



CONFIDENTIAL

Today's Date: _____

ESTATE PLANNING QUESTIONNAIRE

Married

	Full Legal Name (first, middle, last)	Nickname	DOB
Husband:			
Wife:			

RESIDENCE ADDRESS

Street			
City	State	Zip	County

CONTACT INFORMATION

	Husband	Wife
Home Phone:		
Cell Phone:		
Office Phone:		
Email:		
Correspondence Preference:	<input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail

FAMILY - CHILDREN

	Full Legal Name (first, middle, last)	Nickname	DOB	Gender
<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> J				
<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> J				
<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> J				
<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> J				
<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> J				

H=Husband W=Wife J=Joint

Are you a U.S. Citizen?

Husband: Yes No

Wife: Yes No

Do you have a premarital agreement?

Yes No

While married, have you ever lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin?

Yes No

Have either or both of you ever filed a federal gift tax return?

Yes No

Do you have old estate planning documents?

Yes No

Are you expecting a substantial inheritance in the future?

Yes No

Are you currently the beneficiary of a trust established by another?

Yes No

Do you have Umbrella Insurance?

Yes No

Accountant (name and contact): _____

Financial Advisor (name and contact): _____

Who referred you to Ivan & Daugustinis, PLLC? _____

The information provided above will be relied upon by Ivan & Daugustinis, PLLC in designing an estate plan that meets your goals, and it will be kept strictly confidential. Unless you have specifically directed us to do so, we will not undertake to independently verify the above information, though we reserve the right to do so. By your signature below, you acknowledge that the information provided above is accurate, to the best of your knowledge, as of the date indicated below.

Husband's Signature

Wife's Signature

Dated: _____

Dated: _____

Last four digits of Social Security Number: _____

Last four digits of Social Security Number: _____