



CONFIDENTIAL

Today's Date: _____

ESTATE PLANNING QUESTIONNAIRE

Single Individual

Full Legal Name (first, middle, last)	Nickname	Date of Birth

RESIDENCE ADDRESS

Street			
City	State	Zip	County

TELEPHONE: Home: _____
Office: _____
Mobile: _____

E-MAIL: _____

CORRESPONDENCE PREFERENCE: Email U.S. Mail

FAMILY - CHILDREN

Full Legal Name (first, middle, last)	Nickname	Date of Birth	Gender

Are you a U.S. Citizen? Yes No

Have you ever been married? Yes No

Have 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
TOTAL:					

RETIREMENT ACCOUNTS

Type	Company/Broker	Amount
TOTAL:		

INVESTMENT ACCOUNTS

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

Description	Company/Broker	Amount
TOTALS:		

REAL ESTATE

Description/Address	FMV	Mortgage
TOTALS:		

BUSINESSES/BUSINESS INTERESTS

Description	Amount
TOTAL:	

CASH / OTHER

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

Description	Amount
TOTAL:	

SUMMARY

GRAND TOTAL OF ALL ASSETS:	
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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.

Signature

Dated: _____

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>
			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>
			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>
			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>
			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>
			Home:
			Cell:

Choice 2

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