



Bean | Gentry | Wheeler | Peternell

P.L.L.C.

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

SPOUSE 1

Name (list as you want on your documents)

Street

City, State ZIP

Home Telephone

Business Telephone

Cell Telephone

Email Address

Date of Birth

Social Security Number

Years lived in State of Residence

Date of Marriage

Referral Source

SPOUSE 2

Name (list as you want on your documents)

Business Telephone

Cell Telephone

Email Address

Date of Birth

Social Security Number

Years lived in State of Residence

OTHER INFORMATION

	Yes	No
Spouse 1: Are you a U.S. Citizen? If no, what country?		
Spouse 2: Are you a U.S. Citizen? If no, what country?		
Did either of you own a substantial amount of property prior to this marriage?		
Have either of you made any gift to an individual exceeding \$14,000 in one calendar year?		
Have you received an inheritance? If yes, please indicate the amount and year:		
Are either of you the beneficiary of a trust?		
Do either of you expect to receive any gifts or inheritances in the future?		
Have either of you had former marriages? If yes, date of marriage: _____		
Date of dissolution or death of former spouse: _____		
Do either of you have financial obligations to a former spouse?		
Do either of you have financial obligations for child support?		
Do you own any real estate outside your state of residence? <i>If so, indicate state and county and include the property address on the attached net worth statement.</i>		
Do you own a business which has made an "S" election for income tax purposes?		
Do you have any dependents with special needs?		
Have any of your children received (or are likely to receive) any government assistance, such as SSI? If so, who:		
Has anyone in your family been adopted? <i>Please attach an explanation</i>		
Do you have any deceased children?		
<i>Do you have any of the following estate planning documents?*</i>		
Revocable Living Trust		
Other Trust		
Prenuptial Agreement		
Will		
Community Property Agreement		
Power of Attorney – Financial		
Power of Attorney – Health Care		
Do either of you own a long-term care insurance policy?		
Spouse 1: Have you ever served in the military? If, so rank: _____, Identification No.: _____		
Spouse 2: Have you ever served in the military? If, so rank: _____, Identification No.: _____		

*If yes, please provide copies of relevant documents

ADVISOR INFORMATION

Accountant/Tax Preparer:

Name Telephone

Address

Investment Counselor:

Name Telephone

Address

ESTATE PLANNING QUESTIONNAIRE

CHILDREN

	First Child	Second Child
Name		
Date of Birth		
Address		
Name of Spouse		
Name of Grandchildren		
Parent (if from prior marriage)		
Is this child adopted?		
	Third Child	Fourth Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		
Name of Grandchildren		
Parent (if from prior marriage)		
Is this child adopted?		

	Fifth Child	Sixth Child
Name		
Date of Birth		
Address		
Name of Spouse		
Name of Grandchildren		
Parent (if from prior marriage)		
Is this child adopted?		

RETIREMENT PLAN INFORMATION

Spouse 1	Spouse 2
<p>Please indicate the current account balance or monthly retirement benefit (not including SSI benefits): \$</p>	<p>Please indicate the current account balance or monthly retirement benefit (not including SSI benefits): \$</p>
<p>Please describe the retirement benefit plan which your employer maintains for its employees:</p> <p>Plan 1:</p> <p>Plan 2:</p>	<p>Please describe the retirement benefit plan which your employer maintains for its employees:</p> <p>Plan 1:</p> <p>Plan 2:</p>
<p>Please indicate the beneficiaries of the retirement plan:</p> <p>Plan 1 Beneficiary: _____</p> <p>Plan 2 Beneficiary: _____</p>	<p>Please indicate the beneficiaries of the retirement plan:</p> <p>Plan 1 Beneficiary: _____</p> <p>Plan 2 Beneficiary: _____</p>

LIFE INSURANCE INFORMATION

	Spouse 1 – Policy No. 1	Spouse 2 – Policy No. 1
Company		
Face Amount		
Type (variable, whole life, term)		
Loans on Policy		
Owner of Policy		
Beneficiary(ies)		

	Spouse 1 – Policy No. 2	Spouse 2 – Policy No. 2
Company		
Face Amount		
Type (variable, whole life, term)		
Loans on Policy		
Owner of Policy		
Beneficiary(ies)		

FIDUCIARY CHOICES

Executor/Personal Representative

Your personal representative is responsible for settling the financial affairs of your estate, including investment of your assets, paying any final bills and distributing your assets in accordance with your Last Will.

