Relationship and address: _____

At what age would you want assets distributed to your children? (typically this would be after anticipated college graduation age (22 or 25) and can also be split up, such as half at age 25 and balance at age 30).

Answer: _____