Estate Planning Questionnaire for Married Couples

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A. GENERAL INFORMATION:

Dated:

Husband's Name	Social Security No.	Birth Date & Age	Date

(including middle initial, "Jr.," "S.," etc.)

Wife's Name	Social Security No.	Birth Date & Age

Street Address	City/State	ZIP

Home Phone	Business Phone	Fax Number

E-Mail Address

Children's Names	Address	Social Security No.	Birth Date

Place of Marriage	Date of Marriage

B. OTHER BENEFICIARIES: (INCLUDING DESIRED CHARITABLE GIFTS)

Names	Address	Relationship, If Any	Amount

C. PRIOR MARRIAGES:

If husband or wife have previously married, describe any continuing obligation under the divorce decree. (Supply copy if available.)

D. DOMICILE:

If your employment, vacation or other circumstances require that you spend more than a nominal amount of time in another state or country, you may be deemed a domiciliary of that jurisdiction for estate tax purposes. If you feel that the question may apply to you, set forth immediately below the name of the state or country, dates you were or will be present in such jurisdiction, where you vote, register your automobile and property owned in such jurisdiction.

E. MISCELLANEOUS: (IF APPLICABLE, GIVE DETAILS BELOW OR ON ANOTHER SHEET)

Yes ☐	No ☐	1. Have you or your spouse made any lifetime gifts exceeding [$14,000] per year to any person or created any trust? (If "yes," please supply copies of gift tax returns and trusts.)
Yes ☐	No ☐	2. Do you or your spouse have a power of appointment or other interests under a Will or Trust of another person? (If "yes," please supply copy of governing instrument, if available.)
Yes ☐	No ☐	3. If you or your spouse have any prospective inheritances, give source and estimated amount.
Yes ☐	No ☐	4. If you or your spouse are or were employed, give details of any pension plans or other employee benefits, including retained group health insurance, to which you are or may be entitled.
Yes ☐	No ☐	5. If you or your spouse are self-employed or a member of a partnership, give details of any contract or commitments to sell such interests at death or retirement, as well as any retirement plans or other benefits that will be payable by reason of your death. (If "yes," please supply copies of any pertinent documents.)
Yes ☐	No ☐	6. If you or your spouse own stock in a closely held corporation, give details of any stock redemption agreements, stock options, salary continuation or other deferred-compensation plans that may be applicable to you. (If "yes," please supply copies of documents.)
Yes ☐	No ☐	7. Is there a safe-deposit box? (If "yes," please indicate bank and box number.)
Yes ☐	No ☐	8. Do you use a professional tax preparer? (If "yes," please indicate name, address and telephone number.)
Yes ☐	No ☐	9. Do you maintain private health insurance and/or long-term care insurance? Are you interested in long-term care insurance?
		10. Indicate the person(s) (together with relationship, if applicable) and/or institution(s) you wish to appoint (if applicable) as your (a) executor; (b) trustee; and (c) guardian of minor children. These fiduciary appointments will be discussed during the introductory meeting.

Intended Executor(s)	Intended Trustee(s)	Guardian(s)
Intended Alternate Executor(s)	**Intended Alternate Trustee(s)**	**Alternate Guardian(s)**

F. CITIZENSHIP:

If either spouse is a noncitizen of the United States, please note the country of citizenship below:

G. ASSETS: (ESTIMATED CURRENT MARKET VALUE)

	Husband's Name	Wife's Name	Joint Names (For Community Property)
1. Real estate: Residence			
Vacation home (please indicate state where situated)			
Other real estate (please indicate state where situated)			
2. Stocks and mutual funds (non-IRA)			
3. Bonds and notes (including Series EE/HH bonds)			
4. Value of business assets if self-employed or interested in partnership or closely held corporation			
5. Savings accounts, savings certificates, savings bonds, money market and cash			
6. Expected from other estates or trusts			
7. Interest in profit sharing, retirement plans, Keogh plans or annuities			
8. IRA accounts			
9. Autos, furniture, jewelry, art, collections and household items (conservative estimate)			
10. Miscellaneous other assets			
TOTAL ASSETS	$0.00	$0.00	$0.00
LESS MORTGAGES, LOANS AND OTHER LIABILITIES			

F LIFE INSURANCE: (IF MORE THAN $300,000, PLEASE BRING POLICIES/CONTRACTS FOR REVIEW)

Life Insurance Death Benefits From Next Page:

Insured	Owner (If different from insured)	Company & Type of Insurance (e.g. term, group, whole, life, accidental)	Face Amount of Death Benefit	Net Cash Value	Loans	Primary Beneficiary	Secondary Beneficiary
TOTALS:			$0.00	$0.00	$0.00	$0.00	$0.00