



ESTATE PLANNING QUESTIONNAIRE

After Completing this form, please return it to our office or bring to your scheduled conference. Accurate and complete information is essential for appropriate recommendation.

CLIENT INFORMATION

Name: _____ Current employers: _____

Phone #: _____ Date of Birth: _____

Spouses Name: _____

Phone #: _____ Date of Birth: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ State of Residence: _____

Have you or your spouse been divorced? Yes No

CHILDREN

Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan. If more, please attach an additional sheet.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

PERSONAL REPRESENTATIVE OF ESTATE

Who should be Personal Representative ("executor") of your estate? A Personal Representative is responsible for carrying out your wishes after you pass, paying your debts, collecting your assets, and settling your estate. **Usually spouse first, and then alternate.**

Designate Spouse: Yes No

Alternate Personal Representative Name: _____

Relationship to you: _____ Phone #: _____

Address: _____

Optional Additional Alternate Personal Representative: _____

Relationship to you: _____ Phone #: _____

Address: _____

POWER OF ATTORNEY

Who do you authorize to represent or act on your behalf in private affairs, business, financial or legal matters in the event you are unable to do so (while still alive). **Usually spouse first, and then alternate.**

Designate Spouse: Yes No

Alternate Personal Representative Name: _____

Relationship to you: _____ Phone #: _____

Address: _____

Optional Additional Alternate Personal Representative: _____

Relationship to you: _____ Phone #: _____

Address: _____

HEALTH CARE DIRECTIVE AGENT

Who do you want to be able to have access to your medical needs and make decisions in the event you are unable to do so for yourself. **Usually spouse first, and then alternate.**

Designate Spouse: Yes No

Alternate Agent Name: _____

Relationship to you: _____ Phone #: _____

Address: _____

Optional Additional Alternate Agent: _____

Relationship to you: _____ Phone #: _____

Address: _____

GUARDIANS

Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18).

Name: _____ Phone #: _____

Address: _____

Alternate Guardian: _____ Phone #: _____

Address: _____

DISCUSSION ISSUES

We will discuss the following issues at the meeting:

Current Will, Power of Attorney, and Health Care Directive

Do you have a will or revocable trust? if so, bring a copy to the meeting.

Specific Gifts

Do you wish to make any specific bequests to charities or individuals, not included above?

ITEMS TO BRING ALONG

bank statements - saving and checkings

Retirement accounts

Life insurance

Any financial Accounts

Business ownership accounts

Property address and/or tax statements