



A Law Practice Dedicated to Family Wealth Preservation

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

DATE: _____ REFERRED By: _____

I. PERSONAL DATA

DOCUMENTS WILL BE DRAFTED USING THE NAMES AS THEY ARE SPELLED BELOW

YOUR NAME _____ SOC. SEC. NO. _____

Birthdate _____ Place of Birth _____ Citizenship _____

Also known as _____

SPOUSE'S/PARTNER'S NAME _____ SOC. SEC. NO. _____

Birthdate _____ Place of Birth _____ Citizenship _____

Also known as _____

*(Please ** the address at which you prefer to receive messages/correspondence)*

HOME ADDRESS _____

County _____ Home Phone _____ Home Fax _____ Home e-mail _____

BUSINESS ADDRESS _____

Business Phone _____ Business Fax _____ Business e-mail _____

CHILDREN

BIRTHDATES

MARITAL STATUS

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

II. PERSONAL ASSETS

(Attach statements when possible. Use separate page, if necessary)

REAL PROPERTY

ADDRESS

**TITLING (joint tenancy
community property, etc.)**

**LOAN
BALANCE**

**FAIR MARKET
VALUE (est.)**

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

BANK ACCOUNTS

BANK NAME

ACCT. NO.

TITLE

BALANCE

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

BROKERAGE ACCOUNTS*

NAME	ACCT. NO.	TITLING	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETIREMENT

PARTICIPANT	PLAN TYPE (IRA, 401K, etc.)	ACCT. BAL.	BENEFICIARY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS INTERESTS, PARTNERSHIPS, ETC. (Please describe and give estimated value)

OTHER ASSETS

DESCRIPTION	ESTIMATED VALUE
_____	_____
_____	_____
_____	_____

LIFE INSURANCE

OWNER	INSURED	FACE AMOUNT	BENEFICIARY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. FIDUCIARIES

Name the person(s) you wish to act in the following capacities:

EXECUTOR: _____

(The person who, upon your death, will be responsible for gathering, liquidating, distributing assets; paying any debts, taxes and expenses, as a result of probate.)

BACKUP EXECUTOR: _____

TRUSTEE: _____

(The person(s)/entity you wish to act as successor Trustee of your Trust to hold, administer and distribute Trust property for the benefit of your beneficiaries.)

BACKUP TRUSTEE: _____

GUARDIAN/ESTATE: _____

(The person who has legal authority/duty to care for your minor children's financial matters.)

**BACKUP
GUARDIAN/ESTATE:** _____

GUARDIAN/CHILDREN : _____

(The person(s) with whom your minor children would reside.)

BACKUP GUARDIAN/CHILDREN: _____

IV. OTHER INFORMATION

Please provide any other information or concerns, whether personal or financial, of which we should be aware:
