

## **Estate Planning Questionnaire**

### **Background**

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

Full Name:

Prior Names:

Full Address:

DOB:

SSN:

Did you serve in the military?

\_\_\_ YES \_\_\_ NO

### **Spouse**

Full Name:

\_\_\_ N/A

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: \_\_\_\_\_