

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE WHEN REPRESENTING TWO CLIENTS OR A COUPLE

NOTE: Please take care in providing the following information. We will rely on this information, especially as to the ownership and your best estimate as to the value of assets. If you need assistance in confirming ownership valuation or beneficiary designation information, we would be glad to help.

Date: _____

I. <u>PERSONAL DATA</u>

1. General Information					
Name(s):					
Home address (street):					
City State	Zip				
County of Residence:	Home Telephone: ()				
Home Fax: ()	Home E-mail:				
Marital Status: Single (including living together but not in a committed relationship) Married Widowed Divorced Committed Partners Civil Union Registered					
Domestic Partners (what city or state?) If a married same sex couple: in which state did the ceremony occur?					
 Designated Beneficiaries in Designated Bene 	· · · · · · · · · · · · · · · · · · ·				
was the agreement recorded?)				

2. Referred by _____

3. Personal Information

Principal Name (as it should appear on legal documents and as it appears on title to property held):

Other versions of your name:

Date of Birth:	U.S. Citizen:	□ Yes	🗆 No	If no, citizen of:
Business or Profession:				
Name of Company:				
Business address (street):				
City State	Zip			
Business Telephone: ()	Business Fax: ()		
Business E-mail:	Cell Phone No.			
Previously Married or in a Civil Union?	□ Yes □ No			
Designated Beneficiary Agreement revo	ked? □ Yes □ I	No		
Previously in a Domestic Partnership?	□ Yes □ No			
Condition of Health:				

4. Children					
Child 1 Name:					
Date of Birth:					
Home address (street):					
City	State	Zip			
Telephone No.:					
Child of: □ This relationship □	Client 1 only □ Cli	ent 2 only Ac	lopted?	□ No	
Biological Parent(s) of Child (i	f applicable):				
Child's spouse and children, if	applicable:				
Child 2 Name:					
Date of Birth:					
Home address (street):					
City	State	Zip			
Telephone No.:					

Child of: \Box This relationship \Box Client 1 only \Box Client 2 only	Adopted?	□ Yes	□ No
Biological Parent(s) of Child (if applicable):			
Child's spouse and children, if applicable:			

Child 3 Name:						
Date of Birth:						
Home address (street):						
City	State	Zip				
Telephone No.:						
Child of: □ This relationsh	ip □ Client 1 only	□ Client 2 only	Adopted?	□ Yes	□ No	
Biological Parent(s) of Ch	ild (if applicable):					
Child's spouse and childre	n, if applicable:					
Child 4 Name:						
Date of Birth:						
Home address (street):						<u> </u>
City	State	Zip				
Telephone No.:						
Child of: □ This relationsh	ip □ Client 1 only	□ Client 2 only	Adopted?	□ Yes	□ No	
Biological Parent(s) of Chi	ld (if applicable):					
Child's spouse and childre	n, if applicable:					

- 5. Have you placed any children to adoption? \Box Yes \Box No
- 6. Are there any frozen and stored sperm, eggs or embryos that might create future children, or that should be disposed of in the Will? □ Yes □ No

If yes, please provide copy of the contract with the depository.

7. In a generic reference/definition in your Will to a person's spouse (other than your own), do you want to include civil unions and domestic partners? □ Yes □ No

10. Other intended beneficiaries:

Name	Address	Relationship

11. Particulars as to family: (special needs, circumstances, or problems of particular members, adoptions, prior marriages, etc.):

12. Have you placed any children to adoption? \Box Yes \Box No

13. List any charitable beneficiaries:

14. Do you have pets at home that should be mentioned in your Will and/or power of attorney? If so, list type of pet, what kind of care or funds are needed, and name of person to care for pet:

15. Names, addresses and phone numbers of other Advisors:

Accountant:
Financial Planner:
Insurance Agent:
Investment Advisor:
Trust Officer:
Other:

II. ASSETS AND LIABILITIES

1. <u>Real Estate</u>: (including oil and other mineral interests)

Description & Location	Mortgage Amount	Gross Value	In Whose Name; (Any Co-Ownership)*

* NOTE: If you co-own any property with another person please note the details. Property co-owned by you and another may be either as tenants in common (in which case each of your one-half interest passing under your will) or as joint tenants with right of survivorship (in which case your interest passes automatically at death to the surviving joint tenant). Special language is required to create a joint tenancy. Ownership simply in the names of you and another person with terms such as "joint tenancy" creates a tenancy in common. Adding another person to a deed may result in a taxable gift.

