

**BAROUMES LAW GROUP, PLC**  
**ESTATE QUESTIONNAIRE**

1. Name: \_\_\_\_\_ Goes By: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
email address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

2. Spouse's Name: \_\_\_\_\_ Goes By: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
email address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

3. Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Children (*Please List the Oldest First*) (*Please Indicate if the Child is Deceased*)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_ **Children of:**  
H/W/ B: \_\_\_\_\_

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

Spouse's Name (*if any*): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Number of Children (*if any*): \_\_\_\_\_ Ages: \_\_\_\_\_

Any Type of Disability: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_ **Children of:**  
H/W/ B: \_\_\_\_\_

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

Spouse's Name (*if any*): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Number of Children (*if any*): \_\_\_\_\_ Ages: \_\_\_\_\_

Any Type of Disability: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_ **Children of:** H/W/ B: \_\_\_\_\_

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

Spouse's Name (*if any*): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

Number of Children (*if any*): \_\_\_\_\_ Ages: \_\_\_\_\_

Any Type of Disability: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_ **Children of:** H/W/ B: \_\_\_\_\_

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

Spouse's Name (*if any*): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

Number of Children (*if any*): \_\_\_\_\_ Ages: \_\_\_\_\_

Any Type of Disability: \_\_\_\_\_

**(More Children Information?) YES \_\_\_ NO \_\_\_ (If so, please include in NOTES on last page)**

5. Former Spouse of: \_\_\_\_\_ Please indicate if divorce or death and date: \_\_\_\_\_  
Do you have any rights or obligations under any marital agreements, divorce settlements, or judgments? Yes: \_\_\_ No: \_\_\_ *If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

6. Do you have a personal accountant?  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

7. Do you have an insurance agent?  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

8. Do you have a Financial Advisor?  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

9. Employment:  
 Your Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ per year Expected Retirement Date: \_\_\_\_\_
- Spouse's Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ per year Expected Retirement Date: \_\_\_\_\_
10. Are you (or your spouse) the trustee or beneficiary of anyone else's trust? Yes: \_\_\_ No: \_\_\_ *If yes,*  
 please explain: \_\_\_\_\_  
 \_\_\_\_\_
11. Has anyone given you (or your spouse) the power to decide who inherits his or her money?  
 Yes: \_\_\_ No: \_\_\_ *If yes,* please explain: \_\_\_\_\_  
 \_\_\_\_\_
12. Do you or your spouse currently have a will? Yes: \_\_\_ No: \_\_\_ Date of Last Action: \_\_\_\_\_
13. Do you currently have a trust? Yes: \_\_\_ No: \_\_\_ Date of Last Action: \_\_\_\_\_  
 Type of Trust: \_\_\_\_\_
14. Do you (or your spouse) have any of the following documents?
- |                     | <u>You</u>       | <u>Spouse</u>    |
|---------------------|------------------|------------------|
| Power of Attorney   | Yes: ___ No: ___ | Yes: ___ No: ___ |
| Health Care Agent   | Yes: ___ No: ___ | Yes: ___ No: ___ |
| Living Will         | Yes: ___ No: ___ | Yes: ___ No: ___ |
| Personal Prop. List | Yes: ___ No: ___ | Yes: ___ No: ___ |
| Bill of Sale        | Yes: ___ No: ___ | Yes: ___ No: ___ |
15. Have you (or your spouse) ever filed gift tax returns? Yes: \_\_\_ No: \_\_\_ *If yes,* when and what was  
 the amount of the taxable gift(s)? \_\_\_\_\_  
 \_\_\_\_\_
16. Are you (or your spouse) a guarantor of any obligation for any third party? Yes: \_\_\_ No: \_\_\_ *If yes,*  
 explain and provide amount: \_\_\_\_\_  
 \_\_\_\_\_
17. Any outstanding, anticipated or possible creditors' judgments or lawsuits: Yes: \_\_\_ No: \_\_\_ *If yes,*  
 please explain: \_\_\_\_\_  
 \_\_\_\_\_
18. Do you (or your spouse) have *Long Term Care Insurance*? Yes: \_\_\_ No: \_\_\_  
*Umbrella Insurance*? Yes: \_\_\_ No: \_\_\_ *Disability Insurance*? Yes: \_\_\_ No: \_\_\_

**FINANCIAL STATEMENT SUMMARY**

(You May Provide Your Own Form)

*(Please list the asset, ownership, and value)*

**Real Estate**

Home: \_\_\_\_\_  
Vacation Property: \_\_\_\_\_  
Rental Property: \_\_\_\_\_  
Other Land: \_\_\_\_\_  
Time Share: Number: \_\_\_\_\_

**Bank Accounts**

CDs: \_\_\_\_\_  
Savings: \_\_\_\_\_  
Money Market: \_\_\_\_\_  
Checking: \_\_\_\_\_

**Retirement Accounts**

IRAs: \_\_\_\_\_  
\_\_\_\_\_  
Roth IRAs: \_\_\_\_\_  
\_\_\_\_\_  
Keogh: \_\_\_\_\_  
SEP: \_\_\_\_\_  
401(k): \_\_\_\_\_  
\_\_\_\_\_  
Pension Plan: \_\_\_\_\_

**Investment Accounts (Total Values)**

Stock Brokerage Accounts: \_\_\_\_\_  
Mutual Funds: \_\_\_\_\_  
Stocks in Certificate Form: \_\_\_\_\_  
Bonds: \_\_\_\_\_  
Annuities: Death Beneficiaries: \_\_\_\_\_  
Money Market Accounts: \_\_\_\_\_  
Virtual Currency (e.g., bitcoin or other cryptocurrency): \_\_\_\_\_

**Business Ownership Interests**

**Name**

**Ownership %**

Sole Proprietorship: \_\_\_\_\_  
Partnership: \_\_\_\_\_  
Corporation (indicate "C" or "S"): \_\_\_\_\_  
Limited Liability Company: \_\_\_\_\_  
Stock Options & Vesting Date(s): \_\_\_\_\_  
Other: \_\_\_\_\_

(Please list the asset, ownership and value)

**Personal Property**

Autos: \_\_\_\_\_  
Home Furnishings: \_\_\_\_\_  
Jewelry: \_\_\_\_\_  
Art: \_\_\_\_\_  
Firearms: Yes: \_\_\_ No: \_\_\_ If yes, are there any Title II/Class 3 Devices: Yes: \_\_\_ No: \_\_\_  
Other: \_\_\_\_\_

**Life Insurance Policies**

**Insured**

**Beneficiaries**

**Amount**

Term Life:

First Policy: \_\_\_\_\_  
Second Policy: \_\_\_\_\_

Group Life:

First Policy: \_\_\_\_\_  
Second Policy: \_\_\_\_\_

Whole Life:

First Policy: \_\_\_\_\_  
Second Policy: \_\_\_\_\_

Universal Life:

First Policy: \_\_\_\_\_  
Second Policy: \_\_\_\_\_  
Survivorship: \_\_\_\_\_

Potential Inheritance: \_\_\_\_\_

**GROSS ESTATE**

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

**Mortgages**

First Mortgage: \_\_\_\_\_  
Second Mortgage: \_\_\_\_\_  
Equity Line: \_\_\_\_\_

**Loans and Debts**

Credit Card/Unsecured Debt: \_\_\_\_\_  
Vehicle Loan(s): \_\_\_\_\_  
Life Insurance Loan: \_\_\_\_\_  
Other Debt: \_\_\_\_\_

**TOTAL LIABILITIES**

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

**NET ESTATE**

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

## NOTES