
ESTATE PLANNING - INDIVIDUAL - QUESTIONNAIRE

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

JR., SR. II, III, IV? _____

Name I prefer to be called: _____

DATE OF BIRTH: _____

SSN: _____

HOME ADDRESS _____

HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

CELL PHONE: _____

Send Mail Where? Home _____ Office _____ Other _____

How do you prefer for mail to be addressed? (i.e. "Mr. and Mrs.") _____

Where is the best place to reach you? _____

OCCUPATION: _____

PLACE OF EMPLOY: _____

WORK ADDRESS: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE: _____

FAX: _____

EMAIL: _____

CHILDREN: _____ # of Grandkids

(1) _____ AGE: _____

address: _____

phone: _____

of Grandkids

CHILDREN:

(2) _____	AGE: ____	_____
address: _____		

phone: _____		
(3) _____	_____	_____
address: _____		

phone: _____		
(4) _____	_____	_____
address: _____		

phone: _____		
(5) _____	_____	_____
address: _____		

phone: _____		
(6) _____	_____	_____
address: _____		

phone: _____		
(7) _____	_____	_____
address: _____		

phone: _____		

ASSET INFORMATION	VALUE	COMMENTS
Life Insurance	_____	_____
IRAs, 401(k)'s, Profit Sharing, etc.	_____	_____
Residence	_____	_____
Other Real Estate	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____
Cash, CD's Savings, Checking	_____	_____
Notes Where People Owe You Money	_____	_____
Business Interests	_____	_____

Cars, Jewelry, Furniture, etc. _____

TOTAL ESTATE

=====

Please provide us with copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Living Wills.

Did anyone refer you to us? Yes ___ No ___ If yes, whom may we thank? _____

Would you like for this referral source to be copied on correspondence? Yes ___ No ___

What topics would you like to discuss at your appointment?

WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?

Name(s)

Relationship

- 1. _____
- 2. _____
- 3. _____

WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?
(Two persons can serve together as long as they are married.)

Name(s)

Relationship

- 1. _____
- 2. _____
- 3. _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR BUSINESS POWER OF ATTORNEY?

(This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

Name(s)

Relationship

- 1. _____
- 2. _____
- 3. _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY

1. _____
Address: _____

Phone: _____

2. _____
Address: _____

Phone: _____

3. _____
Address: _____

Phone: _____

Where do you plan to keep your original documents? _____