

Estate Planning Questionnaire

(Instructions: Please print copy, then fill in all parts that apply. Leave the rest blank.)

I. CLIENT INFORMATION:

- A. Husband's full legal name: _____
- B. Wife's full legal name: _____
- C. Address: _____
- D. Telephone: Home _____ Office _____
Cell _____ Fax _____
- E. Husband's Date & Place of Birth: _____
- F. Wife's Date & Place of Birth: _____
- G. Date and Place of Marriage: _____
- H. Social Security Numbers (optional): Husband's _____
Wife's _____
- I. Husband's Employer Name, Address, & Telephone : _____
- J. Wife's Employer Name, Address, & Telephone: _____

II. FAMILY INFORMATION:

A. Children:

	Name/Address	Birthdate	Age	Tel. No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

B. Names of other family members (if living):

1. Husband's Parents: _____

2. Husband's Brothers and Sisters:

a. _____

b. _____

c. _____

d. _____

3. Wife's Parents: _____

4. Wife's Brothers and Sisters:

a. _____

b. _____

c. _____

d. _____

III. GUARDIANS, PERSONAL REPRESENTATIVES, & TRUSTEES:

A. Personal Representatives: Please identify the person whom you desire to be the Personal Representative (Executor) of your probate estate:

1. First Choice for Personal Representative (may be your spouse):

Name(s): _____

Address: _____

Telephone: _____

2. First Alternate Personal Representative:

Name(s): _____

Address: _____

Telephone: _____

3. Second Alternate Personal Representative:

Name(s): _____

Address: _____

Telephone: _____

B. Guardians: If your children are still minors, please identify the persons whom you desire to be their Guardians in the event that both of their parents die before they become adults:

1. First Choice for Guardian:

Name: _____

Address: _____

Telephone: _____

2. First Alternate Guardian:

Name: _____

Address: _____

Telephone: _____

3. Second Alternate Guardian:

Name: _____

Address: _____

Telephone: _____

C. Trustees: If you have minor children, or if you wish to have your estate held until your children are older before they receive their inheritance, please identify the persons whom you desire to be the Trustees of your estate:

1. First Choice for Trustee:

Name: _____

Address: _____

Telephone: _____

2. First Alternate Trustee:

Name: _____

Address: _____

Telephone: _____

3. Second Alternate Trustee:

Name: _____

Address: _____

Telephone: _____

D. Distribution Ages: If you wish for your estate to pass to your children who are presently too young to receive your estate outright, please designate the age or ages at which you would like your estate to pass outright to them. For example, you might direct that each child is to receive 10% of his or her inheritance at age 22; then 20% at age 26; and the balance at age 30:

<u>Age of Distribution</u>	<u>Percentage of child's share to be distributed</u>
_____ Years	_____ %
_____ Years	_____ %
_____ Years	_____ %

IV. ASSETS:

A. Real Estate (including residence, investment, and/or business real estate):

1. Address of Real Estate: _____

Title in Name of: _____

Value: _____

Amount of Mortgage(s): \$ _____ \$ _____

2. **Address of Real Estate:** _____
Title in Name of: _____
Value: _____
Amount of Mortgage(s): \$ _____ \$ _____

3. **Address of Real Estate:** _____
Title in Name of: _____
Value: _____
Amount of Mortgage(s): \$ _____ \$ _____

B. Bank / Savings & Loan / Credit Union Accounts:

1. Checking Accounts:

Name of Bank: _____ Branch: _____
Account No.: _____ Balance: \$ _____

Name of Bank: _____ Branch: _____
Account No.: _____ Balance: \$ _____

Name of Bank: _____ Branch: _____
Account No.: _____ Balance: \$ _____

2. Savings Accounts:

Name of Bank: _____ Branch: _____
Account No.: _____ Balance: \$ _____

Name of Bank: _____ Branch: _____
Account No.: _____ Balance: \$ _____

3. Credit Union Accounts:

Name of Cr. Union: _____ Branch: _____
Account No.: _____ Balance: \$ _____

Name of Cr. Union: _____ Branch: _____
Account No.: _____ Balance: \$ _____

4. Cash: Location: _____ Amount: \$ _____

C. Stocks and Bonds:

Name of Brokerage Company: _____
Address of Brokerage Company: _____
Brokerage Account No.: _____
Description of Securities Held: _____
Value of all Securities: \$ _____

