

ESTATE PLANNING QUESTIONNAIRE

Name 1: _____

Name 2: _____

Email 1: _____

Email 2: _____

Phone 1: _____

Phone 2: _____

Home Phone: _____

Address: _____

City, State ZIP: _____

County: _____

Fee: _____

ASSETS

Real Property

Address: _____

Value: _____

Debt: _____

Vesting: _____

Address: _____

Value: _____

Debt: _____

Vesting: _____

Address: _____

Value: _____

Debt: _____

Vesting: _____

Life Insurance:

Insured: _____

Beneficiary: _____

Contingent Beneficiary: _____

Benefit: _____

Insured: _____

Beneficiary: _____

Contingent Beneficiary: _____

Benefit: _____

Insured: _____

Beneficiary: _____

Contingent Beneficiary: _____

Benefit: _____

Retirement:

Owner: _____

Type: _____

Value: _____

Beneficiary: _____

Owner: _____

Type: _____

Value: _____

Beneficiary: _____

Owner: _____

Type: _____

Value: _____

Beneficiary: _____

Bank Accounts:

Type: _____

Owner: _____

How Held: _____

Type: _____

Owner: _____

How Held: _____

Type: _____

Owner: _____

How Held: _____

Type: _____

Owner: _____

How Held: _____

Vehicles:

Year/Make/Model: _____

How Titled: _____

Year/Make/Model: _____

How Titled: _____

Year/Make/Model: _____

How Titled: _____

WILL

NAME 1:

Personal Property Beneficiary: _____

Personal Property Alternate: _____

Residual Beneficiary: _____

Residual Alternate: _____

Specific Bequests:

Executor: _____

Executor City, State: _____

Alternate Executor: _____

Minor Children: ____ Yes ____ No

Names:

Guardian: _____

Alternate Guardian: _____

Minor Trust: ____ Yes ____ No

Trustee: _____

Alternate Trustee: _____

Trust Distribution Age: _____

NAME 2:

Personal Property Beneficiary: _____

Personal Property Alternate: _____

Residual Beneficiary: _____

Residual Alternate: _____

Specific Bequests:

Executor: _____

Executor City, State: _____

Alternate Executor: _____

Minor Children: ____ Yes ____ No

Names:

Guardian: _____

Alternate Guardian: _____

Minor Trust: ____ Yes ____ No

Trustee: _____

Alternate Trustee: _____

Trust Distribution Age: _____

POWER OF ATTORNEY

Name 1:

Agent: _____

Alternate Agent: _____

Short Form: _____ **Long Form:** _____

Name 2:

Agent: _____

Alternate Agent: _____

Short Form: _____ **Long Form:** _____

HCPOA

Name 1:

Agent: _____

Agent Address: _____

Agent Home Phone: _____

Agent Mobile Phone: _____

Name 2:

Agent: _____

Agent Address: _____

Agent Home Phone: _____

Agent Mobile Phone: _____

LIVING WILL

Name 1: ____ **Yes** ____ **No**

Name 2: ____ **Yes** ____ **No**

NOTES

Other valuables, collectibles, special considerations ...

[illegible]