



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

# Estate Planning Worksheet

Name: \_\_\_\_\_

Please consider the following fiduciaries needed in your will. On the last page, there are descriptions of the people involved.

	Name	Relationship	Phone Number	Email	Address
<b>Executor</b>					
<b>Backup Executor</b>					
<b>Primary Trustee</b>					
<b>Backup Trustee</b>					
<b>Primary Guardian</b> <i>*applicable for children 18 and under</i>					
<b>Backup Guardian</b> <i>*applicable for children 18 and under</i>					
<b>Health Care Proxy</b>					
<b>Backup Health Care Proxy</b>					
<b>Agent on Power of Attorney</b>					
<b>Backup Agent on Power of Attorney</b>					
<b>Failsafe Beneficiaries</b>					

# Estate Planning Worksheet

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<b>Health Care Proxy</b>					
<b>Backup Health Care Proxy</b>					
<b>Agent on Power of Attorney</b>					
<b>Backup Agent on Power of Attorney</b>					
<b>Failsafe Beneficiaries</b>					

**Executor** – An executor’s role is to wind down the business that you conducted during your life. An executor must submit your last will to probate and gather up your assets. An executor must pay all of the bona fide debts that you incurred and the debts of your estate, which includes any death taxes that may be owed upon death. An executor must account to the beneficiaries of the estate and must distribute the assets of the estate to the beneficiaries after the beneficiaries have approved the accounting.

**Trustee** – The primary job of the trustee is to administer the trust in the best interest of the beneficiaries while keeping to the guidelines set forth in your will. A trustee is also a fiduciary, meaning that a trustee has the highest duty of care to administer the assets of the trust for the benefit of the trust’s beneficiaries. A trustee is responsible for investing and administering the assets of the trust and can be held liable to the beneficiaries of the trust if he or she invests the assets of the trust in an imprudent manner.

**Guardian** – The Guardian is the person who minor child(ren) will live with. The Guardian will also act on behalf of the minor child(ren). This should be an individual person or couple.

**Health Care Proxy** – The person appointed to make medical decisions on your behalf when you are unable to make them on your own.

**Agent on Power of Attorney** – A power of attorney is a written authorization whereby a person grants an individual (an agent) to represent or act on his or her behalf in private affairs, business, or some other legal matter.

**Failsafe Beneficiaries** – This is where your estate will go if you are not survived by children, grandchildren, etc. (i.e. a plane crashes with the entire family on board). People commonly designate family members, friends, and/or charities.