

GAYLE WATTERWORTH, ESQ.  
ESTATE PLANNING INFORMATION QUESTIONNAIRE  
MARRIED COUPLE

**Client information**

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

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

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

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

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

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

\_\_\_\_\_

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

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

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

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

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

Have either of you served in the military? \_\_\_\_\_

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: \_\_\_\_\_

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

Name/Type/Age: \_\_\_\_\_

Name of Caretaker to be contacted: \_\_\_\_\_

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**Beneficiaries:**

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

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

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

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work) E-mail: \_\_\_\_\_

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

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

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

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work) E-mail: \_\_\_\_\_

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

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

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

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work) E-mail: \_\_\_\_\_

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

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

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

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work) E-mail: \_\_\_\_\_

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

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

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

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work) E-mail: \_\_\_\_\_

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

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

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

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work) E-mail: \_\_\_\_\_

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**Your Professional Adviser network:**

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

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

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

\_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

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

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

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

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

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

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

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

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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: \_\_\_\_\_

**Assets:**

Tangible Personal Property: Collectibles, jewelry, art, antiques, etc. (over \$5,000 value)

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

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

After-Tax Investments/Securities/Brokerage accounts:

- Institution \_\_\_\_\_

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

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

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

- Institution \_\_\_\_\_  
Name(s) on the account: \_\_\_\_\_  
Approximate value \$ \_\_\_\_\_

Individual Retirement Accounts (IRAs):

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

401(k) or 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): \_\_\_\_\_
  
- 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): \_\_\_\_\_
  
- 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 \$ \_\_\_\_\_
  
- For benefit of: \_\_\_\_\_
- Institution \_\_\_\_\_ Approximate value \$ \_\_\_\_\_



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Other Assets:

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

**Executors**- who would you designate as an Alternate if surviving spouse could not serve?

Name \_\_\_\_\_

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

\_\_\_\_\_

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

**Living Will** – do you wish to provide for “no heroic measures” and pain medication in the end stages of life?

**Health Care Agent** – do you wish to name someone to make medical decisions for you in the event that you are not able to communicate your consent for treatment?

Name \_\_\_\_\_

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

\_\_\_\_\_

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

**Funeral or burial** - have you made any advance arrangements?

Would you like to leave instructions for your wishes? Yes / No

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**Power of Attorney - who would you designate?**

Name \_\_\_\_\_

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

\_\_\_\_\_

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

Name \_\_\_\_\_

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

\_\_\_\_\_

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

**If you have minor children, who would you designate as:**

Guardian \_\_\_\_\_

Name \_\_\_\_\_

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

\_\_\_\_\_

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

**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?