

Estate Planning Questionnaire

Background

If you check yes for any of the below, please provide additional info.

Full Name:

Prior Names:

Address:

DOB:

SSN:

Did you serve in the military?

___ YES ___ NO

Spouse

___ N/A

Full Name:

Address:

City, State ZIP:

DOB:

Did your spouse serve in the military?

___ YES ___ NO

Did you have a prenuptial agreement?

___ YES ___ NO

Parent Information

Parent No. 1:

___ Deceased

Full Name:

Address:

City, State ZIP:

Parent No. 2

___ Deceased

Full Name:

Address:

City, State ZIP:

Children

If you check yes for any of the below, please provide additional info.

Child No. 1

Full Name: _____

Address: _____

City, State ZIP: _____

DOB: _____

Does this person have any disabilities? ☐ YES ☐ NO

Is this person married? ☐ YES ☐ NO

Does this person have any children? ☐ YES ☐ NO

Child No. 2

Full Name: _____

Address: _____

City, State ZIP: _____

DOB: _____

Does this person have any disabilities? ☐ YES ☐ NO

Is this person married? ☐ YES ☐ NO

Does this person have any children? ☐ YES ☐ NO

Child No. 3

Full Name: _____

Address: _____

City, State ZIP: _____

DOB: _____

Does this person have any disabilities? ☐ YES ☐ NO

Is this person married? ☐ YES ☐ NO

Does this person have any children? ☐ YES ☐ NO

Other Family/Significant Individuals

1. Full Name: _____

Relationship: _____

Address: _____

City, State ZIP: _____

2. Full Name: _____

Relationship: _____

Address: _____

City, State ZIP: _____

Real Estate

If you check yes for any of the below, please provide additional info.

Parcel Number: _____

Type of Ownership: _____

Address: _____

City, State ZIP: _____

Is the property subject to a mortgage or other lien? _____ YES _____ NO

Parcel Number: _____

Type of Ownership: _____

Address: _____

City, State ZIP: _____

Is the property subject to a mortgage or other lien? _____ YES _____ NO

Vehicles

If you check yes for any of the below, please provide additional info.

Do you own any vehicles? _____ YES _____ NO

What is the VIN? _____

Are you the sole owner? _____ YES _____ NO

Is the vehicle subject to a lien? _____ YES _____ NO

Other Assets

If you check yes for any of the below, please provide additional info.

Do you have a life insurance policy?

___ YES ___ NO

Do you have any retirement accounts?

___ YES ___ NO

Do you have any annuities?

___ YES ___ NO

Do you have any bank accounts?

___ YES ___ NO

Do you have any CODs?

___ YES ___ NO

Do you have any brokerage accounts?

___ YES ___ NO

Additional Information:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Form completed by:

Phone: _____ Date: _____