

# ESTATE PLANNING CLIENT QUESTIONNAIRE

## GENERAL INFORMATION

	Client A	Client B (if married)
Full Legal Name	_____	_____
Signature Name	_____	_____
Date/Place of Birth	_____ / _____	_____
Home Address	_____ (Street or P.O.)	_____ (Street or P.O.)
	_____ (City, State & Zip Code)	_____ (City, State & Zip Code)
Home Phone	_____	_____
Work Phone	_____	_____
Occupation	_____	_____
Soc. Sec. #	_____	_____
Date and Place of Marriage	_____	
State of Residence	_____	Current County of Residence _____
Have you been married previously?	_____ Yes _____ No	
Describe any agreement between husband and wife regarding property (i.e. ante-nuptial agreements, etc.)	_____ _____ _____	
(Please attach a copy of any written agreement)		
Are all of the above discussed persons U.S. Citizens?	_____	
Is either of the above persons a veteran of U.S. Armed Forces?	_____	
Dates From/To in the Armed Forces:	_____	

**CHILDREN**

**Child 1**

Full Legal Name \_\_\_\_\_

Signature Name \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_  
(Street or P.O.) (City, State & Zip Code)

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Note if Child is a Joint Child of the Parties, Adopted, Divorced, Separated or Child of Previous Marriage \_\_\_\_\_

**Child 2**

Full Legal Name \_\_\_\_\_

Signature Name \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_  
(Street or P.O.) (City, State & Zip Code)

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Note if Child is a Joint Child of the Parties, Adopted, Divorced, Separated or Child of Previous Marriage \_\_\_\_\_

**Child 3**

Full Legal Name \_\_\_\_\_

Signature Name \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_  
(Street or P.O.) (City, State & Zip Code)

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Note if Child is a Joint Child of the Parties, Adopted, Divorced, Separated or Child of Previous Marriage \_\_\_\_\_

**Child 4**

Full Legal Name \_\_\_\_\_

Signature Name \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_  
(Street or P.O.) (City, State & Zip Code)

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Note if Child is a Joint Child of the Parties, Adopted, Divorced, Separated or Child of Previous Marriage \_\_\_\_\_

**Child 5**

Full Legal Name \_\_\_\_\_

Signature Name \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_  
(Street or P.O.) (City, State & Zip Code)

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Note if Child is a Joint Child of the Parties, Adopted, Divorced, Separated or Child of Previous Marriage \_\_\_\_\_

## **GIFTS AND INHERITANCES**

1. Describe the date and amount of any gifts that have been made to either client in the last 3 years.

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2. Describe any sale of property that client or client's spouse has contemplated in the last 3 years.

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3. Describe gifts or inheritances that either client expects to receive from any person.

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4. Attach a copy of any trust under which either client is a beneficiary or holds any power of appointment.

5. Attach a copy of any will or trust agreement that has been executed by either client.

6. Attach a copy of any living will, health care decision making-document or power of attorney that has been executed by either client.

INCOME	
GROSS AMOUNT - MONTHLY	SOURCE

A CASH/CASH EQUIVALENTS				
Bank/Institution	Account No.	Type	\$ Amount	Owner
1				
2				
3				
4				
5				

Bring latest statements with you for each account, with an address where we can contact the bank

B CD'S / TIME DEPOSITS				
Bank/Institution	Account No.	Type	\$ Amount	Owner
1				
2				
3				
4				
5				

Bring latest statements with you for each account, with an address where we can contact the bank

<b>C BONDS</b>		Account No.	\$ Amount	Owner
1	Name			
2				
3				
4				

Bring Copies of Bonds With You

<b>D STOCKS</b>		Account No.	No. of Shares	Value	Owner
1	Name				
2					
3					
4					
5					

<b>E MUTUAL FUNDS</b>		Account No.	No. of Shares	Value	Owner
1	Bank/Institution				
2					
3					
4					
5					

<b>F IRA'S, 401(k), ETC.</b>					
	Name	Account No.	Type	\$ Amount	Owner
1					
2					
3					
4					

<b>G REAL ESTATE</b>				
	Description	Value	Mortgage	Owner
1				
2				
3				
4				

<b>H FUNERAL PLANS/CEMETERY PLOTS</b>				
	Description/Location	Value	Type	Name
1				
2				
3				

<b>I OTHER ASSETS</b>					
	Description/Location	Account No.	Value	Type	Owner
1					
2					
3					
4					
5					

<b>J BUSINESS ASSETS</b>					
	Description/Location	Account No.	Value	Type	Owner
1					
2					
3					
4					
5					

<b>K LIABILITIES</b>						
	Owed To	Secured By	Original Amount	Date	% Rate	Owner
1						
2						
3						
4						
5						
6						



<b>L LIFE INSURANCE</b>					
	Company/Type of Policy	Face Value	Cash Value	Insured	Owner
1					
2					
3					
4					

*Bring with you copies of cover page(s) of policy(ies)  
(make sure addresses of company(ies) is also provided)*

<b>M HEALTH INSURANCE</b>				
		Company	Coverage	Premium
1	Health/Supplement			
2	Long Term Care			
3				
4				
5				

<b>N VEHICLES</b>					
	Model	Year	Loan Amount	Value	Owner
1					
2					
3					
4					

O	OTHER PERSONAL PROPERTY (Artwork, Jewelry, etc.)	Description	Value	Owner
1				
2				
3				
4				
5				
6				