

GAYLE M. WATTERWORTH

ATTORNEY AT LAW

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ESTATE PLANNING QUESTIONNAIRE – MARRIED COUPLE

Date: _____

Client information:

Name: _____

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

Name: _____

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

Primary Residence Address: _____

Phone number (Home): _____

Phone number (Cell): _____

E-mail: _____

Have either of you served in the military? _____

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Children and other Beneficiaries:

Name: _____

Relationship: _____

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

Address: _____

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

Name: _____

Relationship: _____

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

Address: _____

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

Name: _____

Relationship: _____

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

Address: _____

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

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Name: _____

Relationship: _____

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

Address: _____

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

Name: _____

Relationship: _____

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

Address: _____

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

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

Name/Type/Age: _____

Name of Caretaker to be contacted: _____

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: _____

Have you made any advance Funeral or burial arrangements?

If Yes, where? _____

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Your Professional Adviser network:

Financial Adviser Name: _____

Firm: _____

Address: _____

Phone: _____

CPA/Accountant Name: _____

Firm: _____

Address: _____

Phone: _____

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: _____

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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 \$1,000 value)

- _____
- _____
- _____

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? _____

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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 \$ _____

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

- Institution _____

Name(s) on the account: _____

Approximate value \$ _____

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Individual Retirement Accounts:

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

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

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): _____

Annuities:

- 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 \$ _____

Other Assets:

- _____
- _____
- _____
- _____
- _____

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Future Needs:

Do you anticipate either spouse needing skilled nursing care in the near future? _____

Cyber Security and Account Access:

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?

In addition to getting your affairs in order, do you have any additional goals and objectives?

All questions are good questions!