



ESTATE PLANNING QUESTIONNAIRE
PERSONAL INFORMATION

Name _____ DATE _____

DOB _____ U.S. Citizen?: Yes No

Address _____ E-mail: _____

City/State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Referred by: _____

Employer _____ Position _____

Employer plans: Pension: Yes No 401(k): Yes No Profit Sharing: Yes No

Do you have:

Will Yes No

Trust Yes No

Power of Attorney Yes No

Terminal Illness Declaration Yes No

Safe Deposit Box Yes No

Cemetery Plot Yes No

Prepaid Burial Plans Yes No

Financial Planner Yes No

Accountant Yes No

Insurance Agent Yes No

Disability Insurance Yes No

Nursing Home Insurance Yes No

SUMMERLIN
5741 S. Fort Apache Rd., Suite 150
Las Vegas, NV 89148
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RENO
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FAMILY INFORMATION

Name	DOB	Child from current or prior relationship?
Children:		
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Grandchildren:		
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

If any of your children are under 18 years of age, who would you like to have raise them?

then (if applicable) _____

Do any of your children have special needs?

FINANCIAL INFORMATION - ASSETS

Real Estate:

Residence: Address _____

Declaration of Homestead filed? _____

Other real estate: Address _____

Address _____

Address _____

Personal Property:

Checking Account(s) Bank _____
Account # _____
Held in joint tenancy with someone else? Yes No
Beneficiary? _____

Bank _____
Account # _____
Held in joint tenancy with someone else? Yes No
Beneficiary? _____

Savings Account(s) Bank _____
Account # _____
Held in joint tenancy with someone else? Yes No
Beneficiary? _____

Bank _____
Account # _____
Held in joint tenancy with someone else? Yes No
Beneficiary? _____

Money Market Bank _____
Account # _____
Held in Joint Tenancy with someone else? Yes No
Beneficiary? _____

Stock Market Accounts Broker _____
Account # _____
Held in Joint Tenancy with someone else? Yes No
Beneficiary? _____

Mutual Fund Accounts Company _____
Account # _____
Held in Joint Tenancy with someone else? Yes No
Beneficiary? _____

IRA Company _____
Account # _____
Beneficiary _____
Beneficiary? _____

Annuities Company _____
Account # _____
Beneficiary? _____

Timeshare Company _____
Account # _____
Beneficiary? _____

Cryptocurrency Company _____
Account # _____
Beneficiary? _____

Life Insurance Company _____
Policy # _____
Beneficiary? _____

Company _____
Policy # _____
Beneficiary? _____

Company _____
Policy # _____
Beneficiary? _____

Vehicles Make _____
Model _____
Year _____
Paid Off YES or NO

Make _____
Model _____
Year _____
Paid Off YES or NO

“Toys” (e.g. boats, trailers, ATVs, motorcycles, etc.)

Business Interests	Name of Company	% Interest in Company
1.	_____	_____
2.	_____	_____
3.	_____	_____

ESTATE PLANNING

WE WILL NEED THE FOLLOWING INFORMATION TO PREPARE YOUR ESTATE PLANNING DOCUMENTS:

Will and/or Trust (if applicable)

Executor/Trustee: Who would you like to be responsible for gathering, managing, and distributing your estate when you are gone or incapacitated?

First: _____ Second: _____

Name of Trust: _____

To whom would you like your estate distributed upon your passing?

How much for each person/entity/animal? _____

At what age(s) do they receive their share (e.g., half at 25 and the remainder at 30)?

Are there any other specifications that relate to distributions?

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Do you intend to gift any specific items of personal property (e.g., jewelry, guns, art, coin collections, etc.) or other asset to someone specifically? If so, please list the item and the full name of who it should be given to:

_____ goes to _____

_____ goes to _____

_____ goes to _____

Disposition Instructions

Would you like to be **buried** or **cremated** or **something else**? _____

If *something else*, please explain: _____

Do you want to donate any organs that may be useful to someone else? _____

Who would you like to carry out your wishes for your remains and coordinate with the funeral home, coroner, etc.?

_____ then _____

Do you have any special wishes/instructions?

Healthcare Power of Attorney (Living Will)

Who would you like to make healthcare decisions for you if you cannot act (within the provision of your wishes as stated in the document)?

Name _____

Address _____ then, _____

Phone _____

Financial Power of Attorney

Who would you like to make financial decisions for you if you cannot act?

Grantor _____

Address _____ then, _____

Phone _____

WHAT YOU NEED TO BRING WITH YOU:

Existing Estate Planning Documents (i.e. Will, Trust, Power of Attorney, etc.)
Deeds or Title Policies for Real Estate
Bank Statements
Retirement Account/Pension Statements and Information
Life Insurance Policies
Vehicle Titles

WHAT WE CAN DO FOR YOU

WE WILL MEET WITH YOU FOR AN INITIAL CONSULTATION.

WE WILL PREPARE THE FOLLOWING DOCUMENTS SPECIFICALLY TAILORED TO MEET YOUR ESTATE PLANNING NEEDS:

Revocable Trust
Certificate of Trust
Pour-Over Will
Personal Property List
Terminal Illness Declaration
Medical Power of Attorney
Financial Power of Attorney
Disposition Instructions
Guardianship Nomination
Homestead Declaration (including recordation)
Quitclaim Deeds for Real Estate (including recordation)
Assignment of Personal Property
Assignment of Business Interests

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