

Estate Planning Questionnaire

Date: _____

SECTION I: PERSONAL INFORMATION

1. HUSBAND INFORMATION			
First Name:		Middle Initial:	Last Name:
Date of Birth:	Place of Birth:		SSN:
U.S. Citizen Yes No (If No, please fill out last page addendum)			
Other Names Known by:			
Are you presently employed? Yes No If Yes, for how long?			
Occupation (former if retired):			
Employer:			
Business Address:			
Office Phone:		Email Addr:	
Cell Phone:		Fax No.:	

2. WIFE INFORMATION			
First Name:		Middle Initial:	Last Name:
Date of Birth:	Place of Birth:		SSN:
U.S. Citizen Yes No (If No, please fill out last page addendum)			
Other Names Known by:			
Are you presently employed? Yes No If Yes, for how long?			
Occupation (former if retired):			
Employer:			
Business Address:			
Office Phone:		Email Addr:	
Cell Phone:		Fax No.:	

2. HOME ADDRESS		
Street:		
City:	State:	Zip Code:
Country (if not USA):	County:	Home Phone:
Other Residences:		

SECTION II: GENERAL QUESTIONS

1.	Do you have an existing Will? Husband Wife Both Neither If Yes, please provide a copy				
2.	Do you have an existing Trust? Husband Wife Both Neither If Yes, please provide a copy				
3.	Date and place of current marriage: Date:		Place:		
4.	Do you currently have a prenuptial agreement? Yes No If Yes, please attach a copy.				
5.	Have you previously been married? Husband: Widowed Divorced No Wife: Widowed Divorced No If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available.				
6.	Please indicate your state of domicile _____ and the date established _____. If you spend more than a nominal amount of time in another state or country, please identify.				
7.	Are either of you a Trustee of any Trust? Husband Wife Both Neither				
8.	Do you have relatives dependent upon you for support? Yes No If Yes, give names and relationships:				
9.	Please list any specific items or amounts that you wish to give to any individuals or organizations at your death: (Check here if attaching separate sheet)				
	Name:		Item or Amount:		
	Address:		Relation:		
	Name:		Item or Amount:		
	Address:		Relation:		
	Name:		Item or Amount:		
	Address:		Relation:		

10.	<p>All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: Spouse? Yes No: If No, or if Spouse is deceased, to:</p> <p>Only living children</p> <p>Children and grandchildren (if child is deceased)</p> <p>Other (specify):</p>																											
11.	<p>Do either of you have any medical issues we should be aware of for planning purposes?</p> <p>Husband Wife Both Neither</p>																											
12.	<p>Who will serve as <u>Personal Representative/Executor</u> for you?</p> <p>Each Spouse for the other? Yes No; If no, or to name co-fiduciaries, use space below.</p> <table border="0"> <tr> <td>Name:</td> <td>Co-fiduciary</td> <td>Alternate</td> </tr> <tr> <td>City/State:</td> <td>Male Female</td> <td>Corp Group</td> </tr> <tr> <td>Relation:</td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td>Name:</td> <td>Co-fiduciary</td> <td>Alternate</td> </tr> <tr> <td>City/State:</td> <td>Male Female</td> <td>Corp Group</td> </tr> <tr> <td>Relation:</td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td>Name:</td> <td>Co-fiduciary</td> <td>Alternate</td> </tr> <tr> <td>City/State:</td> <td>Male Female</td> <td>Corp Group</td> </tr> <tr> <td>Relation:</td> <td></td> <td></td> </tr> </table>	Name:	Co-fiduciary	Alternate	City/State:	Male Female	Corp Group	Relation:			Name:	Co-fiduciary	Alternate	City/State:	Male Female	Corp Group	Relation:			Name:	Co-fiduciary	Alternate	City/State:	Male Female	Corp Group	Relation:		
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13.	<p>Who will serve as <u>Trustee</u> for you?</p> <p>Each Spouse for the other? Yes No As Co-Trustee</p> <p>If No, or to name co-fiduciaries, use space below.</p> <table border="0"> <tr> <td>Name:</td> <td>Relation:</td> </tr> <tr> <td>City/State:</td> <td></td> </tr> <tr> <td>Alternate (if above person(s) unable to serve):</td> <td></td> </tr> <tr> <td>City/State:</td> <td>Relation:</td> </tr> </table>	Name:	Relation:	City/State:		Alternate (if above person(s) unable to serve):		City/State:	Relation:																			
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14.	<p>Who will serve as <u>guardian</u> of your minor children (if applicable)?</p> <table border="0"> <tr> <td>Name:</td> <td>Relation:</td> </tr> <tr> <td>City/State:</td> <td>Male Female Couple</td> </tr> <tr> <td>Alternate (if above person(s) unable to serve):</td> <td>Male Female Couple</td> </tr> <tr> <td>City/State:</td> <td>Relation:</td> </tr> </table>	Name:	Relation:	City/State:	Male Female Couple	Alternate (if above person(s) unable to serve):	Male Female Couple	City/State:	Relation:																			
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15.	<p>Who will serve as <u>Agent</u> under a durable power of attorney (if desired)?</p> <p>Each Spouse for the other? Yes No; If No, or to name another, use space below</p> <p>Name: _____ Relation: _____</p> <p>City/State: _____ Male Female</p> <p>Alternate (if above person(s) unable to serve): _____ Male Female</p> <p>City/State: _____ Relation: _____</p>
16.	<p>Who will serve as <u>Health Care Surrogate/Agent</u> (person to make medical decisions)?</p> <p>Each Spouse for the other? Yes No</p> <p>If No, or to name an alternate if Spouse is unable to serve, use space below</p> <p>Name: _____ Relation: _____</p> <p>Male Female Phone: _____</p> <p>Address: _____</p> <p>City/State: _____</p> <p>Alternate (if above person(s) unable to serve):</p> <p>Relation: _____ Male Female</p> <p>Phone: _____</p> <p>Address: _____</p> <p>City/State: _____</p>
17.	<p>Do you want a <u>Living Will</u> to address end of life issues?</p> <p>Husband Wife Both Neither</p>
18.	<p>Do you wish to be cremated? Husband Wife Both Neither</p> <p>If Yes, please provide details of the disposition of your ashes, directing if they are to be scattered or preserved in one location.</p>
19.	<p>Are you an organ donor? Husband Wife Both Neither</p>
20.	<p>Are you concerned that any of your beneficiaries will not behave responsibly with money that you give them? Yes No</p>
21.	<p>Do you have pets for which you would like to make special provisions (such as custodial or financial arrangements)? Yes No</p>
22.	<p>How did you first learn about our firm?</p>

