Estate Planning Questionnaire

Please complete every field that applies to your situation. This PDF form can be filled out, saved, and emailed back electronically.

Personal Information

Legal Name:

Other Names Used:

Address:

City / State:

E-Mail:

Telephone (home):

Telephone (cell):

Date of Birth:

Marital Status:

If married, full name of spouse:

US Citizen? Yes No If no, what nationality:

Children

List the names and ages of ALL children, even if they are not going to be beneficiaries or are deceased.

	Full Name	Age
1.		
2.		
3.		
4.		
5.		
6.		

Contact Information for Important People

One or two people could fill ALL positions below. You can use the same person for multiple positions — for example, one child or spouse could be the Executor, Agent on POA, Agent on AMD, and the primary Beneficiary.

Executor of Last Will or Successor Trustee

Full Name (including middle):

Full Address:

Email:

Phone:

Relationship to you (spouse, son, daughter, etc.):

Sex:

Age:

Alternate Executor of Last Will or Alternate Successor Trustee

Full Name (including middle):

Full Address:

Email:

Phone:

Relationship to you (spouse, son, daughter, etc.):

Sex:

Age:

Guardian of Minor Children

Full Name (including middle):

Full Address:

Email:

Phone:

Relationship to you (spouse, son, daughter, etc.):

Sex:

Age:

Agent for Power-of-Attorney

Full Name (including middle):

Full Address:

Email:

Phone:

Relationship to you (spouse, son, daughter, etc.):

Sex:

Age:

Alternate Agent for Power-of-Attorney

Full Name (including middle):

Full Address:

Email:

Phone:

Relationship to you (spouse, son, daughter, etc.):

Sex:

Age:

Agent for Medical Directive

Full Name (including middle):

Full Address:

Email:

Phone:

Relationship to you (spouse, son, daughter, etc.):

Sex:

Age:

Alternate Agent for Medical Directive

Full Name (including middle):

Full Address:

Email:

Phone:

Relationship to you (spouse, son, daughter, etc.):

Sex:

Age:

Beneficiary / Child #1

Full Name (including middle):

Full Address:

Email:

Phone:

Relationship to you (spouse, son, daughter, etc.):

Sex:

Age:

Beneficiary / Child #2

Full Name (including middle):

Full Address:

Email:

Phone:

Relationship to you (spouse, son, daughter, etc.):

Sex:

Age:

Beneficiary / Child #3

Full Name (including middle):

Full Address:

Email:

Phone:

Relationship to you (spouse, son, daughter, etc.):

Sex:

Age:

Additional Questions

1. Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? Yes No

2. Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? Yes No

3. Do you wish to disinherit any of your children, grandchildren or any other close relative? Yes No

If so, what are their names?

4. If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue? Yes No

If not, then who?

5. Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? Yes No

If so, what age(s)?

6. Do you have an existing Will? Yes No

7. Have you ever executed a trust (either revocable or irrevocable)? Yes No

8. Have you ever filed a Federal Gift Tax Return? Yes No

9. Do you have an existing General Power of Attorney? Yes No

10. Do you currently hold any assets in Joint Tenancy with another person (real estate, financial accounts)? Yes No

11. Do you have any tax deferred retirement plans like 401K, IRA, or TSP? Yes No

12. Do you have any deceased children? Yes No

13. Are the deceased children survived by issue? Yes No

14. Do you have any adopted children or grandchildren? Yes No

15. Would you like them to inherit just as if they were biological children? Yes No

16. Do you own any rental properties? Yes No

17. If so, how many?

18. Have you been diagnosed with a medical condition that would reduce your mental capacity? Yes No

19. If so, what is it?

20. Have you prepaid for a funeral, burial plot, or cremation? Yes No

21. Is your total estate (house, investments, cash, etc.) worth more than 1 million dollars? Yes No

22. Is your total estate (house, investments, cash, etc.) worth more than 5 million dollars? Yes No

23. Have you filed a Transfer on Death Deed with regards to any of your real property? Yes No

24. Have you entered into a Prenuptial or Postnuptial Agreement? Yes No

25. Are you under any financial obligations (like spousal support) as the result of a divorce? Yes No

26. If you have minor children, at what age would you like them to receive their inheritance (example: 18, 25, 30, etc.)?

27. If a child's inheritance is to be deferred, would you want it split into multiple years (example: a third at 18, a third at 25, and a third at 30)? Yes No

If so, please describe: