

ESTATE PLANNING QUESTIONNAIRE

A. Personal Data

Full Name _____
(as you want it to appear in your documents)

Date of Birth _____

Occupation _____

Social Security No. _____

Prior Marriage Yes No

U.S. Citizen Yes No

Mailing Address _____
(including zip code)

City/Town/Village _____

County _____

Telephone (residence) _____

Telephone (office) _____

E-mail(s) _____

Children

Names	Dates of Birth	Post Office Address

Family

Parents: _____

Brothers: _____

Sisters: _____

Professional Advisers

Accountant: _____

Investment Advisor: _____

Insurance Agent: _____

B. Miscellaneous Information

(1) Closely-held Business Interest Yes No

Name and Address of Business: _____

Type of Ownership _____
(Corporation/Partnership/Other)

Buy-Sell Agreement Yes No

(2) Trust in effect for your benefit Yes No

(3) Separation agreement with former spouse Yes No

(4) Gift tax returns previously filed Yes No

(5) Gifts to children under
Uniform Trusts to Minors Act Yes No

(6) Do you presently have a
Health Care Declaration or Living Will Yes No

(7) Do you presently have a Power of Attorney Yes No

C. Summary of Assets and Liabilities and Identity of Ownership
 - please show approximate values.

Residence(s)	
Other real estate	
Stocks and Bonds	
Bank accounts	
Business Interests	
Mortgages and Notes Owed by Others to You	
IRA Balances	
Pension/Profit Sharing Balances	
Annuities	
Automobiles	
Furniture, Furnishings Jewelry and Clothing	
Life Insurance face value: owner: beneficiary: term or whole life:	
Stock Options/Other	
Equity Compensation	
Interests (Phantom Stock, Deferred Comp.)	

LIABILITIES: