



**Instructions:**

- Please be careful to spell all names correctly.
- If you are unsure of a question, simply leave it blank.
- Attach extra pages if you need more space.
- If you are a couple, BOTH parties must attend the first meeting.
- If, for any reason, one spouse is unable to attend, or if you have a problem with this requirement, please call in advance.
- Please read the list below of documents to bring with you to your appointment.
- The more thoroughly you complete the questionnaire, the better we can advise you!

**Documents to Bring to Your Appointment:**

- Any current Wills, Trusts, Powers of Attorney, or other estate planning documents
- Real estate Deeds
- Promissory notes
- Pre/post-marital agreements
- Mineral Rights Deeds
- Timeshare deeds and/or contracts
- Corporate bylaws, partnership agreements, LLC operating agreements, buy/sell agreements, etc.

**PLEASE COMPLETE THE ENTIRE QUESTIONNAIRE  
& PROVIDE IT PRIOR TO OR AT YOUR APPOINTMENT**



**PART ONE: PERSONAL INFORMATION**

**Your Information**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Legal A/K/A (if applicable) \_\_\_\_\_

Personal Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation (or prior if retired) \_\_\_\_\_

Employer \_\_\_\_\_

U.S. Citizen  Yes  No

Have you ever filed a gift tax return? (Form 709)  Yes  No

Describe your health and life expectancy \_\_\_\_\_

## Spouse/Partner Information

First Name	_____
Middle Name	_____
Last Name	_____
Legal A/K/A (if applicable)	_____
Personal Email	_____
Cell Phone	_____
Occupation (or prior if retired)	_____
Employer	_____
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have they ever filed a gift tax return? (Form 709)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe their health and life expectancy	_____

## Joint Information

*Complete for Married Couples Only*

Date of Marriage	_____
Have you and your spouse ever owned property in a community property state? (AZ, CA, ID, LA, NV, NM, TX, WA, WI)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you and your spouse consider your assets to be owned jointly or separately?	<input type="checkbox"/> Joint <input type="checkbox"/> Separate
Did you and/or your spouse receive any valuable gifts or inheritances after marriage? If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Did you and/or your spouse come into your marriage with any substantial assets? If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have a pre/post-marital agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Contract to Will or Agreement Not to Modify Estate Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## General Information

Primary Address	_____
City	_____
State	_____
ZIP Code	_____
County	_____

## General Information (cont.)

Preferred method of communication	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Do you have existing estate planning documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about us?	<input type="checkbox"/> Referral <input type="checkbox"/> Web Search <input type="checkbox"/> Seminar Mailer <input type="checkbox"/> E-Newsletter <input type="checkbox"/> Social Media <input type="checkbox"/> Other
If Referral/Social Media/Other, please name	_____
Financial Advisor/Planner Name	_____
Phone Number	_____
Email Address	_____
If none, are you interested in a referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CPA Name (or Tax Preparer)	_____
Phone Number	_____
Email Address	_____
If none, are you interested in a referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No



## PART TWO: CHILDREN & FAMILY

### General Family Information

Do all your children get along, generally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain	_____
Do any of your children have large estates? (\$5+ Million)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any deceased children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, do they have any surviving descendants?	_____
Do you wish to disinherit any of your descendants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, who?	_____
Are any of your children or grandchildren receiving or likely to receive public benefits? (e.g. SSI/Medicare)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, who?	_____
Age of oldest grandchild?	_____
Age of youngest grandchild?	_____
Would you like us to send general estate planning information to your family members? Who? <i>(Seminar invitations, newsletters, offers for free consultations, etc.)</i>	_____

## Child #1

First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Parent  Ours  His  Hers

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Spouse's Full Name *(if applicable)* \_\_\_\_\_

Number of Children *(blood or adopted)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Are you concerned with their money management?  Yes  No

Any concerns about their spouse?  Yes  No

## Child #2

First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Parent  Ours  His  Hers

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Spouse's Full Name *(if applicable)* \_\_\_\_\_

Number of Children *(blood or adopted)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

## Child #2 (cont.)

Primary Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Are you concerned with their money management?  Yes  No

Any concerns about their spouse?  Yes  No

## Child #3

First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Parent  Ours  His  Hers

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Spouse's Full Name *(if applicable)* \_\_\_\_\_

Number of Children *(blood or adopted)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Are you concerned with their money management?  Yes  No

Any concerns about their spouse?  Yes  No

## Child #4

First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Parent  Ours  His  Hers

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

## Child #4 (cont.)

Spouse's Full Name *(if applicable)* \_\_\_\_\_

Number of Children *(blood or adopted)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Are you concerned with their money management?     Yes     No

Any concerns about their spouse?                             Yes     No



## PART THREE: ASSET INFORMATION

*Please be as specific as you can with regard to account names and ownership.  
Provide best estimates of account values – exact values not necessary.*

### Banks and Credit Unions

	<b>Name of Institution</b>	<b>Ownership</b> <small><i>(Name, Joint, Trust)</i></small>	<b>Account Type</b> <small><i>(Checking, Savings, CD, MM)</i></small>	<b>Approximate Balance</b>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
<b>Total Value</b>				_____

