



**CONFIDENTIAL**

Today's Date: \_\_\_\_\_

**ESTATE PLANNING QUESTIONNAIRE**

*Married*

	Full Legal Name (first, middle, last)	Nickname	DOB
<b>Husband:</b>			
<b>Wife:</b>			

**RESIDENCE ADDRESS**

<b>Street</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>

**CONTACT INFORMATION**

	Husband	Wife
<b>Home Phone:</b>		
<b>Cell Phone:</b>		
<b>Office Phone:</b>		
<b>Email:</b>		
<b>Correspondence Preference:</b>	<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? \_\_\_\_\_

**LIFE INSURANCE**

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

**RETIREMENT ACCOUNTS**

	Company/Broker	Type	Amount
<input type="checkbox"/> H <input type="checkbox"/> W			
<input type="checkbox"/> H <input type="checkbox"/> W			
<input type="checkbox"/> H <input type="checkbox"/> W			
<input type="checkbox"/> H <input type="checkbox"/> W			
TOTAL:			

**INVESTMENTS**

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

	Description	Company/Broker	Amount
<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			
TOTAL:			

**REAL ESTATE**

	Description/Address	FMV	Mortgage
<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			
TOTALS:			

**BUSINESSES/BUSINESS INTERESTS**

	Description	Value
<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		
TOTAL:		

**CASH / OTHER**

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

	Description	Amount
<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		
TOTAL:		

**FINANCIAL SUMMARY**

<b>Husband</b>	<b>Wife</b>	<b>Joint</b>	<b>Grand Total</b>
\$	\$	\$	\$

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.

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife'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?

	<b><u>Full Legal Name</u></b> (first, middle, last)	<b><u>Relationship</u></b>	<b><u>Address</u></b>	<b><u>Telephone</u></b>
<b>Husband:</b>				<b>Home:</b>
				<b>Cell:</b>
<b>Wife:</b>				<b>Home:</b>
				<b>Cell:</b>

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

	<b><u>Full Legal Name</u></b> (first, middle, last)	<b><u>Relationship</u></b>	<b><u>Address</u></b>	<b><u>Telephone</u></b>
<b>Husband:</b>				<b>Home:</b>
				<b>Cell:</b>
<b>Wife:</b>				<b>Home:</b>
				<b>Cell:</b>

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>
<b>Husband:</b>				<b>Home:</b>
				<b>Cell:</b>
<b>Wife:</b>				<b>Home:</b>
				<b>Cell:</b>

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>
<b>Husband:</b>				<b>Home:</b>
				<b>Cell:</b>
<b>Wife:</b>				<b>Home:</b>
				<b>Cell:</b>

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

**Choice 1**

	<b><u>Full Legal Name</u></b> (first, middle, last)	<b><u>Relationship</u></b>	<b><u>Address</u></b>	<b><u>Telephone</u></b>
<b>Husband:</b>				<b>Home:</b>
				<b>Cell:</b>
<b>Wife:</b>				<b>Home:</b>
				<b>Cell:</b>

**Choice 2**

	<b><u>Full Legal Name</u></b> (first, middle, last)	<b><u>Relationship</u></b>	<b><u>Address</u></b>	<b><u>Telephone</u></b>
<b>Husband:</b>				<b>Home:</b>
				<b>Cell:</b>
<b>Wife:</b>				<b>Home:</b>
				<b>Cell:</b>