CONFIDENTIAL



**ESTATE PLANNING QUESTIONNAIRE**

Summit Wealth & Retirement Partners cannot draft legal documents. We will however use this information to assist you in thinking through your estate planning goals and objectives before you sit down with your attorney and he/she begins the drafting process. We know from experience that this lends itself to a better outcome for our clients as it greatly increases the likelihood that your estate documents will match your goals and objectives.

Please complete as much of this as you can and send back to us so we can jointly review before sending to your attorney.

CLIENT 1 NAME: CLIENT 2 NAME:

DATE OF BIRTH: DATE OF BIRTH:

SSN: SSN:

EMPLOYER: EMPLOYER:

OCCUPATION: OCCUPATION:

STREET ADDRESS:

CITY: STATE: ZIP:

HOME PHONE:

CLIENT 1 CELL PHONE: CLIENT 2 CELL PHONE:

CLIENT 1 WORK PHONE: CLIENT 2 WORK PHONE:

CLIENT 1 E-MAIL: CLIENT 2 EMAIL:

*IF MARRIED:*

DATE OF MARRIAGE: PLACE OF MARRIAGE:

DEPENDENTS:

**Full Name: Birth Date: Marital Status:**

Child 1:

Child 2:

Child 3:

Child 4:

Child 5:

PLANNING QUESTIONS: YES NO

**Have you ever had a will or a trust? \_\_\_\_ \_\_\_\_**

**Is either spouse not a U.S. citizen? \_\_\_\_ \_\_\_\_**

**Does any family member have special needs? \_\_\_\_ \_\_\_\_**

**Do you have a premarital agreement? \_\_\_\_ \_\_\_\_**

**Does either spouse have children from a previous marriage? \_\_\_\_ \_\_\_\_**

**Do you anticipate receiving a substantial inheritance? \_\_\_\_ \_\_\_\_**

**Did either spouse have substantial assets before marriage? \_\_\_\_ \_\_\_\_**

**Do you wish to leave a gift to any charities on your death? \_\_\_\_ \_\_\_\_**

GUARDIANS OF MINOR CHILDREN (N/A if none of your children are minors):

**In order of preference, please list the names, relationships and addresses of your choices for guardians of minor children:**

**Primary: Secondary:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EXECUTORS/TRUSTEES:

**In order of preference, please list the names, relationships, and addresses of your choices for executors/trustees. I am assuming each spouse will initially act for the other.**

**Primary: Secondary:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

HEALTH CARE AGENT:

**Please fill out the attached pages (one copy for each client) to name your agents as well as your preferences on life-sustaining treatment. Normally, each spouse will act as each other’s primary health care agent, and you will choose a first alternate and a second alternate in case your spouse cannot act.**

PART III: 1st DEATH, 2nd DEATH & FINAL DISTRIBUTION

**Please describe how you want your assets to be distributed if something were to happen to just one of you.**

**1st Death (examples would be keep everything in trust for the surviving spouse, create a separate irrevocable trust and place ½ of the assets in said trust at first death and leave the rest to my spouse):**

**2nd Death (examples would be outright to my children, in trust for my children, 1/3 at age 30, 1/3 at age 35, 1/3 at age 40):**

**Final Distribution (when all immediate family members are deceased, where do your assets go):**

SPECIFIC GIFTS:

**If you wish to leave specific items of property to specific individuals, please make a separate list of those items and the intended recipients of each item.**

CHARITIES:

**If you would like assets given or gifts made to charity as part of your estate plan, please make a separate list of those charities and the gifts you wish be left to each charity.**

PART IV: ODDS AND ENDS

 **Do you think that anyone in either of your families would object to any part of your estate plan such as guardianship or asset distribution? Yes [ ] No [ ]**

CLIENT 1 FUNERAL ARRANGEMENTS**: [ ] Burial [ ] Cremation**CLIENT 2 FUNERAL ARRANGEMENTS**: [ ] Burial [ ] Cremation**PETS:

REAL PROPERTY:

**Address Value Mortgage**

**Primary Residence**

SAVINGS ACCOUNTS:

**Bank Branch Acct. No. Value**

CHECKING ACCOUNTS:

**Bank Branch Acct. No. Value**

BROKERAGE ACCOUNTS (NON-RETIREMENT):

**Institution Branch Acct. No. Value**

RETIREMENT ACCOUNTS:

**Institution Branch Acct. No. Value**

INSURANCE POLICIES:

**Company Policy No. Name of Insured Cash Value Death Benefit**

BUSINESS INTERESTS:

**Name of Business Type of Business Value**

OTHER ASSETS (VALUABLE PERSONAL ITEMS, ETC.):