

Estate Planning Questionnaire

Client Name: _____

Client Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Email: _____

Driver's License Number: _____ Issuing State: _____

Presently Married? _____ If so, Date of Marriages and Names of Spouse:

Have you been declared by a physician to be incapacitated or by a court to be incompetent? _____

Disposition of Estate. Please describe how you would like your estate to pass on your death: For example:

All to my spouse; if my spouse does not survive me then to my children per stirpes

All to my children per stirpes

Specific Bequests: For example: I give my wedding ring to my son/ daughter; I leave my baseball card collection to my nephew _____, etc.

Beneficiaries of Will

Spouse (if applicable):

Name: _____

Date of Birth and Age: _____

Place of Birth: _____

Address: _____

Phone Number: _____

Primary Beneficiary? (circle one) YES / NO Joint Primary Beneficiary? YES/ NO

Other

Name and Relation: _____
Date of Birth and Age: _____
Place of Birth: _____
Address: _____
Phone Number: _____
Primary Beneficiary? (circle one) YES / NO Joint Primary Beneficiary? YES/ NO

Name and Relation: _____
Date of Birth and Age: _____
Place of Birth: _____
Address: _____
Phone Number: _____
Primary Beneficiary? (circle one) YES / NO Joint Primary Beneficiary? YES/ NO

Name and Relation: _____
Date of Birth and Age: _____
Place of Birth: _____
Address: _____
Phone Number: _____
Primary Beneficiary? (circle one) YES / NO Joint Primary Beneficiary? YES/ NO

Name and Relation: _____
Date of Birth and Age: _____
Place of Birth: _____
Address: _____
Phone Number: _____
Primary Beneficiary? (circle one) YES / NO Joint Primary Beneficiary? YES/ NO

Executors/ Agents

For Will

First-Named Executor

Name and Relation: _____
Email: _____ Phone Number: _____
Address: _____

Phone Number: _____

First Alternate Executor

Name and Relation: _____
Email: _____ Phone Number: _____
Address: _____

Phone Number: _____

For Statutory Durable Power of Attorney

First-Named Agent

Name and Relation: _____

Email: _____ Phone Number: _____

Address: _____

Phone Number: _____

First Alternate Agent

Name and Relation: _____

Email: _____ Phone Number: _____

Address: _____

Phone Number: _____

For Medical Power of Attorney

First-Named Agent

Name and Relation: _____

Email: _____ Phone Number: _____

Address: _____

First Alternate Agent

Name and Relation: _____

Email: _____ Phone Number: _____

Address: _____
