

## ESTATE PLANNING INFORMATION

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**This questionnaire is intended to help us provide you with the best possible legal service and advice. Please attempt to complete as much of this questionnaire as possible before your consultation. This will ensure our time together will provide you the most beneficial estate planning for your situation. Because estate planning has personal as well as tax implications, detailed information is important to create the best estate plan for you. If the question does not apply to you, please indicate "N/A." The information you provide is held in strict confidence.**

### Part I: Personal Information

1. Full legal name:
2. Any other names by which either of you has ever been known:
3. Your home address:
4. Your mailing address, if different:
5. Your e-mail address:
6. County of your residence:
7. Home phone number:
8. Cellular phone number:
9. Employer:
  - Position:
  - Work address:
  - Work phone number:
10. Date of birth:
11. Social security number:
12. Please list your children, if any:

Name	Address	Birthday	Adopted?	Married?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Do you have any children with disabilities or special needs? If so, please explain:

14. Please list your grandchildren, if any:

Name	Address	Birthday	Adopted?	Married?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Please list your great-grandchildren, if any:

Name	Address	Birthday	Adopted?	Married?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Please list your parents:

Name	Address	Birthday	Deceased, married or single?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Please tell us about your marital situation:

- a. Have you been married before?
- b. If yes, when and for how long?
- c. Name(s) of the former spouse:
- d. Where was the marriage to the former spouse performed?
- e. Where and when was the divorce finalized?
- f. If the former spouse is deceased, when did his or her death occur?
- g. List any children of the former marriage:
- h. List any children outside of marriage:

- i. Please describe any alimony or child support you are obligated to pay or entitled to receive:

18. Have you ever served in the military?  
If yes, please list the branch, date of discharge and serial number:

19. List each country of citizenship:

**Part II: Information About Your Assets**

Please put an estimated value on each asset owned by you.

**ASSETS**

Home \$ \_\_\_\_\_

Vacation Home \$ \_\_\_\_\_

Other Real Estate \$ \_\_\_\_\_

Other Real Estate \$ \_\_\_\_\_

Checking Accounts \$ \_\_\_\_\_

Savings Accounts \$ \_\_\_\_\_

Certificates of Deposit \$ \_\_\_\_\_

Money Market \$ \_\_\_\_\_

Mutual Funds \$ \_\_\_\_\_

Securities \$ \_\_\_\_\_

Royalties \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Furniture	\$ _____
Vehicles	\$ _____
Annuities	\$ _____
Jewelry	\$ _____
Collectibles	\$ _____
IRAs	\$ _____
401(k) or Keogh	\$ _____
Other Retirement Plans	\$ _____
Closely-Held Stock	\$ _____
Other Assets	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

**LIABILITIES**

Home Mortgage	\$ _____
Other Mortgage	\$ _____
Other Mortgage	\$ _____
Auto Loans	\$ _____
Other debt	\$ _____
Other debt	\$ _____
Other debt	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

<b>NET WORTH</b>	<b>\$ _____</b>
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1. Please list all real property you own, if there are any other owners and how ownership in that property is held:

(We may ask you to provide a copy of the deeds for any real estate you currently own.)

2. Are any of your debts insured?  
If yes, which ones?

3. Have you ever filed a federal gift tax return?  
If yes, what was the total amount of gift tax paid:

(We may ask you to provide a copy of each such return.)

4. Have you ever established any trusts?  
If yes, please explain:

What is the current value of the assets placed in each trust?

(We may ask you to provide a copy of the trust documents.)

5. Are you the current or prospective beneficiary or trustee under a trust instrument established by any other person?  
If yes, please explain:

6. Are you the owner of any oil and gas exploration interests?  
If yes, please describe them:

(We may ask you to provide a copy of any available documentation, such as mineral deeds or division order.)

7. Are you involved in a closely held business?

If yes, what is its name and address?

How is it organized (i.e., proprietorship, partnership, corporation, etc.)?

Name all the owners of the business and ownership percentage:

8. Do you have an accountant?  
If yes, please list name, address and phone number:
  
9. Do you have an investment advisor or financial planner?  
If yes, please list name, address and phone number:

**Part III: Disposition of Assets and Guardian of Children**

1. Please state generally how you would like your assets to be distributed upon your death:
  
2. Please state any special gifts to individuals, e.g., heirlooms, jewelry or other personal property you want given to someone in particular:
  
3. Are there any charitable organizations you are involved in or interested in supporting?

If yes, please give name, address and phone number:

4. If you were to die before all your children reached adulthood, who would you want to be their guardian of your minor children? Please list name, address and phone numbers:

Please state 2 alternates if the guardian is unable or unwilling to take this responsibility. Please list names, addresses and phone numbers:

5. Who would you like to name as the executors of your will? Please list name, address and phone numbers:

Please state 2 alternates if the executor is unable or unwilling to take this responsibility. Please list names, addresses and phone numbers:

6. Who would you like to name as trustee over the finances for your children? Please list name, address and phone numbers:

Please state 2 alternates if the trustee is unable or unwilling to take this responsibility. Please list names, addresses and phone numbers:

7. Who would you like to name as a person to handle your finances in the case of your incapacity? Please list name, address and phone numbers:

Please state 2 alternates if this person is unable or unwilling to take this responsibility. Please list names, addresses and phone numbers:

8. Who would you like to name as a person to make medical decisions for you in the event of your incapacity? Please list name, address and phone numbers:

Please state 2 alternates if this person is unable or unwilling to take this responsibility. Please list names, addresses and phone numbers:

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Name of person completing the questionnaire

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Date

Thank you for taking the time to complete this questionnaire. Please send it to Julia Dean at [julia@juliadeanlaw.com](mailto:julia@juliadeanlaw.com) prior to our conference.

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