



CONFIDENTIAL

Today's Date: _____

ESTATE PLANNING QUESTIONNAIRE

Married

	Full Legal Name (first, middle, last)	Nickname	DOB
Client:			
Spouse:			

RESIDENCE ADDRESS

Street			
City	State	Zip	County

CONTACT INFORMATION

	Client	Spouse
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"/> C <input type="checkbox"/> S <input type="checkbox"/> J				
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J				
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J				
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J				
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J				

C=Client S=Spouse J=Joint

Are you a U.S. Citizen?

Client: Yes No

Spouse: 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? _____

LIFE INSURANCE

	Type	Company	CSV	Loans	Premium	Face Value
<input type="checkbox"/> C <input type="checkbox"/> S						
<input type="checkbox"/> C <input type="checkbox"/> S						
<input type="checkbox"/> C <input type="checkbox"/> S						
<input type="checkbox"/> C <input type="checkbox"/> S						
TOTAL:						

RETIREMENT ACCOUNTS

	Company/Broker	Type	Amount
<input type="checkbox"/> C <input type="checkbox"/> S			
<input type="checkbox"/> C <input type="checkbox"/> S			
<input type="checkbox"/> C <input type="checkbox"/> S			
<input type="checkbox"/> C <input type="checkbox"/> S			
TOTAL:			

INVESTMENTS

(STOCKS, BONDS, MUTUAL FUNDS, ETC. SEPARATE FROM RETIREMENT ACCOUNTS)

	Description	Company/Broker	Amount
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J			
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J			
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J			
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J			
TOTAL:			

REAL ESTATE

	Description/Address	FMV	Mortgage
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J			
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J			
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J			
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J			
TOTALS:			

BUSINESSES/BUSINESS INTERESTS

	Description	Value
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J		
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J		
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J		
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J		
TOTAL:		

CASH / OTHER

(AUTO, BOAT, RV, MOTORCYCLE, ATV, ART, ANTIQUES, JEWELRY, COLLECTABLES)

	Description	Amount
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J		
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J		
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J		
<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J		
TOTAL:		

FINANCIAL SUMMARY

Client	Spouse	Joint	Grand Total
\$	\$	\$	\$

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 a complete and reasonably accurate list of all your assets and property interests, to the best of your knowledge, as of the date indicated below.

Client's Signature

Spouse's Signature

Dated: _____

Dated: _____

Last four digits of Social Security Number: _____

Last four digits of Social Security Number: _____

SURROGATE DESIGNATIONS

1. Who would you like to be your primary decision maker for financial matters?

	<u>Full Legal Name</u> (first, middle, last)	<u>Relationship</u>	<u>Address</u>	<u>Telephone</u>
Client:				Home:
				Cell:
Spouse:				Home:
				Cell:

2. Who would you like to be your alternate decision maker(s) for financial matters?

	<u>Full Legal Name</u> (first, middle, last)	<u>Relationship</u>	<u>Address</u>	<u>Telephone</u>
Client:				Home:
				Cell:
Spouse:				Home:
				Cell:

3. Who would you like to be your primary decision maker for health decisions?

	<u>Full Legal Name</u> (first, middle, last)	<u>Relationship</u>	<u>Address</u>	<u>Telephone</u>
Client:				Home:
				Cell:
Spouse:				Home:
				Cell:

4. Who would you like to be your alternate decision maker(s) for health decisions?

	<u>Full Legal Name</u> (first, middle, last)	<u>Relationship</u>	<u>Address</u>	<u>Telephone</u>
Client:				Home:
				Cell:
Spouse:				Home:
				Cell:

5. Who would you like to serve as guardian should the need arise?

Choice 1

	<u>Full Legal Name</u> (first, middle, last)	<u>Relationship</u>	<u>Address</u>	<u>Telephone</u>
Client:				Home:
				Cell:
Spouse:				Home:
				Cell:

Choice 2

	<u>Full Legal Name</u> (first, middle, last)	<u>Relationship</u>	<u>Address</u>	<u>Telephone</u>
Client:				Home:
				Cell:
Spouse:				Home:
				Cell: