Law Office of Kimberly A. Gossett, PA

ESTATE PLANNING QUESTIONNAIRE FOR COUPLES

Date: Who referred you to us:		
Spouse 1's Full Name:		SSN: (last 4 nos.)
Place of Birth:	Date of Birth	$ U.S. Citizen : \Box Y \Box N$
Other Names known by: _		
Spouse 2's Full Name:		SSN: (last 4 digits)
Place of Birth:	Date of Birth	U.S. Citizen : \Box Y \Box N
Other Names known by:		
1. Home Address:		
Street Address/P.0	D. Box	
City:	State:	Zip Code:
Spouse 1 Cell	one No.:	
Spouse 1's e-mail:	Spouse	2's e-mail:
2. Names of children, wheth	ner natural or adopted:	
A		Phone No
Date of I	Birth:	
Name of	Child's Spouse (if any)	
Address	:	
Grand	child:	Date of Birth
Grande	child:	Date of Birth

B.	Grandchild:	Date of Birth Phone No	
D			
	Date of Birth:		
	Name of Child's Spouse (if any) _		
	Address:		
	Grandchild:	Date of Birth	
	Grandchild:	Date of Birth	
	Grandchild:	Date of Birth	
С		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? $: \Box Y \Box N$

(If yes, give names and	relationships):
Names a	and addresses of others	or alternate persons to receive property:
	list any specific items o duals or organizations:	or amounts that you wish to give to any
	NAME	GIFT
	tangible personal proposition to the stributed to: (check on	erty (automobiles, clothing, furniture, pictures, ne)
	Children equally	
	Other (specify):	

- 7. Do you have a present will: $\Box Y \Box N$ (if yes, attach a copy)
- 8. Have you ever created a trust? \Box Y \Box N

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

9. Have you ever received a substantial amount by inheritance? \Box Y \Box 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 □ NIf 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? $\Box Y \Box N$		
17. Do you want to be an organ donor? \Box Y \Box N		
18. Is one spouse's assets valued over \$13 million? \Box Y \Box 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:		
COLLECTIDIES for her continuental of formaid		
COLLECTIBLES of value sentimental or financial		
ART – please describe		
JEWELRY: please describe		
OTHER:		
	1	

BANK ACCOUNTS	
Identify bank and type of account	
(checking / savings / money market)	
CERTIFICATE OF DEPOSITS	
Identify Bank / Amount / maturity date	
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:	
BUSINESS ENTITIES	
(Partnerships / S Corporations / LLC, etc)	
MORTGAGES OR NOTES ON DEBTS	
(money owed to you by someone else)	

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