

Estate Planning Questionnaire for Single Individuals

A. GENERAL INFORMATION

Personal Details

Dated:

Client Name

Social Security No.

Birth Date & Age

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

Street Address

City/State

ZIP

Home Phone

Work Phone

Fax Number

E-mail Address

Marital status: [please check one]

Single

Widowed

Divorced

If widowed, please indicate spouse's name and date of death:

[Please provide relevant information regarding predeceased spouse's estate, including death certificate and copies of will and estate tax returns filed.]

If divorced, please indicate former spouse's name and date of divorce:

[Please provide copy of any settlement agreement and/or divorce decree, if applicable.]

Children's Name

Address

Social Security No.

Birth Date

B. OTHER BENEFICIARIES: (INCLUDING INTENDED CHARITABLE BENEFICIARIES)

Names	Address	Relationship, if any	Amount

C. PRIOR MARRIAGES:

If you 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 made any lifetime gifts exceeding [\$15,000] 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 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 have any prospective inheritances, give source and estimated amount.
- Yes No 4. If you 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 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 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Intended Alternate Executor(s)	Intended Alternate Trustee(s)	Alternate Guardian(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

F. CITIZENSHIP:

If you are a noncitizen of the United States, please note the country of citizenship below:

G. ASSETS: (ESTIMATED CURRENT MARKET VALUE)

	Your 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		
LESS MORTGAGES, LOANS AND OTHER LIABILITIES		

H. LIFE INSURANCE:

(IF MORE THAN \$300,000, PLEASE BRING POLICIES/CONTRACTS FOR REVIEW)

Life Insurance Death Benefits From Previous Page:

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