

ESTATE PLANNING DATA QUESTIONNAIRE

A. PERSONAL

1. Name (legal) _____
2. Other Names _____
3. Addresses
 - a. Home _____

 - b. Mailing _____

4. Telephone/Contact
 - a. Home _____
 - b. Work _____
 - c. Cell _____
 - d. Email _____
5. Birth date _____
6. SS No. _____
7. Marriage/
Partnership Date _____
8. Location _____
9. Citizenship _____
10. Occupation _____
11. Employer _____

B. PRIOR MARRIAGES/DOMESTIC PARTNERSHIPS (If applicable)

1. Former Spouse/Partner _____
2. Commencement Date _____
3. Terminated by:
Death/Dissolution on _____
4. Obligations to or
from former spouse/partner _____
5. Child Support _____
6. Separate Maintenance _____

In the event of dissolution, please provide a copy of the Decree of Dissolution and any related Agreements.

C. CHILDREN (Please indicate if child of prior marriage/partnership)

1. Living Children:
 - a. Name _____
Address _____
Birth date _____
 - b. Name _____
Address _____
Birth date _____
 - c. Name _____
Address _____
Birth date _____
 - d. Name _____
Address _____
Birth date _____

2. Deceased Children (Do you have any deceased children, with surviving children; if so please list)

3. Children relinquished/adopted: _____

4. Relatives: (if you have no children, please list your parents, sisters, brothers, and their children)

a. Name _____
Address _____
Birth date _____

b. Name _____
Address _____
Birth date _____

c. Name _____
Address _____
Birth date _____

d. Name _____
Address _____
Birth date _____

D. DEPENDENTS

Are there any persons (other than minor children) who are partially or wholly dependent upon either you or your spouse/partner for support now or possibly in the future?

E. INTERSPOUSAL AGREEMENTS

1. Have you ever executed a Community Property Agreement? _____
2. Have you ever executed any other agreements between spouses/partners regarding your property? _____
3. Please furnish a copy of any agreement. _____

F. WILLS CURRENTLY IN POSSESSION

1. Do you have a will? _____
2. If so, where is it kept? _____

G. INSURANCE

1. a. Are there any life insurance policies in existence on your life? _____
- b. If so, please provide information regarding:

Name of Company(ies)

Type of Insurance

Amount and Cash Surrender Value

Designated Beneficiary(ies)

H. REAL ESTATE

1. What real estate do you own and in what form is the ownership?

Parcel Address	Ownership Status	Free & Clear?
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I. CURRENT ASSETS

1. Please list all assets:

a) Accounts

Account name/type _____

Approximate Current Value \$ _____

Account name/type _____

Approximate Current Value \$ _____

Account name/type _____

Approximate Current Value \$ _____

Account name/type _____

Approximate Current Value \$ _____

b) Retirement Accounts

Account name/type _____

Account Holder _____

Approximate Current Value \$ _____

Designated Beneficiary _____

Account name/type _____

Account Holder _____

Approximate Current Value \$ _____

Designated Beneficiary _____

c) Stocks and Bonds
(Please list type and approximate amount)

d) Other assets:

2. If married, do you consider all assets to be equally owned by both of you?

3. List any assets owned by one spouse but not the other:

4. Please describe any partnership, joint venture, or other business ownership interest held by you or your spouse:

J. DEBTS

Please list all debts, including mortgage:

Creditor Name _____

Amount of Debt _____

Creditor Name _____

Amount of Debt _____

Creditor Name _____

Amount of Debt _____

Creditor Name _____

Amount of Debt _____

K. PLANNING OBJECTIVES AND PRIORITIES

Please describe any significant planning objectives or priorities you may have.

L. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY

1. Personal Representative(s)
(Administers Will During
Probate)

1st Choice:

Name: _____

Address: _____

Phone #: _____

2nd Choice:

Name: _____

Address: _____

Phone #: _____

2. Trustee(s)
(Manages estate for the
benefit of beneficiaries)

1st Choice:

Name: _____

Address: _____

Phone #: _____

2nd Choice:

Name: _____

Address: _____

Phone #: _____

3. Guardian(s) of Minor(s)

- a. (Raises children who are

not yet age 18)

1st Choice:

Name: _____

Address: _____

Phone #: _____

2nd Choice:

Name: _____

Address: _____

Phone #: _____

4. Guardian(s) of Pet(s)

1st Choice:

Name: _____

Address: _____

Phone #: _____

2nd Choice:

Name: _____

Address: _____

Phone #: _____

5. General Bequests (names of heirs and what you want them to receive)

M. HEALTH CARE DURABLE POWER OF ATTORNEY

(The Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetence of an individual to handle his or her own affairs. The value of this document is that it would hopefully avoid the necessity of a guardianship in the event of incompetence.)

- 1. Have you executed a power of attorney? _____
- 2. If you have done so, please provide a copy. _____
- 3. Effective on signing or incapacity? _____
- 4. Choices for who you want to serve as your health care power of attorney:

1st Choice:

Name: _____

Address: _____

Phone #: _____

2nd Choice:

Name: _____

Address: _____

Phone #: _____

N. FINANCIAL DURABLE POWER OF ATTORNEY

(The Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetence of an individual to handle his or her own affairs. The value of this document is that it would hopefully avoid the necessity of a guardianship in the event of incompetence.)

- 1. Have you executed a power of attorney? _____
- 2. If you have done so, please provide a copy. _____
- 3. Effective on signing or

incapacity? _____

4. Choices for who you want to serve as your financial power of attorney:

1st Choice:

Name: _____

Address: _____

Phone #: _____

2nd Choice:

Name: _____

Address: _____

Phone #: _____

O. DIRECTIVE TO PHYSICIANS (LIVING WILL)

The purpose of the Directive to Physicians is to make known the desire of the person signing the document of his wish not to have his life "artificially prolonged" in the case of any injury, disease, or terminal condition.

1. Have you executed a directive to physicians? _____

2. If you have done so, please provide a copy. _____

P. ORGAN DONOR INFORMATION

Do you wish to discuss organ donation at death?

Yes _____

No _____

Q. Cremation/Internment Document

1. Have you executed a cremation or

Internment Authorization _____

2. If you have done so, please provide a copy. _____

3. Do you wish to have a burial or cremation? _____

R. COMMUNITY PROPERTY AGREEMENT

1. Have you executed a community property agreement? _____

2. If you have done so, please provide a copy. _____

OTHER CONCERNS:

