

Estate Planning Questionnaire



Note: Most estate attorneys prefer to use their own intake form. However, this form is quite comprehensive and will help you gather most of your information for your attorney. There are differences in estate laws from state to state and each estate is different. Even if you prepare your own will, you should have an attorney review it for completeness and adherence to the laws of your state.

General Information

	You	Spouse
Name:	_____	_____
Nickname:	_____	_____
Home address:	_____	_____
Home telephone number:	_____	_____
Social Security number:	_____	_____
Occupation:	_____	_____
Business/employer name:	_____	_____
Business address:	_____	_____
Business telephone number:	_____	_____
Birth Information:	_____	_____
Date of birth:	_____	_____
City of birth:	_____	_____
County of birth:	_____	_____
State/province of birth:	_____	_____
County of Birth:	_____	_____
Mother's name at time of birth:	_____	_____

You

Spouse

Citizenship:

State/province of residency:

Length of state/province residency:

State/provinces of former
Residency and dates:

List any pre/post-nuptial agreements including addendums, waivers, or other related agreements or modifications (attach copies of each):

List any previous marriages including dates of marriage, dates of divorce, and children from each marriage. If divorced attach copies of all decrees and/or settlements, custodial agreements, and current state/province of residency of any former spouse:

Family Information

Child #1

Name: _____

Address: _____

Social Security number: _____

Spouse name: _____

Grandchildren names &
Birthdates: _____

Child #2

Name: _____

Address: _____

Social Security number: _____

Spouse name: _____

Grandchildren names &
Birthdates: _____

Child #3

Name: _____

Address: _____

Social Security number: _____

Spouse name: _____

Grandchildren names &
Birthdates: _____

Child #4

Name: _____

Address: _____

Social Security number: _____

Spouse name: _____

Grandchildren names &
Birthdates: _____

Parents

You

Mother: _____

Father: _____

Spouse

Mother: _____

Father: _____

Contacts (include contact information)

Attorneys: _____

Accountants: _____

Brokers: _____

Insurance agents:

Banks or other financial institutions:

Other:

Financial

Account Number: _____

Name on Account: _____

Name of Bank: _____

Bank Address: _____

Account Number: _____

Name on Account: _____

Name of Bank: _____

Bank Address: _____

Account Number: _____

Name on Account: _____

Name of Bank: _____

Bank Address: _____

Account Number: _____

Name on Account: _____

Name of Bank: _____

Bank Address: _____

Account Number: _____

Name on Account: _____

Name of Bank: _____

Bank Address: _____

List stocks, bonds, certificates of deposit, and other financial instruments. Include broker (or other agent), address, phone number. Instrument: list any relevant issue numbers, units, shares, account numbers, or other relevant tracking numbers:

Property

List real estate (attach description, valuations, and photographs if available).

List automobiles, planes, boats, trucks:

Vehicle 1: _____ VIN: _____

Vehicle 1: _____ VIN: _____

Vehicle 1: _____ VIN: _____

Vehicle 1: _____ VIN: _____

Vehicle 1: _____ VIN: _____

Vehicle 1: _____ VIN: _____

Vehicle 1: _____ VIN: _____

List furniture items (attach description including name brand, year purchased, and any unique information or identifiers).

List jewelry (attach description, valuations, and photographs if available).

List furs (attach description, valuations, and photographs if available).

List coin, stamp and other collectibles (attach description, valuations, and photographs if available).

List fine art (attach description, valuations, and photographs if available).

List time-shares or similar holdings (attach description, valuations, and agreements if available).

Family Business

Name of business: _____

Address: _____

Form of ownership: (e.g. Sole proprietorship, Partner, Corporation):

Date business started: _____

Approximate value: _____

Percentage owned: You: _____

Spouse: _____

Children: _____

Salaried/management titles: You: _____

Spouse: _____

Children: _____

Attach three years financial statements, buy-sell agreements, agreements out of the ordinary course of business, and salaries schedule of family members. Add separate pages for each business entity.

Life Insurance

Name of company: _____

Policy number: _____

Group number: _____

Type of insurance: _____

Type of policy (term/whole life): _____

Insured name: _____

Beneficiary name(s) and amount or percent:

Contingent beneficiary(s) and amount or percent:

Face value: _____

Cash surrender value: _____

Annual premium: _____

(Print and complete one new page for each insurance policy)

IRA, 401K, Keogh, or other retirement plans:

You

Plan and type: _____

Present value: _____

Beneficiary designation (attach copy): _____

Vested interest and vested program (attach copy):

Plan and type: _____

Present value: _____

Beneficiary designation (attach copy): _____

Vested interest and vested program (attach copy):

Plan and type: _____

Present value: _____

Beneficiary designation (attach copy): _____

Vested interest and vested program (attach copy):

Spouse

Plan and type: _____

Present value: _____

Beneficiary designation (attach copy): _____

Vested interest and vested program (attach copy):

Plan and type: _____

Present value: _____

Beneficiary designation (attach copy): _____

Vested interest and vested program (attach copy):

Plan and type: _____

Present value: _____

Beneficiary designation (attach copy): _____

Vested interest and vested program (attach copy):

Miscellaneous

1. Attach copies of wills.
2. Attach the last 3 years federal and state tax returns.
3. Attach copies of all of your gift tax returns.
4. Attach copies of trust agreement to which you or your family have an interest.
5. Attach copies of judgments to which you or your family have an interest.
6. Attach copies of contracts to which you or your family have a vested interest.
7. Attach descriptions of any other property that you own or expect to inherit in the near future.

Health care legalities

1. Have you and/or your spouse signed living wills and a health care proxy?
2. If not, do you wish to do so?
3. Have you and your spouse signed a durable power of attorney?
4. If not, do you wish to do so?