



ESTATE PLANNING
QUESTIONNAIRE

PERSONAL INFO

BACKGROUND INFORMATION

	NAME	DATE OF BIRTH	SOCIAL SECURITY #	U.S. CITIZEN
YOURSELF	_____	_____	_____	_____
SPOUSE	_____	_____	_____	_____
CHILD	_____	_____	_____	_____
CHILD	_____	_____	_____	_____
CHILD	_____	_____	_____	_____
CHILD	_____	_____	_____	_____

RESIDENCE

STREET ADDRESS		HOW LONG HAVE YOU LIVED HERE?	
CITY	STATE	ZIP	
TELEPHONE	CELL	EMAIL	
	CELL (SPOUSE)	EMAIL (SPOUSE)	
HOW DO YOU PREFER TO BE CONTACTED?			

EMPLOYMENT

	YOURSELF	SPOUSE
COMPANY NAME	_____	_____
OCCUPATION	_____	_____
COMPANY ADDRESS	_____	_____
COMPANY PHONE	_____	_____
LENGTH OF EMPLOYMENT	_____	_____

INCOME

	YOURSELF	SPOUSE
BASE SALARY	\$ _____	\$ _____
BONUS	\$ _____	\$ _____
COMMISSIONS	\$ _____	\$ _____

SAVINGS

CASH EQUIVALENTS SAVINGS, CHECKING, CDs, MONEY MARKET FUNDS

JOINTLY HELD	YOURSELF	YOUR SPOUSE

QUALIFIED RETIREMENT ACCOUNTS 401(k), PROFIT SHARING, FIXED ANNUITY, IRA, ROTH IRA, ETC.

TYPE	YOURSELF	YOUR SPOUSE
401K		
IRA		
ROTH IRA		
OTHER		

INVESTMENTS STOCKS, BONDS, MUTUAL FUNDS, ETC

TYPE/COMPANY/ACCT #	JOINTLY HELD	YOURSELF	YOUR SPOUSE

REAL ESTATE

	ADDRESS	CURRENT MARKET VALUE (ESTIMATED)
PRIMARY RESIDENCE		
OTHER		
OTHER		
OTHER		

MORTGAGES/EQUITY LINES OF CREDIT

	MONTHLY PAYMENT (PRINCIPAL & INTEREST ONLY)	INTEREST RATE	MONTHS REMAINING	BALANCE
PRIMARY RESIDENCE				
OTHER				
OTHER				
OTHER				

DEBT INCLUDE PERSONAL LOANS, COLLEGE LOANS, HOME IMPROVEMENT LOANS, AUTO OR BOAT LOANS, PASSBOOK LOANS, CREDIT CARD BALANCES, STORE CHARGES, CHECKING CREDIT LINES, ETC.

LOAN TYPE	MONTHLY PAYMENT	MONTHS REMAINING	UNPAID BALANCE	INSURED?
	\$		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

BUSINESS OWNERSHIP

BUSINESS INFORMATION

	BUSINESS #1	BUSINESS #2	BUSINESS #3
BUSINESS NAME			
BUSINESS VALUE			
NATURE OF BUSINESS			
TYPE OF ENTITY (CORP., S-CORP., LLC, ETC.)			
% OF OWNERSHIP			

BUSINESS AGREEMENTS

	BUSINESS #1	BUSINESS #2	BUSINESS #3
DO YOU HAVE A BUSINESS SUCCESSION PLAN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A BUY-SELL AGREEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF AGREEMENT?	/ /	/ /	/ /
WHAT IS THE VALUE OF THE BUSINESS?			

LIFE INSURANCE

INSURED	NAME OF INSURANCE COMPANY	AMOUNT OF COVERAGE	ANNUAL PREMIUM	TYPE OF COVERAGE (Whole, Term, Variable)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

DO YOU OWN DISABILITY INSURANCE? YES NO

DO YOU OWN LONG TERM CARE INSURANCE? YES NO