



**ESTATE PLANNING QUESTIONNAIRE  
(MARRIED)**

Date: \_\_\_\_\_

File Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**HUSBAND CONTACT INFORMATION:**

**WIFE CONTACT INFORMATION:**

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Beeper No: (\_\_\_\_\_) \_\_\_\_\_

Beeper No: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

*This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.*

**A. PERSONAL DATA**

**HUSBAND FULL NAME:** \_\_\_\_\_  
(Print Name as Shown on your Checks)

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**BIRTHDATE(MM/DD/YYYY):** \_\_\_\_\_ **US CITIZEN?**  YES  NO

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**ANNUAL INCOME:** \$ \_\_\_\_\_

**WIFE FULL NAME:** \_\_\_\_\_  
(Print Name as Shown on your Checks)

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**BIRTHDATE(MM/DD/YYYY):** \_\_\_\_\_ **US CITIZEN?**  YES  NO

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**ANNUAL INCOME:** \$ \_\_\_\_\_



**B. REFERRAL**

By whom were you referred to this office?

**NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

Have you visited our website?  YES  NO

Do you have any ideas for improving our website? If so, please describe.

\_\_\_\_\_

\_\_\_\_\_

**C. CHILDREN**

Child's Name	Address with Zip Code	Date of Birth

- Does the Husband have any children by a previous marriage?  YES  NO
- Does the Wife have any children by a previous marriage?  YES  NO
- Are all your children in good health?  YES  NO
- Are any of your children blind?  YES  NO
- Are any of your children disabled?  YES  NO
- Have all your children completed their education?  YES  NO
- Are any of your children receiving SSI or other form of government entitlement?  YES  NO
- Do any of your family members have any problems with:
  - AIDS?  YES  NO
  - Drug Addiction?  YES  NO
  - Alcoholism?  YES  NO
  - Spendthrift?  YES  NO



**D. GRANDCHILDREN**

Grandchild's Name	Address with Zip Code	Date of Birth

**E. DISPOSITIVE INTENTIONS**

**1. SPOUSE AND CHILDREN**

Do you wish to provide primarily for your spouse and secondarily for your children?  YES  NO

Do you wish to treat all your children equally?  YES  NO

If not, why not? \_\_\_\_\_  
\_\_\_\_\_

After your spouse's death, at what age do you want to distribute to your children? \_\_\_\_\_

(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30, 1/3 at age 35 or immediate)

**2. GRANDCHILDREN**

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren?  YES  NO

Do you wish to treat all your children equally?  YES  NO

If not, why not? \_\_\_\_\_  
\_\_\_\_\_

How much do you want to leave your grandchildren? \_\_\_\_\_

At what age do you want to distribute to your children? \_\_\_\_\_



(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30, 1/3 at age 35 or immediate)

**3. CHARITIES**

Do you want to leave a specific amount of money or other assets to any charity?  YES  NO

If yes, please list:

Name of Charity	Address with Zip Code	Amount \$

**4. OTHER BENEFICIARIES**

Do you want your Will to benefit anyone other than your children, grandchildren or charity?

YES  NO

If so, please list:

Name of Beneficiary	Address	Relationship	Amount \$

**F. EXECUTOR**

Whom do you want to serve as your Executor?

**(HUSBAND)**

First Choice:  SPOUSE  OTHER \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**(WIFE)**

First Choice:  SPOUSE  OTHER \_\_\_\_\_



Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**G. TRUSTEE**

Whom do you want to serve as your Trustee?

**(HUSBAND)**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**(WIFE)**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**H. GUARDIAN**

If you have a **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**I. LIVING WILL**

**(HUSBAND)**

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  YES  NO

Do you want to donate your eyes or organs?  YES  NO

Do you want your Health Care Agent to consult with another person prior to acting?  YES  NO

If yes, with whom? \_\_\_\_\_



Name of Proposed Health Care Agent \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Name of Alternate Health Care Agent \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**(WIFE)**

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  YES  NO

Do you want to donate your eyes or organs?  YES  NO

Do you want your Health Care Agent to consult with another person prior to acting?  YES  NO

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Name of Alternate Health Care Agent \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

What are the name and address of each of your primary care physician?

Name of Physician \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_



**J. POWER OF ATTORNEY**

**(HUSBAND)**

Name of Proposed Financial Agent: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Name of Proposed Alternate Financial Agent: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**(WIFE)**

Name of Proposed Financial Agent: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Name of Proposed Alternate Financial Agent: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**K. MISCELLANEOUS**

Do you have any other legal issues which I should be aware of?     YES     NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box?     YES     NO

If yes, please indicate the name and address of the location: \_\_\_\_\_

\_\_\_\_\_

Have you ever made gifts to any one person in excess of \$10,000 in any one calendar year?  YES     NO

Have you ever filed a Federal Gift Tax Return?     YES     NO

**ASSETS**

(What you own as of today)

Type of Account	Name of Account	Bank Name	Account Number	Balances
Check/Sav/Money				
Check/Sav/Money				
Check/Sav/Money				
CD/US Bond				
CD/US Bond				
IFT Accounts				
IFT Accounts				
Stock/Bond/Mutual				
Stock/Bond/Mutual				
Stock/Bond/Mutual				
IRA/Annuity/Pens				
IRA/Annuity/Pens				
Residence				
Other Real Estate				
Life Insurance				
Life Insurance				
Cem/Funeral				
Cem/Funeral				
Other				
Other				

(Please use additional pages if needed)





**LIABILITIES**

(What you owe as of today)

Type of Liability	To Whom Owed	Date Incurred	Present Balance

**GIFTS WITHIN THE PAST 5 YEARS**

(Things you transferred and did not get fair value in returns)

Type of Asset	To Whom Transferred	Date Transferred	Amount of Transfer