



ESTATE PLANNING QUESTIONNAIRE - Single -

Please complete to the best of your abilities. If you have questions please note them, to be discussed at your initial appointment.

Full Legal Name	
Name Preference	
Social Security No.	
Birthdate	
Home Address	
City/State/Zip Code	
Residence County	
Home Phone	
Work Phone	
Cell/Mobile Phone	
Email	

Employer	
Title	
Work Address Street	
City/State/Zip Code	

CITIZENSHIP

U.S. Citizen	
Other (please fill)	

EXISTING DOCUMENTS

If there are previous documents, please bring to your appointment.

	Date	Location (Place of execution)
Will		
Trust		
Pre/Post Marital Agreement		

PREVIOUS MARRIAGES

Marriage	1)
How Ended/When/Length	
Living/Deceased	
Marriage	1)
How Ended/When/Length	
Living/Deceased	

FAMILY INFORMATION

Children

Child Name	
Birthdate	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

Child Name	
Birthdate	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

Child Name	
Birthdate	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

Child Name	
Birthdate	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

Child Name	
Birthdate	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

Note: Additional children or individuals may be identified in the space at the end of this form. Be sure to include their legal name, preferred name, and phone number.

Close FAMILY MEMBERS OR FRIENDS that *you may name in any estate planning.*

Name	
Approx Age or Birthdate	
Phone Number	
Relationship to	
Children and ages	
Disabled? Public Benefits?	

Name	
Approx Age or Birthdate	
Phone Number	
Relationship to	
Children and ages	
Disabled? Public Benefits?	

Name	
Approx Age or Birthdate	
Phone Number	
Relationship to	
Children and ages	
Disabled? Public Benefits?	

OTHER INFORMATION:

Safe Deposit Box: ☐ Yes ☐ No Bank: _____

Veteran: ☐ Yes ☐ No Period of Service:

Serial No.: _____

Discharge type: _____

Disability Rating: _____

Financial Advisor: _____ Agency/Institution: _____

Contact information: _____

Long Term Care Insurance: ☐ Yes ☐ No Insurer: _____

Policy No.: _____

Physician/Primary Care provider: _____ Office: _____

Treatment/Provider Network (UW, etc):

REAL ESTATE

Location/County	Owned (sole/joint)	Mortgage Balance	Approx Value	Monthly pymnt
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANKING INFORMATION

Bank / Credit Union	Owned (sole/joint)	Account Type	Approx Value	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME

Source:	
Amount per month:	
Source:	
Amount per month:	
Source:	
Amount per month:	
Source:	
Amount per month:	
Source:	
Amount per month:	

TANGIBLE COLLECTIBLE PROPERTY (ART, JEWELRY, GUNS, ANTIQUES, COLLECTIBLES)

Item	Value	Insured?	Insurer (Company)

BUSINESS INTERESTS (C Corps, S Corps, Partnerships, LLCs): Please bring operating agreement(s) or similar documents to your appointment

Name	Type	Ownership

STOCKS & BONDS

Company/Entity	Owner	# of Shares & Value	Beneficiary

Please fill out to the best of your ability.

RETIREMENT ACCOUNTS (401K, 403B, IRA, ETC).

Type	Value/Death Benefit	Beneficiary/Beneficiaries and %

NON QUALIFIED ACCOUNTS, NON-RETIREMENT ACCOUNTS, ANNUITIES, ETC.

Company	How	Value	Beneficiary

LIFE INSURANCE

Company	Beneficiary	Policy #	Whole/ Term	Face Amt	Cash Value

OTHER NOTABLE ASSETS: Including notes receivable, tax shelter partnerships, etc.

Name	Type	Ownership

OUTSTANDING LIABILITIES: (NOT NOTED ELSEWHERE IN THIS FORM)

To Whom Payable	Amount Owed	Security

Current **Financial**
Power of Attorney?

☐ Yes ☐ No
If yes, date: _____

If no, who would you
name as that **Agent?**

Street Address

City/State/Zip Code

Phone Number

Who would you name
as **Alternate Agent?**

Street Address

City/State/Zip Code

Phone Number

Current **Health Care**
Power of Attorney?

☐ Yes ☐ No
If yes, date: _____

If no, who would you
name as that **Agent?**

Street Address

City/State/Zip Code

Phone Number

Who would you
name as **Alternate**
Agent?

Street Address

City/State/Zip Code

Phone Number

Name of **Personal**
Representative

Street Address

City/State/Zip Code

Phone Number

Name of **Alternate**
Personal Representative

Street Address

City/State/Zip Code

Phone Number

Name of **Trustee**

Street Address	
City/State/Zip Code	
Phone Number	
Name of Alternate Trustee	
Street Address	
City/State/Zip Code	
Phone Number	
Name of Guardian	
Street Address	
City/State/Zip Code	
Phone Number	
Name of Alternate Guardian	
Street Address	
City/State/Zip Code	
Phone Number	

ADDITIONAL QUESTIONS

- Do you expect to inherit any property? _____
 If yes, from whom: _____ When? _____
 Estimated value: \$ _____ Will the property be in trust? _____
- Do you foresee any radical fluctuation in your total net worth in the next 5 years? _____
 If yes, please explain: _____

Additional Notes:
