Law Office of Kimberly A. Gossett, PA

ESTATE PLANNING QUESTIONNAIRE FOR INDIVIDUALS

Date:	
Full Name:	
Place 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.:	Cell:
Email address:	
2. Names of children, whether natural or adopted:	
A	Phone No
Date of Birth:	
Name of Child's Spouse (if any	y)
Address:	
Grandchild:	Date of Birth
Grandchild:	Date of Birth
Grandchild:	Date of Birth
В	Phone No
Date of Birth:	
Name of Child's Spouse (if any	y)

Address:			
Grandchild:	Date of Birth		
Grandchild:	Date of Birth		
Grandchild:	Date of Birth		
C	Phone No		
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 to (If yes, give names and relationships)			
4. Names and addresses of others or alternate p	ersons to receive property:		

	NAME	GIFT
	All other tangible personal istributed to: (check one)	property (automobiles, clothing, furniture, j
	Children equally	
	Other (specify):	
Do you	ı have a present will: □ Y	□ N (if yes, attach a copy)
Have y	ou ever created a trust?	□ Y □ N
If yes,	attach a copy and list appro	oximate value: \$
. Have y	you ever received a substan	ntial amount by inheritance? $\Box Y \Box N$
If yes,	when?	Approximate amount \$
	will serve as your persona cate relationship to you)	l representative?
Alte	rnate (if above person(s) an	re unable to serve.)
1. Your	choice to act as guardian of	of your minor children (if applicable):
		nce:
	Alternate(s):	
	City and State of reside	nce:

12.	Do you have a safety deposit box? $\Box Y \Box N$ 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? \Box Y \Box N
14.	Are any of your children or grandchildren attending private school, College, or graduate school? $\ \square\ Y\ \square\ N$
15.	Do you have any relative who regularly incurs significant medical Bills; or receiving public assistance such as SSI or Medicaid? \Box Y \Box N
16.	Do you wish to be cremated? $\Box Y \Box N$
17.	Do you want to be an organ donor? $\Box Y \Box N$

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:		

BANK ACCOUNTS	
Identify bank and type of account	
(checking / savings / money market)	
(checking / savings / money market)	
CERTIFICATE OF DEPOSITS	
Identify Bank / Amount / maturity date	
Identify Dank / 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)	
(money owed to you by someone cise)	

RETIREMENT ACCOUNTS	
Identify primary and contingent beneficiaries	
and the second s	
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).	