**Do any of these accounts have one or more of the following on them?**

- P.O.D. (Pay on Death)
- F.B.O (For benefit of another person)
- T.O.D. (Transfer on Death)
- One or more co-signors (not a joint owner)

**If yes, which accounts? (insert # above)** \_\_\_\_\_

## Retirement Accounts

*IRA, 401(k), 403(b), PERA, Pensions, Qualified Annuities, etc.*

	<b>Custodian</b> <small>(Bank, Broker, Employer)</small>	<b>Type</b> <small>(IRA, 401k, etc.)</small>	<b>Account Owner</b>	<b>Primary Beneficiary</b>	<b>Secondary Beneficiary</b>	<b>Approximate Value</b>
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
<b>Total Value</b>						_____

## Brokerage Accounts/Mutual Funds

*These accounts are not in an IRA*

	<b>Name of Firm or Fund</b>	<b>Ownership</b> <small>(Name., Joint, Trust)</small>	<b>Approximate Value</b>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
<b>Total Value</b>			_____

**Do any of these accounts have one or more of the following on them?**

- P.O.D. (Pay on Death)
- F.B.O (For benefit of another person)
- T.O.D. (Transfer on Death)
- One or more co-signors (not a joint owner)

**If yes, which accounts? (insert # above)** \_\_\_\_\_

## Stocks or Bonds – Not in a Brokerage Account

*These include certificates you actually hold*

	<b>Name of Stock</b>	<b>Ownership</b> <small>(Name, Joint, Trust)</small>	<b>Shares</b> <small>(Number of shares)</small>	<b>Approx. Market Value</b>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
<b>Total Value</b>				_____

# Real Estate

*Including timeshares, rental properties, mineral rights, oil & gas leases, and royalty interests*

Real Estate				
<i>Including timeshares, rental properties, mineral rights, oil &amp; gas leases, and royalty interests</i>				
Property Address <small>(Street)(City, State, ZIP)</small>	Original Cost	Approx. Mkt. Value	Outstanding Mortgage	Net Value
1 _____ _____	_____	_____	_____	_____
<b>Owner/Title</b> _____	<small>(Name(s), trust, LLC, corporation, etc.)</small>			
<b>Type</b> _____	<small>(Residence, rental, timeshare, mineral right, etc.)</small>			
2 _____ _____	_____	_____	_____	_____
<b>Owner/Title</b> _____				
<b>Type</b> _____				
3 _____ _____	_____	_____	_____	_____
<b>Owner/Title</b> _____				
<b>Type</b> _____				
4 _____ _____	_____	_____	_____	_____
<b>Owner/Title</b> _____				
<b>Type</b> _____				
5 _____ _____	_____	_____	_____	_____
<b>Owner/Title</b> _____				
<b>Type</b> _____				
6 _____ _____	_____	_____	_____	_____
<b>Owner/Title</b> _____				
<b>Type</b> _____				
			<b>Net Total Value</b>	_____

**Which #?**

- Are you planning on selling any of your real estate soon?  Y  N \_\_\_\_\_
- Are any properties owned with someone other than your spouse?  Y  N \_\_\_\_\_
- Do any of your children or relatives reside on any of your properties?  Y  N \_\_\_\_\_
- Are you planning to purchase any new real estate soon?  Y  N \_\_\_\_\_



## Life Insurance

	Policy Owner	Insured Life	Insurance Company	Type <small>(whole/ term)</small>	Primary Bene.	Second Bene.	Cash Value <small>(if any)</small>	Death Benefit
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____
<b>Total Death Benefit</b>								_____

## Non-Qualified Annuities

*Immediate and/or deferred – not a retirement plan*

	Insurance Company	Type	Owner	Primary Beneficiary	Secondary Beneficiary	Approximate Value
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
<b>Total Value</b>						_____

## Businesses

*Corporations, LLCs, Partnerships, Limited Partnerships, etc.*

	Business Name	Type	Owner <small>(Name, JT, Trust)</small>	Ownership Interest %	Approximate Value
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
<b>Total Value</b>					_____

## Other Assets

*Anticipated Inheritance, Cars, Boats, RVs, Jewelry, Art, Coins, Patents, etc.*

	Asset	Ownership <small>(Name, Joint, Trust)</small>	Approximate Value
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
<b>Total Value</b>			_____



## PART FOUR: GOALS

### What are Your Goals in Creating or Updating Your Estate Plan?

- Avoiding probate
- Making sure I will be taken care of if disabled
- Maximizing my beneficiaries' inheritance
- Making sure my children have money for education
- Making sure my beneficiaries do not squander their inheritance
- Making sure my beneficiaries' inheritance is protected from bankruptcy, lawsuits, creditors, divorce, etc.
- Avoiding estate taxes
- Peace of mind
- Passing on my values
- Providing supplemental support to my beneficiaries



## PART FIVE: ADDITIONAL INFORMATION

*Please provide any additional important information and/or questions you may have.*

### For Office Use Only

**Date**

**Attorney**

**Control Key**