

Estate Planning Questionnaire

General Information

Client 1:				
First:	Middle:	Last:		
Email:	Phone:	Age:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Client 2:				
First:	Middle:	Last:		
Email:	Phone:	Age:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Residence (Address):				
Mailing Address (if different):				
Either Owns >\$2M Separately? <input type="checkbox"/> Yes <input type="checkbox"/> No		Own Real Estate: <input type="checkbox"/> Yes <input type="checkbox"/> No		Value of all Assets:
Estate Plan Already in Place: <input type="checkbox"/> None <input type="checkbox"/> Financial Power of Attorney <input type="checkbox"/> Healthcare Power of Attorney <input type="checkbox"/> Will <input type="checkbox"/> Trust				

Children / Beneficiaries Parent(s)

Name	Birthdate	Both	Client 1:	Client 2:
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Prior Spouses

Name	Death	Divorce	Name	Death	Divorce
Client 1:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Client 2:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Guardians

Name	Relationship	Phone	Email

Successor Trustees (2 co-trustees OR up to 4 individuals)

Name	Birthdate	Phone	Email

Beneficiaries

Name	Birthdate	Phone	Email	Equal / %

Assets

Bank/Credit Union Accounts

Bank/Credit Union	Account #	Account Type	Contact Information

Investments

Institution	Account #	Account Type	Contact Information

Property

Address	County	State	Plot #

Specific Bequests

Name	Asset	Name	Asset

Powers of Attorney

Client 1: Financial Power of Attorney		Client 2: Financial Power of Attorney	
Name:	Email:	Name:	Email:

Client 1: Healthcare Power of Attorney		Client 2: Healthcare Power of Attorney	
Name:	Email:	Name:	Email:

Assets Held in Trust For Minors

Age based? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age 1:	% at Age 1:
	Age 2:	% at Age 2:
	Age 3:	% at Age 3:
Drug Addiction Free? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Addiction Free? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gambling Addiction Free? <input type="checkbox"/> Yes <input type="checkbox"/> No