

ESTATE PLANNING QUESTIONNAIRE

This form is designed to help us determine what is the right estate plan for you. If you have difficulty understanding or filling out this form, fill out as much as you can and we will be happy to assist you during your consultation.

Name: _____ dob _____

Address: _____ Phone _____

Email _____

Name of Spouse: _____ dob _____

Ever been divorced? YES ___ NO ___ If yes name/year divorced _____

Your children:	Address/phone	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any children are under the age of 18, who would you want to be their guardian?

Name	Address	Relationship to you
_____	_____	_____

DO YOU HAVE:	YES	NO
Children not with your spouse?		
Stepchildren? (Names and ages)		
Deceased children or stepchildren?		
Adopted children?		
Real estate?		
Family business?		
Net assets over \$1 Million (you and spouse combined)?		

If you have a will, who wrote it and where is it?

Do you want anyone to have specific things from your estate? _____

How do you want the rest of your estate to be distributed?

Do you anticipate any objections to your wishes? YES ____ NO ____

Who would you want to be your executor (name, address and phone number)?

First choice _____

Second choice _____

In your opinion, are your children old enough to inherit anything from you? YES ____ NO ____

If not, how old should they be? _____

Is your house titled in survivorship? Yes ____ No ____ I'm not sure ____

Do you have:

Beneficiary?

Long term care insurance Yes ____ No ____ _____

Life insurance Yes ____ No ____ _____

IRA Yes ____ No ____ _____

Retirement plan Yes ____ No ____ _____

Who (if anyone) would you trust to make decision in a:

FIRST CHOICE

SECOND CHOICE

General powers of attorney _____

Living Wills _____

Health care POA _____

Do you want to discuss organ donation? YES ____ NO ____