D. Retirement Plans:

Name of Company or Employer: _____
Name and Address of Plan Trustee/Administrator: _____
Account No./Plan No.: _____
Current Balance/Value: \$ _____

E. Life Insurance Policies:

Name of Insurance Company: _____
Name of Insured Person: _____
Address of Insurance Company: _____
Policy Number: _____
Amount of Policy: \$ _____
Beneficiary's Name(s): _____

Name of Insurance Company: _____
Name of Insured Person: _____
Address of Insurance Company: _____
Policy Number: _____
Amount of Policy: \$ _____
Beneficiary's Name(s): _____

F. Annuities:

Name of Annuity Company: _____
Name of Person Receiving Annuity: _____
Address of Annuity Company: _____
Policy Number: _____
Amount of Annuity: \$ _____
Beneficiary's Name(s): _____

G. Contracts under which you receive payments:

Name of Buyer/Payor: _____
Address of Buyer/Payor: _____
Amount and Frequency of Payments: _____
Amount Remaining Due: \$ _____

H. Automobiles:

Description (Model, Year, Type, and Value) of First Automobile:

If subject to Loan: Lender _____ Balance Due \$ _____

Description (Model, Year, Type, and Value) of Second Automobile:

If subject to Loan: Lender _____ Balance Due \$ _____

I. Other Vehicles, Boats, Trailers, etc.

Description (Model, Year, Type, and Value) of First Other Vehicle:

If subject to Loan: Lender _____ Balance Due \$ _____

Description (Model, Year, Type, and Value) of Second Other Vehicle:

If subject to Loan: Lender _____ Balance Due \$ _____

J. Equipment and Machinery: (description & value): _____

K. Household Goods: Please list any *unusual* items of:

Appliances (type and value): _____

Furniture (type and value): _____

Clothing (value): _____

Sporting Equipment (type and value): _____

L. Miscellaneous Specialty Items (i.e. Antiques, Jewelry, Guns, etc.) Describe item and estimate value: _____

M. Which (if any) of the above-described items or property did either of you own before you were married and which did you received by gift or inheritance since becoming married? Please list item, value, and by whom owned prior to marriage or by whom received after marriage:

N. Safe Deposit Box (if any):

Bank Name: _____ Branch: _____

V. MISCELLANEOUS INFORMATION:

A. Do you wish to have a Living Will (instructing your family and physicians regarding the medical care and other treatment that you wish to receive in the event you are in a coma)? Yes No Have One Already

B. Do you wish to be buried or cremated?
 Buried? Cremated? Don't Care?
Have you made burial or cremation arrangements? Yes No
If so, with whom: _____

C. Approximate total value of your entire estate (including life insurance) before deducting debts that you owe:

- 1. **Value of Total Estate:** \$ _____
- 2. **Value of Husband's Estate:** \$ _____
- 3. **Value of Wife's Estate:** \$ _____

D. Name, Address, and Telephone No. of your Accountant (if any):

E. Possible Living Trust Factors:

- 1. What is your age? Husband Wife
- 2. Do you own any real estate outside of Idaho? Yes No
- 3. How would you describe your present health?
Husband: Good Fair Poor
Wife: Good Fair Poor

G. How did you hear about this office's practice in the area of Will & Trusts? (Please check all that apply):

- 1. Other legal work previously done by Barry Peters
- 2. Telephone Book Yellow Pages
- 3. Flyer in *Idaho Statesman*
- 4. Saw internet website at *BarryPeters-Law.com*
- 5. Referred by _____ (Name)
- 6. *CHOIS Connection* Magazine
- 7. *United Work Force* website referral
- 8. Other: Please specify: _____

H. Are there any other matters or items that you believe may be of significance as we prepare a Will or Trust for you? If so, please specify: _____

_____.