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# New Client - Estate Planning Questionnaire

Please complete the information below to the best of your ability and bring it with you to your appointment. If you are unsure, you may leave the question blank. Completing this form will provide us the information we need to prepare your estate plan more efficiently.

**Basic Information:**

| | | |
|---|---|---|
| Your Name: | | |
| Address: | | |
| Phone: | Cell: | Email: |
| Birth date: | US Citizen: *Yes* *No* | Current Will or Trust: *Yes* *No* |
| Do you expect to receive money/assets from an inheritance or settlement: *Yes* *No* | | |
| | | |
| Your Spouse's Name: | | |
| Address: | | |
| Phone: | Cell: | Email: |
| Birth date: | US Citizen: *Yes* *No* | Current Will or Trust: *Yes* *No* |
| Does your spouse expect to receive money/assets from an inheritance or settlement: *Yes* *No* | | |

**Your Family (children, grandchildren, and any other family):**

| | |
|---|---|
| Legal Name: | |
| Address: | |
| Birth date: | Gender: *Male* *Female* |
| Relationship: | Related to: *Husband* *Wife* *Both* |
| Legal Name: | |
| Address: | |
| Birth date: | Gender: *Male* *Female* |
| Relationship: | Related to: *Husband* *Wife* *Both* |
| Legal Name: | |
| Address: | |
| Birth date: | Gender: *Male* *Female* |
| Relationship: | Related to: *Husband* *Wife* *Both* |

**Family (continued):**

| | |
|---|---|
| Legal Name: | |
| Address: | |
| Birth date: | Gender: *Male* *Female* |
| Relationship: | Related to: *Husband* *Wife* *Both* |
| Legal Name: | |
| Address: | |
| Birth date: | Gender: *Male* *Female* |
| Relationship: | Related to: *Husband* *Wife* *Both* |

Please use additional paper if you have more family to include.

**Financial Information:**

**Real Estate:**

| Description: | Titled to: | Est. Current Value: | Mortgage: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Vehicles and Other Property containing a title (car, boat, etc):**

| Description: | Titled to: | Est. Current Value: | Mortgage: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Investments - stocks, bonds, mutual funds:**

| Description: | Titled to: | Current Value: |
|---|---|---|
| | | |
| | | |
| | | |

**Life Insurance:**

| Company: | Policy Owner: | Beneficiary #1: | Beneficiary #2: | Death Benefit: |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Bank accounts – checking, savings, money market accounts, CDs, safe deposit box, etc.:**

| Name of Bank: | Titled to: | Pay on Death Beneficiary: | Balance: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Retirement Plans - IRAs, 401k's, Pension or Profit Sharing Plans:**

| Description: | Owner: | Beneficiary #1: | Beneficiary #2: | Balance: |
|---|---|---|---|---|
| | | | | |
| | | | | |

**Any debts or liabilities not otherwise listed above:**

| Description: | Secured by: | Balance: |
|---|---|---|
| | | |
| | | |

**Who would you want to serve as the Executor of your Estate:**

| |
|---|
| Executor(s): |
| Alternate Executor(s): |

**If you have minor children, who would you want to serve as their Guardian:**

| |
|---|
| Guardian: |
| Alternate Guardian: |

**<u>Other Financial Information:</u>**

**Please list any questions or concerns below:**