

# Estate Planning Questionnaire

General Information					
Client 1:					
First:	Middle:	Last:			
Email:	Phone:	Age:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Client 2:					
First:	Middle:	Last:			
Email:	Phone:	Age:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Legal Residence (Address):					
Mailing Address (if different):					
Either Owns >\$2M Separately? <input type="checkbox"/> Yes <input type="checkbox"/> No		Own Real Estate: <input type="checkbox"/> Yes <input type="checkbox"/> No		Value of all Assets:	
Estate Plan Already in Place: <input type="checkbox"/> None <input type="checkbox"/> Financial Power of Attorney		<input type="checkbox"/> Healthcare Power of Attorney		<input type="checkbox"/> Will <input type="checkbox"/> Trust	
Children / Beneficiaries			Parent(s)		
Name	Birthdate	Both	Client 1:	Client 2:	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Prior Spouses					
Name	Death	Divorce	Name	Death	Divorce
Client 1:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Client 2:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Guardians					
Name	Relationship	Phone	Email		
Successor Trustees (2 co-trustees OR up to 4 individuals)					
Name	Birthdate	Phone	Email		
Beneficiaries					
Name	Birthdate	Phone	Email	Equal / %	

## Assets

### Bank/Credit Union Accounts

Bank/Credit Union	Account #	Account Type	Contact Information

### Investments

Institution	Account #	Account Type	Contact Information

### Property

Address	County	State	Plot #

### Specific Bequests

Name	Asset	Name	Asset

## Powers of Attorney

Client 1: Financial Power of Attorney		Client 2: Financial Power of Attorney	
Name:	Email:	Name:	Email:

Client 1: Healthcare Power of Attorney		Client 2: Healthcare Power of Attorney	
Name:	Email:	Name:	Email:

## Assets Held in Trust For Minors

Age based? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age 1:	% at Age 1:
	Age 2:	% at Age 2:
	Age 3:	% at Age 3:
Drug Addiction Free? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Addiction Free? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gambling Addiction Free? <input type="checkbox"/> Yes <input type="checkbox"/> No