	Spouse 1	Spouse 2
Name of First Choice		
Address		
Phone Number		
Name of Alternate		
Address		
Phone Number		
Name of Second Alternate		
Address		
Phone Number		

Trustee

Your Trustee manages your assets for the benefit of your beneficiaries after your death. Trusts are often used to protect beneficiaries, such as young children, from making ill-advised investments and spending decisions or to protect assets from the beneficiary's creditors (including situations involving divorce). Trusts can last for many years. Please consider this when selecting your trustee.

	Spouse 1	Spouse 2
Name of First Choice		
Address		
Phone Number		
Name of Alternate		
Address		
Phone Number		
Name of Second Alternate		
Address		
Phone Number		
Comments:		

Guardian for Children

After your death, your guardian will be responsible for the care and upbringing of your children (or other dependents in your care) so long as they are minors or otherwise incapacitated.

	Spouse	Spouse
Name of First Choice		
Address		
Phone Number		
Name of Alternate		
Address		
Phone Number		
Name of Second Alternate		
Address		
Phone Number		
Comments:		

Durable Power of Attorney

A Durable Power of Attorney is a document appointing another person (called the attorney-in-fact) to make financial and health care decisions for you if you become incapacitated or disabled.

- A. Attorney-in-Fact (Financial). Powers include the purchase and sale of property; access to financial records and accounts; investment of assets; continuation of business interests; and tax and estate planning.

	Spouse 1	Spouse 2
Name of First Choice		
Address		
Phone Number		
Name of Alternate		
Address		
Phone Number		
Name of Second Alternate		
Address		
Phone Number		
Comments:		

- B. Attorney-in-Fact (Health Care). Powers include giving directions to health care providers regarding medical treatments and life sustaining procedures; access to medical records; and addressing your long-term care needs.

	Spouse 1	Spouse 2
Name of First Choice		
Address		
Phone Number		
Name of Alternate		
Address		
Phone Number		
Name of Second Alternate		
Address		
Phone Number		
Comments:		

PROPERTY DISTRIBUTION

Briefly state how you prefer to have your property distributed upon your death:

Contingent Beneficiary

In the event all immediate family does not survive you, provide names, addresses and phone numbers for contingent beneficiaries of your choice.

NET WORTH STATEMENT

ASSETS	LIABILITIES
Real Estate	Mortgages/Contracts Owing
Home \$ _____	Home \$ _____
Vacation Home \$ _____	Vacation Home \$ _____
Business \$ _____	Business \$ _____
Other: \$ _____	Other: \$ _____
Personal Property	Loans
Home Furnishings \$ _____	Autos/Vehicles \$ _____
Autos/Vehicles \$ _____	Personal \$ _____
Jewelry, etc. \$ _____	Life Insurance \$ _____
Other: \$ _____	Other: \$ _____
Life Insurance	TOTAL LIABILITIES \$ _____
Spouse 1 Total \$ _____	
Death Benefit \$ _____	
Spouse 2 Total \$ _____	
Death Benefit \$ _____	
Cash in Bank	TOTAL ASSETS \$ _____
Checking Account \$ _____	<i>Less total liabilities</i> \$ _____
Savings Account \$ _____	NET WORTH \$ _____
Other Accounts \$ _____	
Retirement Plans	
Spouse 1 – IRA \$ _____	
Spouse 1 – 401 (k) \$ _____	
Spouse 2 – IRA \$ _____	
Spouse 2 – 401 (k) \$ _____	
Other Investments	
Stock \$ _____	
Bonds \$ _____	
Mutual Funds \$ _____	
Annuities \$ _____	
Other:	
Trust Assets \$ _____	
Miscellaneous \$ _____	
TOTAL ASSETS \$ _____	