

Law Office of Kimberly A. Gossett, PA

ESTATE PLANNING QUESTIONNAIRE FOR COUPLES

Date: _____

Husband's Full Name: _____ SSN: (last 4 nos.) _____

Place of Birth: _____ Date of Birth _____ U.S. Citizen Y N

Other Names known by: _____

Wife's Full Name: _____ SSN: (last 4 nos) _____

Place of Birth: _____ Date of Birth _____ U.S. Citizen Y N

Other Names known by: _____

1. Home Address:

Street Address/P.O. Box _____

City: _____ State: _____ Zip Code: _____

Home Telephone No.: _____

Husband Cell: _____

Wife Cell: _____

Husband's e-mail: _____ Wife's e-mail: _____

2. Names of children, whether natural or adopted:

A. _____ Phone No _____

Date of Birth: _____

Name of Child's Spouse (if any) _____

Address: _____

Grandchild: _____ Date of Birth _____

Grandchild: _____ Date of Birth _____

Grandchild: _____ Date of Birth _____
B. _____ Phone No _____

Date of Birth: _____

Name of Child's Spouse (if any) _____

Address: _____

Grandchild: _____ Date of Birth _____

Grandchild: _____ Date of Birth _____

Grandchild: _____ Date of Birth _____

C. _____ Phone No _____

Date of Birth: _____

Name of Child's Spouse (if any) _____

Address: _____

Grandchild: _____ Date of Birth _____

Grandchild: _____ Date of Birth _____

Grandchild: _____ Date of Birth _____

D. _____ Phone No _____

Date of Birth: _____

Name of Child's Spouse (if any) _____

Address: _____

Grandchild: _____ Date of Birth _____

Grandchild: _____ Date of Birth _____

Grandchild: _____ Date of Birth _____

3. Do you have any other relatives dependent upon you for support? Y N
(If yes, give names and relationships): _____

4. Names and addresses of others or alternate persons to receive property: _____

5. Please list any specific items or amounts that you wish to give to any
Individuals or organizations:

NAME	GIFT
_____	_____
_____	_____
_____	_____

6. All other tangible personal property (automobiles, clothing, furniture, pictures,
To be distributed to: (check one)

- Children equally
- Other (specify): _____

7. Do you have a present will: Y N (if yes, attach a copy)

8. Have you ever created a trust? Y N

If yes, attach a copy and list approximate value: \$ _____

9. Have you ever received a substantial amount by inheritance? Y N

If yes, when? _____ Approximate amount \$ _____

10. Who will serve as your personal representative?
(indicate relationship to you)

Alternate (if above person(s) are unable to serve.)

11. Your choice to act as guardian of your minor children (if applicable):

City and State of residence: _____

Alternate(s): _____

City and State of residence: _____

12. Do you have a safety deposit box? Y N

If yes, where is it located

Name(s) deposit box is listed under: _____

13. Are you concerned that one or more of your children or grandchildren will not behave responsibly with money that you give them? Y N

14. Are any of your children or grandchildren attending private school, College, or graduate school? Y N

15. Do you have any relative who regularly incurs significant medical Bills; or receiving public assistance such as SSI or Medicaid? Y N

16. Do you wish to be cremated? Y N

17. Do you want to be an organ donor? Y N

LIST OF ASSETS

DESCRIPTION OF ASSET	Approximate Value	Is this asset jointly owned with someone else? If so, with whom?
REAL ESTATE Your Residence location Outstanding mortgage amount:		
OTHER REAL ESTATE Location(s) Outstanding mortgage(s) amount:		
AUTOMOBILES Year / make / model Outstanding loan amount, if any:		
BOAT(S) Description Outstanding loan amount, if any:		
COLLECTIBLES of value sentimental or financial ART – please describe JEWELRY: please describe OTHER:		

<p>BANK ACCOUNTS Identify bank and type of account (checking / savings / money market)</p>		
<p>CERTIFICATE OF DEPOSITS Identify Bank / Amount / maturity date</p>		
<p>STOCK / MUTUAL FUNDS / BONDS Specify number of shares Do you have actual shares or bonds or are they held in a brokerage account? If so, identify brokerage accounts:</p>		
<p>BUSINESS ENTITIES (Partnerships / S Corporations / LLC, etc)</p>		
<p>MORTGAGES OR NOTES ON DEBTS (money owed to you by someone else)</p>		

<p>RETIREMENT ACCOUNTS Identify primary and contingent beneficiaries</p>		
<p>ANNUITIES Identify primary and contingent beneficiaries</p>		
<p>LIFE INSURANCE POLICIES For each one, please identify the insured, the primary and contingent beneficiaries and the payout amount (face value).</p>		