



ESTATE PLANNING QUESTIONNAIRE
PERSONAL INFORMATION

Grantor #1 _____ **DOB** ____/____/____ **U.S Citizen** Y N

Grantor #2 _____ **DOB** ____/____/____ **U.S Citizen** Y N

Address _____ **E-Mail:** _____

City/State _____ **Zip** _____

Home Phone _____ **Cell (#1)** _____ **Cell (#2)** _____

Referred by: _____

Grantor #1 Employer _____ **Position** _____

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

Grantor #2 Employer _____ **Position** _____

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

Do you have:	Grantor #1		Grantor #2	
Will	Yes	No	Yes	No
Trust	Yes	No	Yes	No
Power of Attorney	Yes	No	Yes	No
Terminal Illness Declaration	Yes	No	Yes	No
Safe Deposit Box	Yes	No	Yes	No
Cemetery Plots	Yes	No	Yes	No
Prepaid Burial Plans	Yes	No	Yes	No
Financial Planner	Yes	No	Yes	No
Accountant	Yes	No	Yes	No
Insurance Agent	Yes	No	Yes	No
Disability Insurance	Yes	No	Yes	No
Nursing Home Insurance	Yes	No	Yes	No

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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 (a first choice and an alternative)?

_____ then (if applicable) _____

Do any of your children have special needs?

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FINANCIAL INFORMATION - ASSETS

Real Estate:

Residence: Address _____

Declaration of Homestead filed? _____

Other real estate: Address _____

Address _____

Personal Property:

Checking Account(s) Bank _____
Account # _____
Held in Joint Tenancy? Yes or No? _____
Beneficiary? _____

Bank _____
Account # _____
Held in Joint Tenancy? Yes or No? _____
Beneficiary? _____

Bank _____
Account # _____
Held in Joint Tenancy? Yes No? _____
Beneficiary? _____

Savings Account(s) Bank _____
Account # _____
Held in Joint Tenancy? Yes No? _____
Beneficiary? _____

	Bank _____	_____
	Account # _____	
	Held in Joint Tenancy? Yes or No? _____	
	Beneficiary? _____	
	Bank _____	_____
	Account # _____	
	Held in Joint Tenancy? Yes or No? _____	
	Beneficiary? _____	
Money Market	Bank _____	_____
	Account # _____	
	Held in Joint Tenancy? Yes or No? _____	
	Beneficiary? _____	
Stock Market Accounts	Broker _____	_____
	Account # _____	
	Held in Joint Tenancy? Yes or No? _____	
	Beneficiary? _____	
Mutual Fund Accounts	Company _____	_____
	Account # _____	
	Held in Joint Tenancy? Yes or No? _____	
	Beneficiary? _____	
IRA – Grantor #1	Company _____	_____
	Account # _____	
	Beneficiary? _____	
IRA – Grantor #2	Company _____	_____
	Account # _____	
	Beneficiary? _____	
Annuities	Company _____	_____
	Account # _____	
	Beneficiary? _____	

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Timeshares Company _____
 Account # _____
 Beneficiary? _____

Cryptocurrency Company _____
 Account # _____
 Beneficiary? _____

Life Insurance
(Grantor #1) Company _____
 Policy # _____
 Beneficiary? _____

Company _____
Policy # _____
Beneficiary? _____

Life Insurance
(Grantor #2) Company _____
 Policy # _____
 Beneficiary? _____

Company _____
Policy # _____
Beneficiary? _____

Vehicles – Grantor #1 Make _____
 Model _____
 Year _____
 Paid Off Yes or No? _____

Vehicles – Grantor #2 Make _____
 Model _____
 Year _____
 Paid Off Yes or No? _____

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

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Business Interests	Name of Company	% Interest in Company
	_____	_____
	_____	_____

ESTATE PLANNING

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

Wills and or Trust (if applicable)

Executor - This is the person responsible for probating your estate, if necessary. Please list your first choice and an alternate.

Grantor #1 _____ then _____

Grantor #2 _____ then _____

Trust Name (if applicable) _____

On the death of the first of you, would you like the survivor to be able to make any changes he/she would like? **Yes or No?** _____

Successor Trustee (if applicable) – This is the person responsible for gathering, managing, and distributing your trust when you are gone or incapacitated.

_____ then _____

Who gets your estate when both of you are gone? Please provide names & dates of birth for each beneficiary _____

How much for each person/entity/animal? (It is best to think in terms of percentages)

At what age(s) do they receive it (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

Grantor # 1

Do you wish to be **buried** or **cremated** or **something else**? _____

If *something else*, please explain: _____

Do you wish to make an anatomical gift upon your death? **Yes** or **No**? _____

Who do you wish to name as an alternate designee to ensure your instructions are carried out if your partner is unable to? _____

Do you have any special wishes/ instructions? _____

Grantor #2

Do you wish to be **buried** or **cremated** or **something else**? _____

If *something else*, please explain: _____

Do you wish to make an anatomical gift upon your death? **Yes** or **No**? _____

Who do you wish to name as an alternate designee to ensure your instructions are carried out if your partner is unable to? _____

Do you have any special wishes/ instructions? _____

Healthcare Power of Attorney (Living Will)

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

Grantor #1 _____
Address _____ then, _____
Phone _____

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Grantor #2 _____
Address _____ then, _____
Phone _____

Financial Power of Attorney

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

Grantor #1 _____
Address _____ then, _____
Phone _____

Grantor #2 _____
Address _____ then, _____
Phone _____

WHAT YOU SHOULD BRING WITH YOU:

Existing Estate Planning Documents (Wills, Trust, etc.)
Deeds or Title Policies for Real Estate
Bank Statements
Retirement Account/Pension Statements and Information
Life Insurance Policy Statements
Vehicle Titles

WHAT WE CAN DO FOR YOU

WE WILL MEET WITH BOTH OF YOU FOR AN INITIAL CONSULTATION.

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

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

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