

ESTATE PLANNING QUESTIONNAIRE

The information you provide must be as accurate as possible as it will be used to draft your estate planning documents. If you are uncertain about exact information, please give us your best assessment. If we need a more detailed explanation, we will ask you. Your information will be kept confidential unless you authorize or request its release to others.

Please state your name as you would like it to appear in your trust documents.

Your Full Legal Name: _____ DOB _____

Other names you go by (a.k.a.): _____

Your Spouse's Full Legal Name: _____ DOB _____

Other names Spouse goes by (a.k.a.): _____

Your Phone Number: _____ Spouse Phone Number: _____

Your Email Address: _____ Spouse Email Address: _____

Home Address: _____

How did you hear about us?

PERSONAL AND FAMILY INFORMATION:

1. Are you (please check one): Married Divorced Widowed Single

2. If you are Widowed or Divorced, please list your spouse's or ex-spouse's full legal name: _____

3. If you have children, please list their full legal names and birthdates below. If a child has passed away, list their date of death as well.

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

TRUST/LAST WILL AND TESTAMENT INFORMATION:

Executor: _____

2nd Option for Executor: _____

Trustee: _____

2nd Option for Trustee: _____

Beneficiaries:

1. _____ Per Stirpes? _____ Percentage: _____ %

2. _____ Per Stirpes? _____ Percentage: _____ %

3. _____ Per Stirpes? _____ Percentage: _____ %

4. _____ Per Stirpes? _____ Percentage: _____ %

5. _____ Per Stirpes? _____ Percentage: _____ %

Specific Bequests

1. _____ Item: _____

2. _____ Item: _____

3. _____ Item: _____

4. _____ Item: _____

5. _____ Item: _____

Guardians for Minor Children:

First Option Full Name: _____

Second Option Full Name: _____

Third Option Full Name: _____

GENERAL POWER OF ATTORNEY:

First Option:

Name: _____ Relationship _____ DOB _____

Address: _____ Telephone No. _____

Second Option:

Name: _____ Relationship _____ DOB _____

Address: _____ Telephone No. _____

Third Option:

Name: _____ Relationship _____ DOB _____

Address: _____ Telephone No. _____

HEALTH CARE POWER OF ATTORNEY:

First Option:

Name: _____ Relationship _____ DOB _____

Address: _____ Telephone No. _____

Second Option:

Name: _____ Relationship _____ DOB _____

Address: _____ Telephone No. _____

Third Option:

Name: _____ Relationship _____ DOB _____

Address: _____ Telephone No. _____

LIVING WILL:

First Option:

Name: _____ Relationship _____ DOB _____

Address: _____ Telephone No. _____

Second Option:

Name: _____ Relationship _____ DOB _____

Address: _____ Telephone No. _____

Third Option:

Name: _____ Relationship _____ DOB _____

Address: _____ Telephone No. _____

We will discuss values and details when we meet. House Commercial Property Timeshare Property
 Rental Property Vacant Lot Life Insurance Policy Investment Accounts (stocks, mutual funds, etc.)
 Checking Account(s) Savings Accounts Money Market Account(s) CD IRA/401(k) Pension

PROPERTY: Please list any real (deeded) property you own. If you have a copy of your deed(s), please bring it to your appointment. If you cannot locate it, we can pull it from the county for you.

(1) Property Address: _____

Primary Residence Mobile Land Business

(2) Property Address: _____

Primary Residence Mobile Land Business

(3) Property Address: _____

Primary Residence Mobile Land Business

Please state what your primary goals are that you wish to achieve with your estate plan:

FOR OFFICE USE ONLY:

Quoted Fee: _____ Filing Fees: _____

Retainer Collected: _____ Date Retainer Agreement Signed: _____

Signing Date: _____