



Personal Information

Date: _____

Client One:

Full Legal Name: _____

Also Known As: _____

(Other names used to title property and accounts)

Prefers to be called: _____

Birth Date: _____ Place of birth: _____

U.S. Citizen: Yes No

Social Security No.:

Prior Marriage: _____

(Include formers spouse's name and date of signed divorce decree)

Home Address: _____

City: _____ State: ___ Zip: _____

County of Residence: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____ May we send documents via email? Yes No

Employer: _____ Occupation: _____

Business Address: _____

City: _____ State: ___ Zip: _____

Business Phone: _____

Business Email: _____ May we send documents via email? Yes No

Best method of communication: _____



Married? Yes [] No [] Date of Marriage: _____

Divorced [] Widowed [] Single [] Cohabiting [] Domestic Partnership Registration filed? Yes []

Client Two: Does Not Apply []

Full Legal Name: _____

Also Known As: _____
(Other names used to title property and accounts)

Prefers to be called: _____

Birth Date: _____ Place of birth: _____

U.S. Citizen: Yes [] No []

Social Security No.: [][][][][][][][][][]

Prior Marriage: _____
(Include formers spouse's name and date of signed divorce decree)

Home Address: _____

City: _____ State: ___ Zip: _____

County of Residence: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____ May we send documents via email? Yes [] No []

Employer: _____ Occupation: _____

Business Address: _____

City: _____ State: ___ Zip: _____

Business Phone: _____

Business Email: _____ May we send documents via email? Yes [] No []

Best method of communication: _____

Children and Parents

Children

Does Not Apply

Full Legal Name	Birth Date	Mothers Name	Father's Name

Parents

Parents	Full Legal Name	Birth Date	Death Date
Client One's Father			
Client One's Mother			
Client Two's Father			
Client Two's Mother			

Advisors

Advisor	Company Name	City	State
Accountant			
Financial Advisor			

Life Insurance Agent			
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General Questions

Questions	N/A	Yes	No
Do you have a will, trust, or other estate planning document?			
Are you making payments pursuant to a divorce or property settlement order?			
If married, do you have a signed pre- or post-marriage contract?			
Do you, any of your children, or other beneficiaries have disabilities, serious health problems, or other special needs?			
Do you own a business?			
Do you own a long-term care insurance policy?			
If married, do you own property that is not community property?			
Have you made any significant (greater than \$3,000 per person per year) gifts?			
Have you ever lived in a community property state?			
Have you ever filed federal or state gift tax returns?			
Do you support any charitable organizations now that you wish to make provisions for at the time of your death?			
Have you created any trusts?			
Are you serving as Trustee of any trust?			
Are you currently the beneficiary of anyone else's trust?			
Have you made any arrangements for your burial or funeral?			

Estate Planning Goals: Please describe your overall estate planning goals.

Income/Asset/Liability Information

Income

Income	Client One	Client Two
Earned monthly income from labor (job)		
Monthly Social Security Income		
Monthly Pension Income		
Other Monthly Income		

Real Property

Does Not Apply

List any interest(ownership) in real estate, including your residence, vacation home, timeshare, or vacant land. Indicate how title is held (Joint Tenant, Community Property, Separate Property, Tenant in Common, etc.).

	Property Address	Owner	How Title is Held
Property 1			
Property 2			
Property 3			

	Mortgage (Yes/No)	Type of Property	Market Value
Property 1			
Property 2			
Property 3			

Personal Property List separately only major personal items such as jewelry, collectibles, antiques, etc. Include all other valuable non-business personal property.

Life Insurance Policies and Annuities

Does Not Apply

Life Insurance on Client One's Life:

	Description	Institution	Agent Name	Face Value	Cash Value
1					
2					

	Owner	Annual Premium Amount	Who Pays the Premium	Beneficiary 1	Beneficiary 2
1					
2					

Beneficiaries for each policy: _____

On Client Two's Life:

Does Not Apply

	Description	Institution	Agent Name	Face Value	Cash Value
1					
2					

	Owner	Annual Premium Amount	Who Pays the Premium	Beneficiary 1	Beneficiary 2
1					
2					

Beneficiaries for each policy: _____

Retirement Plans

Does Not Apply

Type of Plan	Plan Name	Current Value	Other Information

Beneficiaries for each account: _____

Business InterestsDoes Not Apply

(This should include General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil, farm, and ranch interests. Describe the interest, ownership information, and the estimated value.)

