

ESTATE PLAN QUESTIONNAIRE

Initial Appointment Date: _____

CLIENT 1

Name _____
(include middle initial)

Address (Mailing) _____

Phone # _____
(residence) (business) (cell client 1) (cell client 2)

Resident of (State) _____ (No. Years) _____
(County) _____ USA Citizen

Driver's License No. _____ State _____ Exp _____

Date of Birth _____

Prior Spouse _____

Divorce or Death Date/County _____

Prior Wills/Trusts _____

Occupation _____

Employer _____

SS No. _____

Primary Physician _____

Date of Marriage _____

Accountant/Tax Preparer _____

CLIENT 2

Name _____
(include middle initial)

Address (Physical) _____

email client 1: _____ email client 2: _____

Resident of (State) _____ (No. Years) _____
(County) _____ USA Citizen

Driver's License No. _____ State _____ Exp _____

Date of Birth _____

Prior Spouse _____

Divorce or Death Date/County _____

Prior Wills/Trusts _____

Occupation _____

Employer _____

SS No. _____

Primary Physician _____

Place of Marriage _____

Financial Advisor/Insurance Agent _____

CHILDREN (M=Mutual, W=Wife Only, H=Husband Only)

Name	Residence (City, State)	Gender/Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DECEASED CHILDREN DOB DOD

ISSUE OF DECEASED CHILD Birthdate

PARENTS Residence - City/State

PARENTS Residence - City/State

SIBLINGS Residence - City/State

SIBLINGS Residence - City/State

ESTATE ASSETS

as of _____

NET VALUE	REAL PROPERTY (Provide Grant Deed and Tax Bill) <small>*indicates residence</small>	Value	Loan	Title	*SP
BANK ACCOUNTS (Provide Bank Name, Type of Account and Account Number)					
SECURITIES (Provide Institution Name and Account Number) and PROMISSORY NOTES					
TANGIBLE PERSONAL PROPERTY					
LIFE INSURANCE (Type, Company, Amount) (Provide Declarations Page)			Insured	Owner	Beneficiary
RETIREMENT PLANS AND IRAs				Owner	Beneficiary
BUSINESS INTERESTS					SP
EXPECTANCIES (Inheritances, Trusts, Deferred Compensation, Powers of Appointment)					
PRIOR GIFT TAX RETURNS FILED? <input type="checkbox"/> YES (provide copies) <input type="checkbox"/> NO					

* Separate Property - Please insert initials of separate property owner, if any