

WATTERWORTH LAW OFFICES, LLC
GAYLE M. WATTERWORTH, ESQ.
CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
MARRIED COUPLE

Client information

Date: _____

Name: _____

Birth date: ____ / ____ / ____ US Citizen? Yes / No

Phone number (Cell): _____

E-mail: _____

Name: _____

Birth date: ____ / ____ / ____ US Citizen? Yes / No

Phone number (Cell): _____

E-mail: _____

Primary Residence Address: _____

Phone number (Home): _____

Have either of you served in the military? _____

Do you have a safe deposit box ? Yes / No

If Yes, name and address of institution: _____

Names of person(s) authorized to open safe deposit box: _____

Do you have any pets, service or support animals to be cared for? Yes / No

Name/Type/Age: _____

Name of Caretaker to be contacted: _____

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Beneficiaries:

Name: _____

Relationship: _____

Birth date: ____ / ____ / ____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

Name: _____

Relationship: _____

Birth date: ____ / ____ / ____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

Name: _____

Relationship: _____

Birth date: ____ / ____ / ____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

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Name: _____

Relationship: _____

Birth date: ____ / ____ / ____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

Name: _____

Relationship: _____

Birth date: ____ / ____ / ____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

Name: _____

Relationship: _____

Birth date: ____ / ____ / ____ US Citizen? Yes / No

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Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

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Your Professional Adviser network:

Financial Adviser Name: _____

Firm: _____

Address: _____

Phone: _____

E-mail: _____

Financial Adviser Name: _____

Firm: _____

Address: _____

Phone: _____

E-mail: _____

CPA/Accountant Name: _____

Firm: _____

Address: _____

Phone: _____

E-mail: _____

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Current Estate Planning and other legal Documents:

Do you currently have any of the following legal documents? Please check all that apply and bring copies to our meeting.

- _____ Last Will and Testament
- _____ Trust Agreements – as either Beneficiary or Grantor
- _____ Power of Attorney
- _____ Living Will/ Health Care Agent/ Health Care Directive
- _____ Divorce Decree, if any support obligations or asset transfers are owed
- _____ Prenuptial Agreement
- _____ Other: _____

Past Gifts:

Have you made any gifts in the past five years that exceed \$10,000? Yes / No. If YES, have you filed any gift tax returns? Year _____ Gift amount \$ _____

Potential Inheritances:

Do you anticipate that you or your beneficiaries might be the recipients of any gifts or inheritances? Yes/ No. If Yes, anticipated value \$ _____ from: _____

Assets:

Tangible Personal Property: Collectibles, jewelry, art, antiques, etc. (over \$10,000 value)

- _____
- _____

Do you own any guns to be passed to a beneficiary of your estate? Yes / No

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Real Estate:

- Primary Residence

Title in the name of: _____

Approximate Market Value \$ _____ Any mortgages? _____

- Vacation/Rental property/Business:

Address _____

Title in the name of: _____

Approximate Market Value \$ _____ Any mortgages? _____

Bank accounts:

- Bank _____ Checking or Savings? _____

Name(s) on the account: _____

Approximate value \$ _____

- Bank _____ Checking or Savings? _____

Name(s) on the account: _____

Approximate value \$ _____

After-Tax Investments/Securities/Brokerage accounts:

- Institution _____

Name(s) on the account: _____

Approximate value \$ _____

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After-Tax Investments/Securities/Brokerage accounts (continued):

- Institution _____
Name(s) on the account: _____
Approximate value \$ _____

Individual Retirement Accounts (IRAs):

- Institution: _____
Name(s) on the account: _____
Approximate Value \$ _____
Primary/Contingent Beneficiary(ies): _____
- Institution: _____
Name(s) on the account: _____
Approximate Value \$ _____
Primary/Contingent Beneficiary(ies): _____

401(k) or Retirement Plans:

- Employer _____ Type of Plan: _____
Account owner: _____
Approximate Value \$ _____
Primary/Contingent Beneficiary(ies): _____
- Employer _____ Type of Plan: _____
Account owner: _____
Approximate Value \$ _____
Primary/Contingent Beneficiary(ies): _____

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Life insurance policies:

- Insurance Company: _____
- Insured: _____ Owner of policy: _____
- Approximate Face Value \$ _____ Cash Value: _____
- Primary/Contingent Beneficiary(ies): _____

- Insurance Company: _____
- Insured: _____ Owner of policy: _____
- Approximate Face Value \$ _____ Cash Value: _____
- Primary/Contingent Beneficiary(ies): _____

Annuities:

- Insurance Company: _____
- Annuitant: _____ Owner of policy: _____
- Approximate Value \$ _____
- Primary/Contingent Beneficiary(ies): _____

- Insurance Company: _____
- Annuitant: _____ Owner of policy: _____
- Approximate Value \$ _____
- Primary/Contingent Beneficiary(ies): _____

529 college savings plan accounts/Uniform Gifts to Minors Act Accounts:

- For benefit of: _____
- Institution _____ Approximate value \$ _____

- For benefit of: _____
- Institution _____ Approximate value \$ _____

- For benefit of: _____
- Institution _____ Approximate value \$ _____

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Other Assets:

- _____
- _____
- _____
- _____

Executors- who would you designate as an Alternate if surviving spouse could not serve?

Name _____

Address: _____

Phone: _____

Living Will – do you wish to provide for “no heroic measures” and pain medication in the end stages of life?

Health Care Agent – is someone to make medical decisions for you in the event that you are not able to communicate your consent for treatment? Who would you designate as an Alternate if your spouse could not serve?

Name _____

Address: _____

Phone: _____

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Power of Attorney - who would you designate? Typically, spouses name each other. Who would you designate as an Alternate if surviving spouse could not serve?

Name _____

Address: _____

Phone: _____

Name _____

Address: _____

Phone: _____

If you have minor children, who would you designate as:

Guardian _____

Name _____

Address: _____

Phone: _____

Conservator of Person, if needed: _____

Conservator of Estate, if needed: _____

Cyber Security and Account Access:

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Do you maintain any Internet/Social Media/Online banking or credit card accounts? Yes /No.
If **Yes**, it could be very important for your executor, trustee, attorney-in-fact, or a trusted family member to gain access to information from your computer, phone or online accounts. It is strongly suggested that you maintain a separate list of such accounts with your Login and Password information in a secure place, such as a safe deposit box.

Do you have any specific questions or concerns you wish to discuss when we meet?