

**ESTATE PLANNING QUESTIONNAIRE  
(SINGLE)**

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 to our initial appointment.**

1. **BACKGROUND**

**A. PERSONAL DATA**

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

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

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

Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

If widowed, please list date of death of spouse \_\_\_\_\_

**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. **CHILDREN**

Child'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 distributions 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)

**3. OTHER BENEFICIARIES**

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

If yes, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

**B. EXECUTOR**

Whom do you wish to serve as your Executor?

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

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

**C. TRUSTEE**

Whom do you want to serve as your Trustee?

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

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

**D. GUARDIAN**

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

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

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

**III. POWER OF ATTORNEY**

Do you currently have a Power of Attorney?  Yes  No

Whom do you want to designate as your Power of Attorney?

First Choice \_\_\_\_\_  
(Name) (Address)

Second Choice \_\_\_\_\_  
(Name) (Address)

**IV. LIVING WILL**

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 names 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 G No G

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

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What is the location of your important papers? \_\_\_\_\_

**VI. FINANCIAL SUMMARY**

		<u>ASSETS</u>	<u>LIABILITIES</u>
Bank Accounts [attach copies of statements]		\$ _____	\$ _____
Real Estate (residence) [attach copy of deed]		\$ _____	\$ _____
Real Estate (other) [attach copies of all deeds]		\$ _____	\$ _____
Certificates of Deposit (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 Mortgage Receivables [attach copies of Notes & Mortgages]	\$ _____	\$ _____	
Business Interests [attach copies of stock certificates, partnership agreements and/or other documentation]		\$ _____	\$ _____
Future 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: