

**ESTATE PLANNING QUESTIONNAIRE  
(MARRIED)**

Date \_\_\_\_\_ File Number \_\_\_\_\_

Home Phone No. \_\_\_\_\_  
Husband's Work Phone No. \_\_\_\_\_ Wife's Work Phone No. \_\_\_\_\_  
Husband's Cell No. \_\_\_\_\_ Wife's Cell No. \_\_\_\_\_  
Husband's Beeper No. \_\_\_\_\_ Wife's Beeper No. \_\_\_\_\_  
Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.**

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**A. PERSONAL DATA**

(Husband) (Wife)  
Full name: \_\_\_\_\_ Full name: \_\_\_\_\_  
(print name as shown on your checks) (print name as shown on your checks)

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual Income \_\_\_\_\_ Annual Income \_\_\_\_\_

**B. REFERRAL**

By whom were you referred to this office?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Have you visited our website? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any ideas for improving our Website? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. CHILDREN (if applicable)

Child's Name	Address (including zip code)	Date of Birth

Does the Husband have any children by a previous marriage?  Yes  No

Does the Wife have any children by a previous marriage?  Yes  No

Are all of your children in good health?  Yes  No

Are any of your children blind?  Yes  No

Are any of your children disabled?  Yes  No

Have all of your children completed their education?  Yes  No

Are any of your children receiving SSI or other form of government entitlement?  Yes  No

Do any of your family members have any problems with:

Aids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Addiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcoholism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spendthrift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. GRANDCHILDREN (if applicable)

Grandchild's Name	Address (including zip code)	Date of Birth

E. DISPOSITIVE INTENTIONS

1. SPOUSE AND CHILDREN

Do you wish to provide primarily for your spouse and secondarily for your children?  Yes  No

Do you wish to treat all of your children equally?  Yes  No

If not, why not? \_\_\_\_\_

After your spouse's death, at what age do you want distribution to your children? \_\_\_\_\_  
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

2. GRANDCHILDREN

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren?  
 Yes  No

Do you wish to treat all of your grandchildren equally?  Yes  No

If not, why not? \_\_\_\_\_

How much do you want to leave your grandchildren? \_\_\_\_\_

At what age do you want distribution to your grandchildren? \_\_\_\_\_  
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

3. CHARITIES

Do you want to leave a specific amount of money or other assets to any charity?  Yes  No

If yes, please list:

Name of Charity	Address of Charity	Dollar Amount

**4. OTHER BENEFICIARIES**

Do you want your Will to benefit anyone other than children, grandchildren or a charity? \_\_\_ Yes \_\_\_ No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

**F. EXECUTOR**

Whom do you want to serve as your Executor?

**(Husband)**

First Choice: \_\_\_ Spouse \_\_\_ Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**(Wife)**

First Choice: \_\_\_ Spouse \_\_\_ Other \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice \_\_\_\_\_

**G. TRUSTEE**

Whom do you want to serve as your Trustee?

**(Husband)**

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

(Wife)

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**H. GUARDIAN**

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**I. LIVING WILL**

(Husband)

Do you want your Living Will to provide for withdrawal of artificial food and fluid?     Yes     No

Do you want to donate your eyes or organs?     Yes     No

Do you want your Health Care Agent to consult with any other person prior to acting?     Yes     No

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Wife)

Do you want your Living Will to provide for withdrawal of artificial food and fluid?     Yes     No

Do you want to donate your eyes or organs?     Yes     No

Do you want your Health Care Agent to consult with any other person prior to acting?     Yes     No

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What are the name and address of each of your primary care physician?

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**J. POWER OF ATTORNEY**

**(Husband)**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Wife)**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**K. MISCELLANEOUS**

Do you have any other legal issues which I should be aware of?      \_\_\_ Yes      \_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box?      \_\_\_ Yes      \_\_\_ No

If yes, please indicate the name and address of the location \_\_\_\_\_

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Have you ever made gifts to any one person in excess of \$10,000 in any one calendar year?

Yes \_\_\_      No \_\_\_

Have you ever filed a Federal Gift Tax Return?      \_\_\_ Yes      \_\_\_ No

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**ASSETS**  
(What you own as of today)

Type of Account	Names(s) of Account	Bank	Account Number	Balances
Check/Sav/Money				
Check/Sav/Money				
Check/Sav/Money				
CD/US Bonds				
CD/US Bonds				
ITF Accounts				
ITF Accounts				
Stock/Bond/Mutual				
Stock/Bond/Mutual				
IRA/Annuity/Pens				
IRA/Annuity/Pens				
Residence				
Other Real Estate				
Life Insurance				
Life Insurance				
Cem/Funeral				
Cem/Funeral				
Other				

(Please use additional pages if needed)

**LIABILITIES**  
(What you owe as of today)

Type Liability	To Whom Owed	Date Incurred	Present Balance

**Gifts Within the Past 5 Years**  
(Things you transferred and did not get fair value in returns)

Type of Asset	To Whom Transferred	Date Transferred	Amount of Transfer