ESTATE PLANNING QUESTIONNAIRE

1. First client's full name:	SSN:
2. Other names used:	
3. Home Tel. No.:	
4. Second client's full name:	SSN:
5. Second client's other names used:	Tel. No.:
6. Address:	
7. Date of birth:	Citizenship
8. Second client's date of birth:	Citizenship
9. Marital Status: (Date and place)	
10. Prior marriage(s), date, how and when	terminated:
11. Names of children of present marriage, 12. Names of children of prior marriage(s),	
13. Names of grandchildren (if applicable):	
14. Children or grandchildren with disabili	ties, and description of such disability.
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15. Names of adopted children (if applicabl	e):

16. Real estate, with location, general description, estimated value, mortgage(s), and and when acquired:
17. Life Insurance policies:
18. Retirement plans:
19. Bank and savings accounts: Joint, Trust etc
20. Other assets:
21. Any existing wills: Where located
22. Names and relationship of other relatives to be included in estate planning:
23. Distribution plans for estate: (To spouse, children, other relatives)

24. Executor(s) and alterna	te(s)
Name	•
	Keiationship
	Relationship
	Relationship
25. Trustee(s) and alternate	
Name	Relationship
Address	
	Relationship
Address	
Name	Relationship
Address	
26. Guardian(s) of minor cl	
Name	Relationship
Address	
	Relationship
Address	
	Relationship
Address	