



ESTATE PLANNING QUESTIONNAIRE

NAME: _____

ADDRESS: _____

COUNTY: _____

PHONE NUMBER: _____

EMAIL: _____

LAST FOUR OF SS#: XXX – XX - _____

SPOUSE:

NAME OF SPOUSE: _____

PHONE: _____

CHILDREN OR HEIRS AT LAW:

1) NAME: _____

ADDRESS: _____

PHONE: _____

2) NAME: _____

ADDRESS: _____

PHONE: _____

3) NAME: _____

ADDRESS: _____

PHONE: _____

4) NAME: _____

ADDRESS: _____

PHONE: _____

NAME OF PERSON YOU WOULD LIKE TO MAKE MEDICAL DECISIONS FOR YOU IF YOU ARE UNABLE TO DO SO YOURSELF:

NAME: _____

ADDRESS: _____

PHONE: _____

NAME OF BACK UP PERSON TO MAKE MEDICAL DECISIONS FOR YOU IF THE FIRST CHOICE IS NOT AVAILABLE:

NAME: _____

ADDRESS: _____

PHONE: _____

NAME OF PERSON YOU WOULD LIKE TO MAKE FINANCIAL DECISIONS FOR YOU IF YOU ARE UNABLE TO DO SO YOURSELF:

NAME: _____

ADDRESS: _____

PHONE: _____

NAME OF BACK UP PERSON TO MAKE FINANCIAL DECISIONS FOR YOU IF THE FIRST CHOICE IS NOT AVAILABLE:

NAME: _____

ADDRESS: _____

PHONE: _____

BENEFICIARY INFORMATION:

1) NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

COUNTY: _____

PHONE: _____

PERCENTAGE OR AMOUNT OF BEQUEST: _____

IF THIS BENEFICIARY WERE TO PREDECEASE YOU, WOULD YOU WANT THEIR SHARE TO BE: (check option below)

DIVIDED AMONG THE SURVIVING BENEFICIARIES, or

DISTRIBUTED TO THE BENEFICIARIES' SURVIVING CHILDREN?

2) NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

COUNTY: _____

PHONE: _____

PERCENTAGE OR AMOUNT OF BEQUEST: _____

IF THIS BENEFICIARY WERE TO PREDECEASE YOU, WOULD YOU WANT THEIR SHARE TO BE: (check option below)

DIVIDED AMONG THE SURVIVING BENEFICIARIES, or

DISTRIBUTED TO THE BENEFICIARIES' SURVIVING CHILDREN?

3) NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

COUNTY: _____

PHONE: _____

PERCENTAGE OR AMOUNT OF BEQUEST: _____

IF THIS BENEFICIARY WERE TO PREDECEASE YOU, WOULD YOU WANT THEIR SHARE TO BE: (check option below)

- DIVIDED AMONG THE SURVIVING BENEFICIARIES, or
 DISTRIBUTED TO THE BENEFICIARIES' SURVIVING CHILDREN?

4) NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

COUNTY: _____

PHONE: _____

PERCENTAGE OR AMOUNT OF BEQUEST: _____

IF THIS BENEFICIARY WERE TO PREDECEASE YOU, WOULD YOU WANT THEIR SHARE TO BE: (check option below)

- DIVIDED AMONG THE SURVIVING BENEFICIARIES, or
 DISTRIBUTED TO THE BENEFICIARIES' SURVIVING CHILDREN?

WHO WOULD YOU LIKE TO ADMINISTER YOUR ESTATE OR TRUST AFTER YOU PASS AWAY?

NAME: _____

ADDRESS: _____

IF THIS PERSON IS UNAVAILABLE, WHO WILL SERVE AS A BACK-UP?

NAME: _____

ADDRESS: _____

SPECIFIC BEQUESTS:

1) NAME: _____

BEQUEST: _____

2) NAME: _____

BEQUEST: _____

SPECIAL MEDICAL FORM INSTRUCTIONS: _____

SPECIAL FINANCIAL FORM INSTRUCTIONS:

WOULD YOU LIKE TO CREATE A LIVING TRUST?

[] YES – if YES, please answer the remaining questions

[] NO – if NO, there is no need to answer the remaining questions

REAL PROPERTY CONVEYED TO TRUST:

ADDRESS: _____

COUNTY: _____

PARCEL NUMBER: _____

FINANCIAL ACCOUNTS PUT INTO THE TRUST:

1) FINANCIAL INSTITUTION NAME: _____

ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____

2) FINANCIAL INSTITUTION NAME: _____

ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____

3) FINANCIAL INSTITUTION NAME: _____

ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____

PERSONAL PROPERTY IN THE TRUST:
