
QUESTIONNAIRE - ESTATE PLANNING

INFORMATION ABOUT CLIENT(S)

Client #1 Full Name: _____

[FIRST, MIDDLE INITIAL, LAST NAME]

Preferred Name: _____

Street Address: _____

City/State/Zip: _____ County: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Occupation: _____

Marital Status:

Single

Married Date _____

Divorced Date _____

Widowed Name _____ Date _____

Client #2 Full Name: _____

[FIRST, MIDDLE INITIAL, LAST NAME]

Preferred Name: _____

Street Address: _____

City/State/Zip: _____ County: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Occupation: _____

Marital Status:

Single

Married Date _____

Divorced Date _____

Widowed Name _____ Date _____

INFORMATION ABOUT CHILDREN AND/OR BENEFICIARIES

#1 Full Name: _____
[FIRST, MIDDLE INITIAL, LAST NAME]

Preferred Name: _____

Relationship: Child of _____ Other _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Marital Status: Single Married Divorced Widowed

Concerns: Financial Medical Special Needs

FAMILY MEMBERS - Full Name	DOB	Special Needs?
Spouse:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

#2 Full Name: _____
[FIRST, MIDDLE INITIAL, LAST NAME]

Preferred Name: _____

Relationship: Child of _____ Other _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Marital Status: Single Married Divorced Widowed

Concerns: Financial Medical Special Needs

FAMILY MEMBERS - Full Name	DOB	Special Needs?
Spouse:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION ABOUT CHILDREN AND/OR BENEFICIARIES

#3 Full Name: _____
[FIRST, MIDDLE INITIAL, LAST NAME]

Preferred Name: _____

Relationship: Child of _____ Other _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Marital Status: Single Married Divorced Widowed

Concerns: Financial Medical Special Needs

FAMILY MEMBERS - Full Name	DOB	Special Needs?
Spouse:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

#4 Full Name: _____
[FIRST, MIDDLE INITIAL, LAST NAME]

Preferred Name: _____

Relationship: Child of _____ Other _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Marital Status: Single Married Divorced Widowed

Concerns: Financial Medical Special Needs

FAMILY MEMBERS - Full Name	DOB	Special Needs?
Spouse:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION ABOUT CHILDREN AND/OR BENEFICIARIES

#5 Full Name: _____
[FIRST, MIDDLE INITIAL, LAST NAME]

Preferred Name: _____

Relationship: Child of _____ Other _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Marital Status: Single Married Divorced Widowed

Concerns: Financial Medical Special Needs

FAMILY MEMBERS - Full Name	DOB	Special Needs?
Spouse:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

#6 Full Name: _____
[FIRST, MIDDLE INITIAL, LAST NAME]

Preferred Name: _____

Relationship: Child of _____ Other _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Marital Status: Single Married Divorced Widowed

Concerns: Financial Medical Special Needs

FAMILY MEMBERS - Full Name	DOB	Special Needs?
Spouse:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

ISSUES WE MAY DISCUSS AT YOUR ESTATE PLANNING MEETING

Incapacity Planning

- ⊗ Health Care Directive: *This document appoints another person (or multiple people) to be your “health care agent” and gives them the power to make health care decisions for you if and when you are unable to do so. This document can also include instructions regarding terminal/end-of-life treatment, organ donation, cremation vs. burial, mental health treatment, and other directions for your health care agent.*

Thoughts & Questions:		
Agent #1 <i>Name/Address/Phone</i> _____ _____ _____ _____	Agent #2 <i>Name/Address/Phone</i> _____ _____ _____ _____	Agent #3 <i>Name/Address/Phone</i> _____ _____ _____ _____

- ⊗ Power of Attorney: *This document appoints another person (or multiple people) to be your “attorney-in-fact” and gives them the power to act on your behalf to manage your property and finances, pay your bills, and sign documents on your behalf.*

Thoughts & Questions:		
Agent #1 <i>Name/Address/Phone</i> _____ _____ _____ _____	Agent #2 <i>Name/Address/Phone</i> _____ _____ _____ _____	Agent #3 <i>Name/Address/Phone</i> _____ _____ _____ _____

- ⊗ Standby Custodial Designation (for clients with minor children): *This document appoints another person (or multiple people) to act temporarily (up to 60 days) as guardian for your children in the event of your death or incapacity.*

Guardian <i>Name/Address/Phone</i> _____ _____ _____ _____	Successor Guardian <i>Name/Address/Phone</i> _____ _____ _____ _____
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ISSUES WE MAY DISCUSS AT YOUR ESTATE PLANNING MEETING

Post-Death Planning

- ⊗ Distribution Goals: *Who should receive your assets (e.g. real estate, personal property)? How should they receive them (outright or in a trust)?*

Thoughts & Questions:

- ⊗ Fiduciary Selection: *A fiduciary is a person or organization that acts on behalf of someone and is legally bound to act solely in their best interests.*

Personal Representative/Trustee *(to handle post-death administrative matters)*

Representative/Trustee <i>Name/Address/Phone</i>	Successor Representative/Trustee <i>Name/Address/Phone</i>
_____	_____
_____	_____
_____	_____
_____	_____

Trustee *(to manage finances and property for minor children)*

Trustee for Minor Children <i>Name/Address/Phone</i>	Successor Trustee for Minor Children <i>Name/Address/Phone</i>
_____	_____
_____	_____
_____	_____
_____	_____

Guardian *(to take legal responsibility to care for minor children)*

Guardian for Minor Children <i>Name/Address/Phone</i>	Successor Guardian for Minor Children <i>Name/Address/Phone</i>
_____	_____
_____	_____
_____	_____
_____	_____

- ⊗ Other Issues We May Discuss:

- Wills vs. Trusts
- Beneficiary Designations
 - Pay on Death “POD”
 - Transfer on Death “TOD”
- Estate Tax Planning
- Digital Estate Planning Issues
 - Electronic storage of important information
 - Access to online accounts (e.g. photo/video storage)
 - Ownership of digital assets (e.g. website domains, bitcoin)