



Bean | Gentry | Wheeler | Peternell
P.L.L.C.

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

HUSBAND

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

WIFE

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

OTHER INFORMATION

	Yes	No
Husband: Are you a U.S. Citizen? If no, what country?		
Wife: 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?		
Husband: Have you ever served in the military? If, so rank: _____, Identification No.: _____		
Wife: 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

CHILDREN

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

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

RETIREMENT PLAN INFORMATION

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

LIFE INSURANCE INFORMATION

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

	Husband – Policy No. 2	Wife – 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.

	Husband	Wife
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.

	Husband	Wife
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.

	Husband	Wife
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.

	Husband	Wife
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.

	Husband	Wife
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

Real Estate
Home \$ _____
Vacation Home \$ _____
Business \$ _____
Other: \$ _____

Personal Property
Home Furnishings \$ _____
Autos/Vehicles \$ _____
Jewelry, etc. \$ _____
Other: \$ _____

Life Insurance
Husband Total
Death Benefit \$ _____
Wife Total
Death Benefit \$ _____

Cash in Bank
Checking Account \$ _____
Savings Account \$ _____
Other Accounts \$ _____

Retirement Plans
Husband – IRA \$ _____
Husband – 401 (k) \$ _____
Wife – IRA \$ _____
Wife – 401 (k) \$ _____

Other Investments
Stock \$ _____
Bonds \$ _____
Mutual Funds \$ _____
Annuities \$ _____

Other: \$ _____
Trust Assets \$ _____
Miscellaneous \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Mortgages/Contracts Owing
Home \$ _____
Vacation Home \$ _____
Business \$ _____
Other: \$ _____

Loans
Autos/Vehicles \$ _____
Personal \$ _____
Life Insurance \$ _____
Other: \$ _____

TOTAL LIABILITIES \$ _____

TOTAL ASSETS \$ _____

Less total liabilities \$ _____

NET WORTH \$ _____