

**SINGLE INDIVIDUAL  
ESTATE PLANNING QUESTIONNAIRE**

**CLIENT INFORMATION**  
**[Strictly Confidential]**

Legal Name: \_\_\_\_\_

Other Names used: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

Marital Status:  Never married  Divorced  Widowed  Married

If married, name of Spouse: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

**CHILDREN:**  None

**AGE or DOB**

CHILDREN:	AGE or DOB
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

	<u>YES</u>	<u>NO</u>
• Any deceased children?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, name: \_\_\_\_\_

If yes, survived by issue?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, name(s): \_\_\_\_\_

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

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support?          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue?            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you expect to inherit substantial assets (\$100,000 +)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Will?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever executed a trust (either revocable or irrevocable)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing General Power of Attorney?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you currently hold any assets in Joint Tenancy with another person?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to make anatomical bequests (organ donor)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to have a "Living Will"?   | <input type="checkbox"/> | <input type="checkbox"/> |

- The name of the person(s) that you want to be the decision maker concerning your estate upon your death:

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- The name of the person(s) that you want to raise a child that is under 18 (if applicable):

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- The name of the person(s) that you want to make any major medical decisions on your behalf:

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- In general, state how you want your estate distributed among your beneficiaries?

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- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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# BURIAL WISHES

At my death, I wish to be:       cremated       buried.

If cremation, I would like my ashes disposed as follows:

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If buried, I would like my remains interred as follows:

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I have already made arrangements at:

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# ESTIMATED\* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc.**)	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____
<b>TOTAL:</b>	\$ _____

\* Use best guess; this can be a "ballpark" estimate.

\*\* Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

# LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH VALUE</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____