2. <u>Life Insurance and Non Investment Type Annuities:</u>

Name of Company Policy No. & Type	Owner of Policy	Face Amount	Name of Insured	Named Beneficiaries (Primary and Contingent)

NOTE: If your estate plan may involve gifts of life insurance policies to attempt to remove them from your taxable estate, we will also need the present cash surrender value of each policy and the annual amount of premiums payable on each policy.

3. <u>Checking and Savings Accounts</u>:

Name of Bank & Location	Account Type	Typical Balance	Ownership (own name, joint, POD – pay on death)

4. <u>Government Bonds</u>: (federal, state, and municipal)

Туре	Amount	Ownership

5. <u>Non-Retirement Investment Accounts and Securities (e.g., Publicly Traded Stocks/Bonds/Mutual Funds/Annuities)</u>:

Name of Company	Type and No of Shares	Current Quotes	Value	Ownership (own name, joint, POD – pay on death)

6. <u>Business Interests</u>: (Closely Held Stock; Partnership Interests; etc.)

Description	Value	Ownership

7. <u>Pension and Retirement Benefits: (including IRA, 401(k) plans, and other "qualified plans")</u>

Description	Value	Ownership	Named Beneficiaries (primary and contingent)

8. <u>Notes and Mortgages Payable to You; Accounts Receivable Owned by You:</u>

Debtor	Туре	Value	Ownership

9. <u>Personal and Household Property</u>: (including household articles, autos, jewelry, furs, sporting goods, art objects, collections, etc.)

Description	Value	Ownership

10. <u>Trusts, Powers of Appointment, Expected Inheritances:</u>

Description	Value	Ownership

11. <u>Other Assets</u>: (including copyrights, patent rights, royalties, sports tickets, transferable club memberships, etc. Also see our separate spreadsheet, which is found on our website, for examples of digital assets so you can list accounts, usernames and passwords to assist your fiduciaries.)

Description	Value	Ownership

12. <u>Liabilities</u>: (including personal, business and life insurance loans, mortgages, notes, etc.)

Description	Creditor	Amount

13. <u>Summary of Assets and Liabilities</u>:

Description	Total Value
Real Estate	
Life Insurance	
Checking and Savings Accounts	
Government Bonds	
Corporate Stocks and Bonds (non-retirement)	
Business Interests	
Pension and Retirement Benefits	
Notes, Mortgages and A/R	
Personal and Household Property	
Trusts, Powers, Expectancies	
Other Assets	
Total Gross Assets	\$
Total Liabilities	\$
Grand Total (Net Asset Value)	

14. <u>Safety Deposit Box</u>:

Bank	Box No.	Location of Key	Name or Names in which Rented

III. GIFT TRANSFERS

1. <u>Taxable Transfers</u>:

Have you made gifts which may be reportable for gift tax purposes (or any more than the annual exclusion amount)? \Box Yes \Box No \Box Don't know

2. <u>Returns</u>:

Have you filed any gift tax returns? \Box Yes \Box No If yes, please attach copies of the returns.

IV. EXISTING DOCUMENTS

Do you presently have:

1.	A financial (general) power of attorney?	
2.	A health care power of attorney?	
3.	Wills?	
4.	Revocable or Irrevocable Trusts?	
5.	Living Will?	
6.	Cohabitation or property agreement?	
7.	Pre- or post-nuptial agreement?	
	Or Pre- or post-civil union agreement?	
8.	If divorced, dissolution of marriage or	
	civil union Separation Agreement	
	or court order?	
9.	Designated Beneficiary agreement?	

If so, please provide us with copies of these documents.

V. PROPOSED DESIGNATION OF PERSONAL REPRESENTATIVE, ETC.

- 1. Personal Representative (Executor) of your estate (primary and backup):
- 2. Trustee for any assets held in trust for minor children or other beneficiaries (primary and backup):
- 3. Personal Guardian or Guardians for minor children (primary and backup):
- 4. Agent under your financial power of attorney (primary and backup):
- 5. Agent under your health care power of attorney (primary and backup):

Signature