Estate Planning Questionnaire

Date: **New or Returning Client?** **Referral Source?**

For Office Use Only:

Atty: _______ **Firm:** _______ **Location:** _______ **Quote $**__________ **Deposit $**__________ **Payment Method** __________

Client Information

Husband Name:	**Wife Name:**
Other Names:	**Other Names:**
Date of Birth: **US Citizenship:** Y___ N___	**Date of Birth:** **US Citizenship:** Y___ N___
SSN:	**SSN:**

Contact Information

Address	Email	Phone
	H:	Home:
	W:	H Cell:
		W Cell:

Children's Information

Name and Address	Relationship	Date of Birth, Phone, Email
	(Son __ Daughter __)	Date of Birth:
	(of H __ W __ Both __)	Phone:
	(or Adopted __)	Email:
	(Son __ Daughter __)	Date of Birth:
	(of H __ W __ Both __)	Phone:
	(or Adopted __)	Email:
	(Son __ Daughter __)	Date of Birth:
	(of H __ W __ Both __)	Phone:
	(or Adopted __)	Email:
	(Son __ Daughter __)	Date of Birth:
	(of H __ W __ Both __)	Phone:
	(or Adopted __)	Email:

Previous Marriages

Ex-Spouse of Husb: ________________________ **Termination Date & Reason (eg Death, Divorce)** ________________

Ex-Spouse of Wife: ________________________ **Termination Date & Reason (eg Death, Divorce)** ________________

Real Estate Information (Add separate page if more properties)

Property Address	Name on Title	Current FMV	Mortgage	Equity

Business Information (Add separate page if more businesses)

Business Name	Type (eg LLC, Corp, SP)	% Owned	Value of Client's Share

Bank Accounts (Checking, Savings, CDs, Stocks, Bonds, etc)

Financial Institution	Name(s) on Acct	Type of Acct	Title (JT, CP, TIC)	Amount	Beneficiary

Retirement Accounts (IRA, 401k, Pension, Profit Sharing, etc)

Financial Institution	Name(s) on Acct	Type of Acct	Title (JT, CP, TIC)	Amount	Beneficiary

Life Insurance / Annuities (Add separate page if more policies)

Company	Insured (H or W)	Policy Owner	Face Value/Death Benefit	1st Beneficiary	2nd Beneficiary

Items of Value (Cars, Boats, Coin Collections, Antiques, Jewelry, Heirlooms, etc)

Item Description	Approximate FMV

Debts and Liabilities

Description	Amount

Total Value of Estate (Add all items above): **Gross** $____________________

Deduct Total Amount Owed: **(Debts)** - $____________________

Total Estate Net Value: **Net Estate** $____________________

*** Approx Value of Property outside of the United States (if any):** $____________________

**** Is all property considered Community Property? Yes ___ No ___ If not, please list below**

Husband's Separate Property	
Wife's Separate Property	

Additional Information and Notes