

**ESTATE PLANNING QUESTIONNAIRE**

Full Legal Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ County of: \_\_\_\_\_

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Employer: \_\_\_\_\_ (Office/cell): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Spouse's Full Legal Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone (Office/cell): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Living Children:**

1. \_\_\_\_\_  
Name/Relationship (Son/Daughter)      Date of Birth      Spouse's Name      Address (if not at Parent's Home)

\_\_\_\_\_ Phone Number      \_\_\_\_\_ E-mail Address

2. \_\_\_\_\_  
Name/Relationship (Son/Daughter)      Date of Birth      Spouse's Name      Address (if not at Parent's Home)

\_\_\_\_\_ Phone Number      \_\_\_\_\_ E-mail Address

3. \_\_\_\_\_  
Name/Relationship (Son/Daughter)      Date of Birth      Spouse's Name      Address (if not at Parent's Home)

\_\_\_\_\_ Phone Number      \_\_\_\_\_ E-mail Address

4. \_\_\_\_\_  
Name/Relationship (Son/Daughter)      Date of Birth      Spouse's Name      Address (if not at Parent's Home)

\_\_\_\_\_ Phone Number      \_\_\_\_\_ E-mail Address

Names of Any Deceased Children: \_\_\_\_\_

Safe Deposit Box Location: \_\_\_\_\_

Who has authorized access?: \_\_\_\_\_

Are either you or your spouse a non-citizen?: \_\_\_\_\_

Who is your CPA?: \_\_\_\_\_

Who is your Financial Advisor?: \_\_\_\_\_

**Please bring to the conference copies of the following documents:**

- (1) your present Wills;
- (2) life insurance contracts;
- (3) real estate deeds;
- (4) divorce agreements (if any),
- (5) buy-sell agreements;
- (6) beneficiary designations for IRAs and 401Ks;
- (7) brokerage account statements;
- (8) stock options;
- (9) partnership agreements;
- (10) annuity contracts;
- (11) employment agreements;
- (12) any trusts you created or are a beneficiary of;
- (13) all federal gift tax returns filed;
- (14) sale agreements; and
- (15) promissory notes where you are holder or the maker.

**NAMES OF IMPORTANT PEOPLE**

1. **Guardian(s)**. If your spouse does not survive you, who would you chose to be the guardian (s) of your minor children (under age 18)?:

First Choice of Guardian(s): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(i) First Alternate Guardian(s): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(ii) Second Alternate Guardian(s): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_