Money Owed to YouDoes Not Apply

(Describe mortgages or promissory notes payable to you or other moneys owed to you. Include the name of the debtor, date of the note, maturity date, owed to information, and the current balance.)

Name of Debtor	Date of Note	Maturity Date	Owed To	Current Balance

Anticipated inheritance, gift, or lawsuitDoes Not Apply

(Describe any gifts or inheritances that you expect to receive at some time in the future.)

Other AssetsDoes Not Apply

(Include type, owner, and approximate value.)

LiabilitiesDoes Not Apply

Description	Owed by	Amount

Designations

Does Not Apply

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Permanent Guardian for any Minor Children: (two choices in order)

Choice 1.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Temporary Guardians

Does Not Apply

(List the names of two people in order who live within 20 minutes of your house and could pick up your child(ren) if something happened to you.)

Choice 1.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Financial Decisions

List the name, address, and phone number of individuals you wish to designate as your agent for various estate planning documents. Please provide complete information.

Client One

Personal Representative: The role of the Personal Representative is to collect all of your assets, pay any outstanding debts, and then distribute the remaining assets to your heirs. (include one Alternate Personal Representative)

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Alternate

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Trustee:

Does Not Apply

The role of this person is to manage the trust assets in accordance with the trust rules.

Choice 1.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Durable Power of Attorney: The role of this person is to assist in handling your financial affairs if you are unable to do so. (three choices in order)

Choice 1.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 3.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Health Care Surrogate: The role of this person is to assist in making health care decisions for you if you are unable to do so. (three choices in order)

Choice 1.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 3.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Living Will: The role of this person is to enforce your end of life decisions if you are not able to do so. (three choices in order)

Choice 1.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 3.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Preneed Guardian: The role of this person is to act as your guardian if you become incapacitated. (two choices in order)

Choice 1.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Upon your passing:

Please indicate whether you wish your body to be buried, cremated, donated, etc., (a responsibility of your Personal Representative):

Client Two

Personal Representative:

The role of the Personal Representative is to collect all of your assets, pay any outstanding debts, and then distribute the remaining assets to your heirs. (include one Alternate Personal Representative)

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Alternate

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Trustee:Does Not Apply

The role of this person is to manage the trust assets in accordance with the trust rules.

Choice 1.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

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Street Address	City	State	Zip	Phone Number

Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 3.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Health Care Surrogate: The role of this person is to assist in making health care decisions for you if you are unable to do so. (three choices in order)

Choice 1.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Choice 3.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

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Street Address	City	State	Zip	Phone Number

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Choice 2.

First Name	Middle Initial	Last Name		Relationship
Street Address	City	State	Zip	Phone Number

Upon your passing: Please indicate whether you wish your body to be buried, cremated, donated, etc., (a responsibility of your Personal Representative).

Common Disaster: In the event that both of you, and all your designees, were to pass *simultaneously*, how would you wish the estate to be distributed?

Charitable Bequests

Does Not Apply

(List any charities to which you wish to designate gifts, as well as percentages and/or amounts)

ITEMS TO ATTACH WHEN YOU RETURN THIS QUESTIONNAIRE:

1. A copy of your most recent Will and any Codicil(s)
2. Copies of all divorce decrees/settlement agreements
3. Copies of all prior gift tax returns
4. A copy of your federal tax return for the last year
5. Copies of any buy-sell agreements you have signed
6. A copy of any pre- or post-marriage contract you have signed
7. Copies of any trusts that have been created by or for you
8. Copies of deed and tax receipts to any real property you own

The information provided is true and correct to the best of my knowledge, and I understand that my estate plan has been built upon the information I have provided.

Client One's Signature

Client Two's Signature