



3		Y/N		
4		Y/N		

**Please circle “yes” or “no” for each of the following questions.**

1. Are all of your children born from your present marriage? Yes or No
2. Any stepchildren? Yes or No
3. Any adopted children? Yes or No
4. Any deceased children? Yes or No  
 If deceased, did they leave children now living? Yes or No
5. Any prior marriages? Yes or No  
 If yes, Date of Divorce: \_\_\_\_\_
6. If you are a widow/er, date and place of spouse's death: \_\_\_\_\_  
 \_\_\_\_\_
7. Are you making alimony and/or support payments in accordance with either a Court Order or separation agreement that might affect your estate plan?  
 Yes or No
8. Does any child or other family member have a physical or mental condition requiring special treatment?  
 Yes or No
9. Have you ever made a Will? Yes or No  
 If yes, is it in existence now? Yes or No  
 Location of original: \_\_\_\_\_  
 Revoked? \_\_\_\_\_ How revoked? \_\_\_\_\_
10. Do you have a Financial Power of Attorney? Yes or No  
 If yes, when executed? \_\_\_\_\_
11. Do you have an Advanced Medical Directive/Living Will? Yes or No  
 If yes, when executed? \_\_\_\_\_

### SUMMARY OF ASSETS & LIABILITIES

ASSETS (Please put current comments)	Client (separate)	Other(separate)	Jointly Owned
A. Cash and Bank Accounts			
B. Notes, Accounts Receivable, Mortgages			
C. Bonds			
D. Stocks and Mutual Funds			
E. Closely-Held Business Interests			
F. Real Estate			
G. Insurance/Life Insurance 1 <sup>st</sup> Beneficiary: _____ 2 <sup>nd</sup> Beneficiary: _____			
H. Employee & Retirement Benefits 1 <sup>st</sup> Beneficiary: _____ 2 <sup>nd</sup> Beneficiary: _____			
I. Miscellaneous (e.g., personal effects, collections, patents, trademarks, copyrights, etc.)			
<b>TOTAL</b>			
<b>LIABILITIES</b>			
A. Real Estate Mortgages			
B. Notes to Financial Institutions			
C. Loans on Insurance Policies			
D. Other Obligations			
E. Charitable Pledges			
F. Tax Liabilities			
<b>TOTAL</b>			
<b>NET WORTH</b>			

**ESTATE PLANNING QUESTIONNAIRE** – SINGLE CLIENT

**Please indicate the name, address, and relationship to you of each person named below.**

1. Who do you want to wind up your affairs upon your death? This person is your Executor or Personal Representative.

Name, Relationship and  
Address of **Primary Personal  
Representative(s)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, Relationship and  
Address of **Alternate  
Personal Representative(s)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you own an asset(s) that should be specifically given to a particular beneficiary?
3. Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement?
4. At what age or ages do you want your children (or other heirs) to get your assets? For example, your children could get  $\frac{1}{2}$  at 25 and  $\frac{1}{2}$  at 30, or  $\frac{1}{4}$  at 25,  $\frac{1}{4}$  at 30 and the rest at 35.
5. In the event you and all of your immediate family die in a common disaster, who should receive your assets?
6. Who do you want to manage and invest your assets for you or your intended beneficiaries if you are unable to do so? During your life, this person is your financial agent. Upon your

death, this person is a Trustee. Your financial agent and Trustee can be the same or different persons.

Name, Relationship and Address  
of **Primary Financial Agent or  
Agents/Trustee or Trustees**

---

---

---

---

Name, Relationship and Address  
of **Alternate Financial Agent or  
Agents/Trustee or Trustees**

---

---

---

---

7. Who do you want to make medical decisions for you if you are unable to communicate your desires? This person is your health care agent or proxy.

Name, Relationship, Telephone  
number(s) and Address of  
**Primary Agent or Agents**

---

---

---

---

Name, Relationship, Telephone  
number(s) and Address of  
**Alternate Agent or Agents**

---

---

---

---

8. Do you want all medical treatment to be discontinued if it has been determined that you are likely to die anyway? Please circle one.

Yes or No

9. Do you want to be an organ donor? Please circle one.

Yes or No

10. Do you want to be cremated or buried? Please circle one.

Cremated or Buried

11. If you have minor children, who do you want to raise them if you cannot? This person is the Guardian of your children.

Name, Relationship and Address of  
**Primary Guardian(s)** of Minor  
Children

---

---

---

---

Name, Relationship and Address of  
**Alternate Guardian(s)** of Minor  
Children

---

---

---

---

12. I would like to provide financial assistance to my selected Guardian(s) to help defray the costs of caring for my minor children. Please circle one.

Yes or No