

**GAYLE M. WATTERWORTH**

**ATTORNEY AT LAW**

**Simsbury, CT 06070**

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Phone (860) 999 - 3264

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**ESTATE PLANNING QUESTIONNAIRE – SINGLE PERSON**

Date: \_\_\_\_\_

**Client information:**

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

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ US Citizen? Yes / No

Primary Residence Address: \_\_\_\_\_

Phone number (Home): \_\_\_\_\_

Phone number (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Children or 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: \_\_\_\_\_

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**ESTATE PLANNING QUESTIONNAIRE – SINGLE PERSON**

**Children or other Beneficiaries** *(continued)*:

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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**o 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? \_\_\_\_\_

**Your Professional Adviser network:**

Financial Adviser Name: \_\_\_\_\_

Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_

CPA/Accountant Name: \_\_\_\_\_

Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

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

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**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? \_\_\_\_\_

Bank accounts:

- Bank \_\_\_\_\_ Checking or Savings? \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

Approximate value \$ \_\_\_\_\_

- Bank \_\_\_\_\_ Checking or Savings? \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

Approximate value \$ \_\_\_\_\_

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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 \$ \_\_\_\_\_

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): \_\_\_\_\_

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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): \_\_\_\_\_

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): \_\_\_\_\_

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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:

- \_\_\_\_\_
- \_\_\_\_\_

**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!