



Estate Planning Questionnaire

1. Client(s) Name(s):

---

---

2. Home Address:

---

---

3. Telephone Numbers:

---

---

---

4. Social Security Number(s):

---

---

5. Date(s) of Birth:

---

---

6. Occupation(s) and Employer(s):

---

---

---

---

7. Please list the names and ages of all of your children:

---

---

---

---

---

---

---

8. How would you like to have your estate distributed? (For example, equally between your children, a portion to grandchildren, other relatives, friends, charities, etc.)

---

---

---

---

---

---

9. At what age(s) would you like your beneficiaries to be able to make their own decisions concerning their portion of the estate? Prior to reaching this age, the beneficiaries would have access to the funds by getting approval from your appointed Trustee(s).

---

---

10. If anything happened to one of your beneficiaries, where would you like their share to go? A common method is to have their share go to their surviving children, if any. You could also have it go to your other children, a charity, another family member, etc.

---

---

---

11. Who do you want as Trustee(s) and Executor(s) of your estate, in charge of administering and making distributions prior to the beneficiaries reaching the designated age(s).

First Trustee: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

Second Trustee: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

Third Trustee: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

Fourth Trustee: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

12. If you were unable to make legal and financial decisions for yourself, who would you like to make those decisions for you?

First POA: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

Second POA: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

Third POA: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

13. If you were unable to make medical decisions for yourself, who would you like to make those decisions for you?

First MPOA: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

Second MPOA: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

14. If any of your children are under 18 years of age when you pass away, who would you like to act as guardian for your minor children?

First Guardian: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

Second Guardian: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

Third Guardian: \_\_\_\_\_  
(Address) \_\_\_\_\_

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

15. Besides your home, please list the address(es) of all of your real property, including any timeshares:
- 
- 
- 
- 
16. Please list the names of any businesses where you have an ownership interest:
- 
- 
- 
17. Please estimate the total value of all of your assets minus liabilities (your total net worth):
- 
18. Do you expect to inherit from anyone else? If so, please describe:
- 
- 
- 
19. Please provide the name and telephone number of your accountant, insurance agent and any other tax or investment advisors:
- 
- 
- 
- 
- 
-