

**ESTATE PLANNING QUESTIONNAIRE
FOR MARRIED COUPLE**

CONFIDENTIAL

Estate Planning Data

Date: _____

A. PERSONAL

	Husband	Wife
1. Name	_____	_____
2. Other Names	_____	_____
3. Addresses	_____	_____
a. Home	_____	_____
	_____	_____
County	_____	_____
b. Mailing	_____	_____
	_____	_____
	_____	_____
c. Email Address	_____	_____
4. Telephone		
a. Home	_____	_____
b. Work	_____	_____
c. Cell	_____	_____
5. Birthdate	_____	_____
6. S.S. No.	_____	_____
7. Marriage Date	_____	_____

8. Place of Marriage _____

9. Citizenship _____

B. PRIOR MARRIAGES (if applicable)

1. Former Spouse _____

2. Marriage Date _____

3. Terminated by
Death/Divorce on _____

4. Obligations to or
from former spouse _____

5. Child Support _____

6. Separate
Maintenance _____

C. CHILDREN (please indicate if child of prior marriage)

1. Living Children of Husband:

a. Name _____

Birthdate _____

b. Name _____

Birthdate _____

c. Name _____

Birthdate _____

d. Name _____

Birthdate _____

2. Deceased Children of Husband (do you have any deceased children, with surviving children; if so, please list)

3. Living Children of Wife:

a. Name _____

Birthdate _____

b. Name _____

Birthdate _____

c. Name _____

Birthdate _____

d. Name _____

Birthdate _____

4. Deceased Children of Wife (Do you have any deceased children, with surviving children; if so, please list)

D. DEPENDENTS

Are there any persons (other than minor children) who are partially or wholly dependent upon either husband or wife for support now or possibly in the future?

E. JOINT OWNERSHIP AGREEMENTS (if applicable)

1. Have you ever executed an agreement involving joint ownership of property?

2. Please furnish a copy of any agreements.

F. TRUSTS

1. Does husband or wife receive income from any trust or expect to be named a beneficiary or remainderman of a trust? _____

If yes, give details? _____

2. Has husband or wife ever created a trust, except as part of a Will? _____

If yes, give details _____

3. Please furnish copies of all instruments relating to the trusts, as well as a current list of assets and statement of income.

G. INSURANCE

1. Are there any life insurance policies in existence on the life of either spouse?

2. If so, please provide information regarding:

- a. Name of Company(ies) _____
- b. Type of Insurance _____
- c. Face Value _____
- d. Cash Value _____
- e. Designated Beneficiary(ies) _____

H. JOINT TENANCY ASSETS

Do you own any real or personal property jointly with each other or another person?

If so, please describe _____

- 2. Stocks and Bonds \$ _____
- 3. Checking/Savings \$ _____
- 4. Life Insurance \$ _____
- 5. Miscellaneous Property \$ _____

(including furniture, furnishings, antiques, automobiles, boats, collectibles, etc.)

- 6. Retirement Programs \$ _____
(including IRAs)
- Subtotal \$ _____
- 7. LESS Liabilities (\$ _____)
- 8. Net Worth (Approximate) \$ _____

M. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY

- 1. Personal Representative(s)
(administers Will during probate)

1st Choice: _____

2nd Choice: _____

- 2. Trustee(s)
(manages estate for the benefit of beneficiaries)

1st Choice: _____

2nd Choice: _____

- 3. Caretaker(s) of Minor(s)
(raises children who are not yet age 18)

1st Choice: _____

2nd Choice: _____

- 4. Distribution of Trust Estate

- a. Do you want the trust income to be distributed to the beneficiaries?
If so, at what age? _____

b. Age for distribution of the trust principal.

(1) First portion _____

(2) Second portion _____

(3) Third portion _____

5. Specific Bequests (Specific people or organizations to whom you are giving specific amount, item or percentage of estate)

6. Contingent Bequests (To whom and what you are giving if primary beneficiaries predecease you)

7. Care of Pets _____

8. Charitable Bequests _____

9. Funeral/Burial Arrangements

10. Other specific provisions or information to be included in Will, such as operation or provision for family business, etc.

N. GENERAL DURABLE POWER OF ATTORNEY

The General Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetency of an individual to handle his or her own affairs. The value of this document is that it should avoid the necessity of a guardianship in the event of incompetency.

1. Have you executed a power of attorney? _____
2. Would you want it effective on signing or incapacity? _____
3. Who is your first choice and second choice for the person to act as attorney-in-fact for you? _____

O. HEALTH CARE POWER OF ATTORNEY

The Health Care Power of Attorney allows you to appoint someone to make health care decisions for you should you be unable to do so. In addition to decisions under your Health Care Directive, this document allows decisions regarding consent to treatment and other such health care issues. It is effective upon proof of disability.

1. Have you executed a Health Care Power of Attorney? _____

P. HEALTH CARE DIRECTIVE (LIVING WILL)

The purpose of the Health Care Directive is to make known the desire of the person signing the document of his/her wish not to have his/her life "artificially prolonged" in the case of any injury, disease, or terminal condition. Do you wish to have such a document prepared or discuss this further?

Yes _____ No _____