

# CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Prepared For: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

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# CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Continued

## Personal Information

### Client

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Smoker (Y/N): \_\_\_\_\_  
 Health Condition: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Annual Salary: \_\_\_\_\_  
 U.S. Citizen (Y/N): \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Spouse

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Smoker (Y/N): \_\_\_\_\_  
 Health Condition: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Annual Salary: \_\_\_\_\_  
 U.S. Citizen (Y/N): \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address \_\_\_\_\_

Principal Residence \_\_\_\_\_  
 \_\_\_\_\_

## Family Information

### Children

Name	Age	Child of H,W,B	Married?	# Children	Any special concerns or needs?

### Other Dependents

Name	Age	Child of H,W,B	Married?	# Children	Any special concerns or needs?

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## Continued

### Distribution Goals & Objectives

1. Who will receive your property under the terms of your current wills? Specify when will created.

	Self	Spouse		Self	Spouse
A. No Will	<input type="checkbox"/>	<input type="checkbox"/>	D. Specified amount/percent to spouse	<input type="checkbox"/>	<input type="checkbox"/>
B. All to spouse	<input type="checkbox"/>	<input type="checkbox"/>	E. Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>
C. Credit Shelter/Bypass Trust	<input type="checkbox"/>	<input type="checkbox"/>			
- Family Trust	<input type="checkbox"/>	<input type="checkbox"/>			
- Marital Trust	<input type="checkbox"/>	<input type="checkbox"/>			

2. How would you like your estate distributed?

Self \_\_\_\_\_

Spouse \_\_\_\_\_

- Do you want to treat your children equally in the distribution of your assets (children of prior marriages, children not involved in the business, etc.) \_\_\_\_\_
- Would you like to provide for any special goals or needs (children/grandchildren with special needs, charity, college, etc)? What steps, if any, have you taken? \_\_\_\_\_
- How do you feel about giving your surviving spouse control over the final distribution of your estate? Would you feel any differently if your surviving spouse were to remarry? \_\_\_\_\_
- Do you have any concerns about burdening your children and other beneficiaries with the financial management of your estate (ability to handle money, economic maturity, troubled marriage, etc)? \_\_\_\_\_
- Are you making any cash gifts to your children now? If so, describe frequency and amounts. \_\_\_\_\_
- What gifts have you made that involved filing a Federal Gift Tax Return (date and amount)? \_\_\_\_\_
- Are you receiving any gifts, are you the beneficiary of any trust established by others or do you expect to receive an inheritance? If yes, describe and furnish details as to estimated amounts and frequency. \_\_\_\_\_
- Are there any other agreements which will affect the distribution of your estate? (business buy sell , prenuptial, divorce decrees, etc)? \_\_\_\_\_

### Business Interests

- Do you own an interest in a closely held business?  Yes  No
- What would you want to have happen to your business interests (sold, retained) if you die? What steps have you taken to accomplish this goal? \_\_\_\_\_

3. Form of Business  Sole Proprietorship  Partnership  C Corp.  S Corp  LLC

Owner's Name	% Owned	Relation	Owner's Name	% Owned	Relation

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**Schedule of Assets**

Type of Asset	Husband	Wife/ Partner	Community Proerty	Growth Rate	Loan/ Mortgage
Checking/Savings/Money Market Accounts					
Investments					
Personal Property (Art, Jewelry, Collections, Etc.)					
Retirement Accounts					
Annuities					
Real Estate					
Primary Residence					
Vacation Home					
Other*					
Business Interests (Indicate any that are S Corporation)					
Other Assets					

\* Separate "other " real estate property to group property with mortgages and those debt free on different lines. Also, if held in Corporate form, please show any property held as S corporation asset separately with notation it is S corporation.

**Schedule of Liabilities (Other than Mortgages shown Above)**

Type of Asset	Husband	Wife/ Partner	Community Proerty	Growth Rate	Loan/ Mortgage
Installment Loans					
Charge Accounts					
Personal Notes					
Other Liabilities					

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### Life Insurance Policies

Insured	Other	Beneficiary	Type (Perm, Term*, Group)	Annual Cost	Total Cash Value	Loan (if any)

\* If term insurance, please indicate remaining term period

### Advisors

What advisors do you work with?

Accountant	Address	Phone
Attorney	Address	Phone
Financial	Address	Phone
Other	Address	Phone

### Notes

Please feel free to add additional pages as may be needed

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