SECTION III: BENEFICIARY INFORMATION

Names of living children as they are to appear in your documents (attach additional pages if necessary)

1.	Name of Child: Child of: Both Husband Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: Male Female Nationality of child: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name of child's spouse: _____		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:		
Names:		Ages:

2.	Name of Child: Child of: Both Husband Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: Male Female Nationality of child: _____
Married? Yes No If Yes, please provide name of child's spouse: _____		
Grandchildren? Yes No If Yes, please provide names and ages below:		
Names:		Ages:

3.	Name of Child: Child of: Both Husband Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: Male Female Nationality of child: _____
Married? Yes No If Yes, please provide name of child's spouse: _____		
Grandchildren? Yes No If Yes, please provide names and ages below:		
Names:		Ages:

Do you have any children who have predeceased you?					Yes	No	If yes, list information below:	
Name of deceased child:			Child of:		Both	Husband	Wife	
Married at death?		Yes	No	If Yes, please provide name:				
Grandchildren?		Yes	No	If Yes, please provide names and ages below:				
Names:			Ages:					

Do you have any children or grandchildren who are adopted?			Yes	No
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Other Persons or Institutions to be Named in Your Documents (and not listed above):

	Names as you would like them to appear on your documents	City and State/Country	Relationship (if any);
1.			
2.			
3.			
4.			
5.			
6.			

Digital Footprints

1.	Do you have any electronic and/or digital assets of significant value, whether stored externally or on your devices? These might include digital currency, intellectual property, or literary works.						
	Husband	Wife	Both	Neither			
2.	Do you wish to make specific gifts (or other disposition) of your digital assets?						
	Husband	Wife	Both	Neither			
3.	Do you want some or all of your digital assets to be preserved at your death, instead of allowing the accounts and their content to be deleted?						
	Husband	Wife	Both	Neither			
4.	Do you use an electronic service containing a list of your accounts and/or passwords?						
	Husband	Wife	Both	Neither			
5.	Does anyone currently have access to your online accounts and/or passwords, or will they at your death?						
	If yes, who		For	Husband	Wife	Both	Neither
6.	Do you want to appoint someone to serve as your “Digital Fiduciary,” i.e., to deal with your digital assets in place of the person you would normally name to handle your estate?						
	If yes, who		For	Husband	Wife	Both	Neither

SECTION IV: PROFESSIONAL ADVISORS

ADVISOR	NAME AND FIRM	ADDRESS / PHONE NUMBER
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Trust Officer		
Other		

Do we have your permission to discuss your plan and personal information with these advisors?		
Yes	No	Ask Us First

Husband's Signature

Wife's Signature

SECTION IV: PROFESSIONAL ADVISORS

Addendum for Noncitizen Clients

Please fill out this section only if you are not a US citizen

HUSBAND INFORMATION		
First Name:	Middle Initial:	Last Name:
Country of Citizenship		
Other Nationalities		
Residency/Visa Status	Permanent Resident	Other
If you have a green card, when was it obtained?		When does it expire?
Have you ever expatriated from the U.S., i.e., were you ever a US citizen or long term green card holder (8 out of 15 years) Yes No		
Have you purchased any property after 1981 and before July 14, 1988? Yes No		

WIFE INFORMATION		
First Name:	Middle Initial:	Last Name:
Country of Citizenship		
Other Nationalities		
Residency/Visa Status	Permanent Resident	Other
If you have a green card, when was it obtained?		When does it expire?
Have you ever expatriated from the U.S., i.e., were you ever a US citizen or long term green card holder (8 out of 15 years) Yes No		
Have you purchased any property after 1981 and before July 14, 1988? Yes No		