



Questionnaire

Estate Analysis of Single Individual

**** *Confidential* ****

General Information

1. Full name _____
2. Home address _____

3. Home phone _____
4. Mobile phone _____
5. Personal e-mail address _____
6. Date of birth _____
7. Social Security Number _____
8. Occupation/employer _____
Business address _____

Business phone _____
Business e-mail address _____
9. Are you a U.S. citizen? Yes No
If no, country(ies) of citizenship _____

A. Immediate Family

Children

Full Name	Date of Birth	Marital Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandchildren

Full Name	Date of Birth	Marital Status	Parent's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Marital History

1. Have you ever been married? Yes No

If yes, date and place of marriage _____

2. If yes, did the marriage end because of:

Death; please give name of deceased spouse, the date and place of his or her death

Divorce; please give name of divorced spouse, the date and place of divorce

C. Parents And Other Family Members

Father

Mother

1. Are your parents living?

2. What are their ages?

3. In what state do they live?

4. Do they have wills?

5. What is the approximate inheritance you might receive?

6. Is there any other information about your family that would be relevant to your estate plan?

7. Do you or your children expect a substantial inheritance from anyone other than your parents?

Yes No

If yes, describe _____

D. Personal Information

1. Are you receiving social security, disability, or other governmental benefits?

Yes No

If yes, describe _____

2. Are you now or have you ever been in the military or married to a person who was or is in the military?

Yes No

If yes, describe _____

3. Are you making payments pursuant to a divorce or property settlement order?

Yes No

If yes, please send a copy with this Questionnaire.

4. Are you a signatory on a foreign bank account?

Yes No

If yes, describe _____

5. Are you named as an agent under someone else's power of attorney (either medical or financial)?

Yes No

If yes, describe _____

6. Are you a party to any judicial proceedings or lawsuits?

Yes No

If yes, describe _____

E. Previous Estate Planning Instruments

1. Do you presently have a will?

Yes No

If yes, please send a copy of the will and any codicils with this Questionnaire.

2. Have you ever established a trust?

Yes No

If yes, please send a copy of the trust agreement and any amendments with this Questionnaire.

3. Are you or any of the members of your immediate family beneficiaries of any estates or trusts?

Yes No

If yes, please send copies with this Questionnaire.

4. Are you or any of the members of your immediate family a trustee now (or are you or they likely to be a trustee in the future) of a trust?

Yes No

If yes, please send a copy with this Questionnaire.

5. Are you or any of the members of your immediate family an executor of an estate?

Yes No

If yes, describe _____

F. Miscellaneous Data

1. Name of Accountant _____

Address _____

Phone _____

E-mail address _____

2. Name of Insurance Agent/Consultant _____

Address _____

Phone _____

E-mail address _____

3. Name of Investment Advisor _____

Address _____

Phone _____

E-mail address _____

4. Name of Banker _____

Address _____

Phone _____

E-mail address _____

5. Safe Deposit Box

Bank _____ Branch Location _____

Persons Listed on Signature Card _____

GIFTING HISTORY

Have you ever made a gift in excess of \$10,000 to a single recipient? Yes No

If yes, please send copies of all gift tax returns with this Questionnaire.