



## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

### PERSONAL INFORMATION

Partner 1

Partner 2

\_\_\_\_\_  
*Name (list as you want on your documents)*

\_\_\_\_\_  
*Name (list as you want on your documents)*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State ZIP*

\_\_\_\_\_  
*City, State ZIP*

\_\_\_\_\_  
*Home Telephone*

\_\_\_\_\_  
*Home Telephone*

\_\_\_\_\_  
*Business Telephone*

\_\_\_\_\_  
*Cell Telephone*

\_\_\_\_\_  
*Business Telephone*

\_\_\_\_\_  
*Cell Telephone*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Years lived in State of Residence*

\_\_\_\_\_  
*Years lived in State of Residence*

\_\_\_\_\_  
*Married?*

        
*Yes*

        
*No*

\_\_\_\_\_  
*Married?*

        
*Yes*

        
*No*

\_\_\_\_\_  
*If so, date of marriage*

\_\_\_\_\_  
*If so, date of marriage*

\_\_\_\_\_  
*Registered Domestic Partners*

        
*Yes*

        
*No*

\_\_\_\_\_  
*Registered Domestic Partners*

        
*Yes*

        
*No*

\_\_\_\_\_  
*Prior Marriages?*

        
*Yes*

        
*No*

\_\_\_\_\_  
*Prior Marriages?*

        
*Yes*

        
*No*

## OTHER INFORMATION

	Yes	No
Are you U.S. Citizens? If no, what country?		
Did either of you own a substantial amount of property prior to this marriage?		
Have either of you made any large gifts? (exceeding \$3,000 prior to 1981 and \$10,000 during or after 1982)		
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?		
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?		
<b><i>Do you have any of the following estate planning documents?</i></b>		
Revocable Living Trust		
Other Trust		
Prenuptial Agreement		
Will		
Power of Attorney – Financial		
Power of Attorney – Health Care		
Do either of you own a long-term care insurance policy?		

*If yes, please provide copies of relevant documents*

## ADVISOR INFORMATION

Accountant/Tax Preparer:

\_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Address

Investment Counselor:

\_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Address

**CHILDREN, IF ANY**

	<b>First Child</b>	<b>Second Child</b>
<b>Name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Name of Child's Spouse</b>		
<b>Parent (if from prior relationship)</b>		
	<b>Third Child</b>	<b>Fourth Child</b>
<b>Name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Name of Child's Spouse</b>		
<b>Parent (if from prior relationship)</b>		
	<b>Fifth Child</b>	<b>Sixth Child</b>
<b>Name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Name of Child's Spouse</b>		
<b>Parent (if from prior relationship)</b>		

## RETIREMENT PLAN INFORMATION

<b>Partner 1</b>	<b>Partner 2</b>
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:  <b>Plan 1:</b>  <b>Plan 2:</b>	Please describe the retirement benefit plan which your employer maintains for its employees:  <b>Plan 1:</b>  <b>Plan 2:</b>

## LIFE INSURANCE INFORMATION

	<b>Partner 1 - Policy No. 1</b>	<b>Partner 2 -Policy No. 1</b>
<b>Company</b>		
<b>Face Amount</b>		
<b>Type</b> (variable, whole life, term)		
<b>Loans on Policy</b>		
<b>Owner of Policy</b>		
<b>Beneficiary(ies)</b>		
	<b>Partner 1 - Policy No. 2</b>	<b>Partner 2 - Policy No. 2</b>
<b>Company</b>		
<b>Face Amount</b>		
<b>Type</b> (variable, whole life, term)		
<b>Loans on Policy</b>		
<b>Owner of Policy</b>		
<b>Beneficiary(ies)</b>		

## 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.*

	Partner 1	Partner 2
<b>Name of First Choice</b>		
Address		
Phone Number		
<b>Name of Alternate</b>		
Address		
Phone Number		
<b>Name of Second Alternate</b>		
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.*

	Partner 1	Partner 2
<b>Name of First Choice</b>		
Address		
Phone Number		
<b>Name of Alternate</b>		
Address		
Phone Number		
<b>Name of Second Alternate</b>		
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.*

	Partner 1	Partner 2
<b>Name of First Choice</b>		
Address		
Phone Number		
<b>Name of Alternate</b>		
Address		
Phone Number		
<b>Name of Second Alternate</b>		
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.

	Partner 1	Partner 2
<b>Name of First Choice</b>		
Address		
Phone Number		
<b>Name of Alternate</b>		
Address		
Phone Number		
<b>Name of Second Alternate</b>		
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.

	<b>Partner 1</b>	<b>Partner 2</b>
<b>Name of First Choice</b>		
Address		
Phone Number		
<b>Name of Alternate</b>		
Address		
Phone Number		
<b>Name of Second Alternate</b>		
Address		
Phone Number		
Comments:		

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

**NET WORTH STATEMENT  
PARTNER 1**

**ASSETS**

Real Estate

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

Personal Property

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

Life Insurance

Partner 1 Total Death Benefit	\$ _____
Partner 2 Total Death Benefit	\$ _____

Cash in Bank

Checking Account	\$ _____
Savings Account	\$ _____
Other Accounts	\$ _____

Retirement Plans

IRA	\$ _____
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**    \$ \_\_\_\_\_

<b>TOTAL ASSETS</b>	\$ _____
<i>Less total liabilities</i>	\$ _____
<b>NET WORTH</b>	\$ _____



**NET WORTH STATEMENT  
PARTNER 2**

**ASSETS**

Real Estate

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

Personal Property

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

Life Insurance

Partner 1 Total Death Benefit	\$ _____
Partner 2 Total Death Benefit	\$ _____

Cash in Bank

Checking Account	\$ _____
Savings Account	\$ _____
Other Accounts	\$ _____

Retirement Plans

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Other Investments

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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**    \$ \_\_\_\_\_

<b>TOTAL ASSETS</b>	\$ _____
<i>Less total liabilities</i>	\$ _____
<b>NET WORTH</b>	\$ _____