



***ESTATE PLANNING QUESTIONNAIRE
WILL INFORMATION WORKSHEET
(MARRIED)***

NAME/SPOUSE 1 _____ Birth Date _____
Soc. Sec. No. _____ Employer _____

NAME/SPOUSE 2 _____ Birth Date _____
Soc. Sec. No. _____ Employer _____

ADDRESS _____ Tel. No. (Home) _____
_____ Tel. No. (Work) _____
_____ Tel. No. (Home) _____
County _____ Tel. No. (Work) _____

Safe Deposit Box _____ Bank _____
Yes No

Veteran _____ Period of Service _____
Yes No Serial No. _____

Previous Will _____ Date _____
Yes No Location _____

Previous Trust _____ Date _____
Yes No Location _____

CHILDREN

<u>Name</u>	<u>Birth Date</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are children from this marriage, a previous marriage, or no marriage?

IF NO CHILDREN -- List closest relatives

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY ADVISORS

	<u>Name</u>	<u>Address</u>
Insurance (life)	_____	_____
Insurance (other)	_____	_____
Pension Advisors	_____	_____
Doctor	_____	_____
Other	_____	_____
Other	_____	_____

INCOME

Income Source	Who receives	Monthly amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHECKING & SAVINGS ACCOUNTS (Include money market funds)

Note: If co-owned, specify other owner and, if Payable on Death (POD), specify beneficiary.

Bank, Credit Union and/or Savings & Loan	How owned	Type (Checking, Savings, CD)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE

Location	How owned	Mortgage Balance	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TANGIBLE PERSONAL PROPERTY (Automobiles, Antiques, Collectibles, Sporting Equipment, etc.)

Type	Value
_____	_____
_____	_____
_____	_____

RETIREMENT BENEFITS FOR SPOUSE 1

Type (Qualified, Keogh, IRA)	Value or Death Benefit	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETIREMENT BENEFITS FOR SPOUSE 2

Type (Qualified, Keogh, IRA)	Value or Death Benefit	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

STOCKS & BONDS (include U.S. Government Bonds)

Note: If co-owned, specify other owner and, if Payable on Death (POD), specify beneficiary.

Company	How owned	No. Shares	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANNUITIES

Company	How owned	Beneficiary, if any	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS INTERESTS (C Corporations, S Corporations, Partnerships, LLCs)

Name	Type	Ownership
_____	_____	_____
_____	_____	_____

(NOTE: Please bring copies of any Buy-Sell, Partnership, or Operating Agreement with you to the conference.)

LIFE INSURANCE FOR SPOUSE 1

Company	Beneficiary	Policy #	Face Amount	Cash Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIFE INSURANCE FOR SPOUSE 2

Company	Beneficiary	Policy #	Face Amount	Cash Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER ASSETS (Including Notes Receivable, Tax Shelter Partnerships, etc.)

Name	Type	Ownership
_____	_____	_____
_____	_____	_____

LIABILITIES

To Whom Payable	Amount Owing	Security
_____	_____	_____
_____	_____	_____
_____	_____	_____

MISCELLANEOUS

1. Are you or your children currently beneficiaries of any existing trusts? _____
If so, please describe: _____

2. Are your children or beneficiaries currently receiving public benefits? _____
If so, please describe: _____

3. Do either of you expect to inherit any property? _____
From whom? _____
When? _____ Please estimate the value: \$ _____
Will the property be in trust? _____

4. Do you foresee any radical fluctuation in you total net worth in your total net worth in the next five years? _____
If so, please explain: _____

5. Do you currently hold any powers of appointment under any trust agreement or will? _____
If so, please explain: _____

6. Have you ever made a gift to someone of more than \$10,000?
Yes: _____ No: _____

7. Do either of you have a Financial Power of Attorney?
Yes: _____ No: _____
If no, who do you want to name as Agent in your **Financial Power of Attorney**?
Spouse 1 Spouse 2
Name _____ Name _____
Address _____ Address _____
Telephone No. _____ Telephone No. _____

Who do you want to name as Alternate Agent?
Spouse 1 Spouse 2
Name _____ Name _____
Address _____ Address _____
Telephone No. _____ Telephone No. _____

8. Do either of you have a **Health Care Power of Attorney**?
Yes: _____ No: _____
If no, who do you want to name as Agent in your Health Care Power of Attorney?
Spouse 1 Spouse 2
Name _____ Name _____
Address _____ Address _____
Telephone No. _____ Telephone No. _____

Who do you want to name as Alternate Agent?

Spouse 1	Spouse 2
Name _____	Name _____
Address _____	Address _____
Telephone No. _____	Telephone No. _____

9. Who do you want to name as **Personal Representative** of your estate?

Spouse 1	Spouse 2
Name _____	Name _____
Address _____	Address _____
Telephone No. _____	Telephone No. _____

Who do you want to name as Alternate Personal Representative?

Spouse 1	Spouse 2
Name _____	Name _____
Address _____	Address _____
Telephone No. _____	Telephone No. _____

10. Who do you want to name as **Trustee**?

Spouse 1	Spouse 2
Name _____	Name _____
Address _____	Address _____
Telephone No. _____	Telephone No. _____

Who do you want to name as Alternate Trustee?

Spouse 1	Spouse 2
Name _____	Name _____
Address _____	Address _____
Telephone No. _____	Telephone No. _____

11. Who do you want to name as **Guardian**?

Spouse 1	Spouse 2
Name _____	Name _____
Address _____	Address _____
Telephone No. _____	Telephone No. _____

Who do you want to name as Alternate Guardian?

Spouse 1	Spouse 2
Name _____	Name _____
Address _____	Address _____
Telephone No. _____	Telephone No. _____