

**ESTATE PLANNING QUESTIONNAIRE  
(MARRIED)**

Date \_\_\_\_\_

File Number. \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Business Phone No. . \_\_\_\_\_

E-mail address \_\_\_\_\_

Fax No. \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you our initial appointment.**

**I. BACKGROUND**

**A. PERSONAL DATA**

**(Husband)**  
Full Name \_\_\_\_\_  
(print full legal name)

**(Wife)**  
Full Name \_\_\_\_\_  
(print )

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. . \_\_\_\_\_

U.S. Citizen?     \_\_\_ Yes     \_\_\_ No     U.S. Citizen?     \_\_\_ Yes     \_\_\_ No

Annual Income \_\_\_\_\_ Annual Income \_\_\_\_\_

**B. REFERRAL**

By whom were you referred to this office? \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**II. LAST WILL AND TESTAMENT**

**A. DISPOSITIVE INTENTIONS**

**1. SPOUSE AND CHILDREN**

Do you wish to provide primarily for your spouse and secondarily for your children?  Yes  No

Do you wish to treat all of your children equally?  Yes  No

If not, why?

After your spouse's death, at what age do you want distribution to your children?  
(e.g. typical plans provide for immediate distributions or for 1/3 at age 25, 1/2 of the remaining amount at age 30 and the entire remaining amount at age 35)

**2. CHILDREN (if applicable)**

Child's Name	Address (including zip code)	Date of Birth

Does the Husband have any children by a previous marriage?  Yes  No

Does the Wife have any children by a previous marriage?  Yes  No

Are all of your children in good health?  Yes  No

Are any of your children disabled?  Yes  No

Have all of your children completed their education?  Yes  No

Are any of your children receiving SSI or other form of government benefits?  Yes  No

Do any of your family members have any problems with:

Creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcoholism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spendthrift?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. GRANDCHILDREN**

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren?  
 Yes  No

Grandchild's Name	Address (including zip code)	Date of Birth

Do you wish to treat all of your grandchildren equally?  Yes  No

If not, why?

How much do you want to leave your grandchildren?

At what age do you want distribution to your grandchildren?  
(e.g. typical plans provide for immediate distributions or for 1/3 at age 25, 1/2 of the remaining amount at age 30 and the entire remaining amount at age 35)

#### 4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren i.e. Charity or other person?  
 Yes  No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

#### B. EXECUTOR

Whom do you want to serve as your Executor?

(HUSBAND)

First Choice:  Spouse  Other

Second Choice:

Third Choice:

(WIFE)

First Choice: \_\_\_\_\_ Spouse \_\_\_\_\_ Other

Second Choice:

Third Choice:

**C. TRUSTEE**

If a Trust is established whom do you want to serve as your Trustee?

(HUSBAND)

First Choice

Second Choice

(WIFE)

First Choice

Second Choice

**D. GUARDIAN**

If you have minor or disabled child/children, who do you want to act as Guardian?

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**III. POWER OF ATTORNEY**

Do either of you currently have a Power of Attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No

(HUSBAND)

First Choice

\_\_\_\_\_  
(Name) (Address)

Second Choice

\_\_\_\_\_  
(Name) (Address)

(WIFE)

First Choice

\_\_\_\_\_  
(Name) (Address)

Second Choice

\_\_\_\_\_  
(Name) (Address)

**IV. LIVING WILL**

**(HUSBAND)**

Do you want a Living Will?  Yes  No

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  Yes  No

Whom do you want to make your medical decisions?

First Choice

\_\_\_\_\_  
(Name) (Address)

Second Choice

\_\_\_\_\_  
(Name) (Address)

Do you want the person making your medical decisions to consult with any other person prior to acting?  Yes  No

If yes, with whom?

What are the name and address of your primary care physician?

Full Name of Physician

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**(WIFE)**

Do you want a Living Will?  Yes  No

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  Yes  No

Whom do you want to make your medical decisions?

First Choice

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

Second Choice

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

Do you want the person making your medical decisions to consult with any other person prior to acting?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom?

What are the name and address of your primary care physician?

Full Name of Physician

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**V. MISCELLANEOUS**

Do you have any other legal issues which I should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain

Have you ever made gifts to any one person in excess of \$12,000 in any one calendar year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed a Federal Gift Tax Return? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you visited our Website? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any ideas for improving our Website? If so, please discuss.

What is the location of your important papers?

## VI. FINANCIAL SUMMARY

<u>LIABILITIES</u>	<u>ASSETS</u>			
	Husband	Wife	Joint	
Bank Accounts [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (residence) [attach copy of deed]	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (other) [attach copies of all deeds]	\$ _____	\$ _____	\$ _____	\$ _____
Savings Certificates (CDS) [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - (Not Held by Broker) [attach copies of all certificates]	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - (Not Held by Broker) [attach copies of all bonds]	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Note and Mortgages Receivables [attach copies of Notes & Mortgages]	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests [attach copies of stock certificates, partnership agreement and/or other documentation]	\$ _____	\$ _____	\$ _____	\$ _____
Inheritance, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____	\$ _____	\$ _____
IRAs [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Non-IRA Tax Qualified Retirement Plans [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Annuities [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Other Assets [attach copies of documentation pertaining to such assets]	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____

**Personal Residence:**

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

**Addresses of real property other than personal residence:**

(1) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

(2) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

**VII. CERTIFICATION**

The undersigned hereby represents to the \_\_\_\_\_; that the information contained in this intake form is accurate and complete. The undersigned is aware that the law firm will rely on this information and further understands that the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative: