

ESTATE PLANNING SURVEY

Information you provide to this office will be treated as confidential and not disclosed to anyone outside this office without your permission.

CLIENT PERSONAL INFORMATION

Legal Name: _____ Date: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth: _____ Home Phone: _____

Mobile Phone: _____ E-mail Address: _____

Marital Status: Single Divorced Widowed Married If Married, is it your first marriage? YES NO

Employment Status: Employed Unemployed Retired Occupation (even if retired): _____

Do you have:

Will?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a safety deposit box?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Trust?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Would any of your heirs contest your wishes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Power of Attorney?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you planning to receive an inheritance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Health Care Proxy & Living Will?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a financial planner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a U.S. Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a CPA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dependents with special needs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

SPOUSE/PARTNER PERSONAL INFORMATION (if applicable)

Legal Name: _____ Date: _____
Last First Middle

Address (if different): _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth: _____ Home Phone (if different): _____

Mobile Phone: _____ E-mail Address: _____

Is this your first marriage? YES NO

Employment Status: Employed Unemployed Retired Occupation (even if retired): _____

Do you have:

Will?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a safety deposit box?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Trust?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Would any of your heirs contest your wishes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Power of Attorney?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you planning to receive an inheritance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Healthcare Proxy & Living Will?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a financial planner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a U.S. Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a CPA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dependents with special needs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

CHILDREN (if applicable):

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

OTHER FAMILY MEMBERS OR FRIENDS YOU WANT TO BE PART OF YOUR ESTATE PLAN (if applicable):

Full Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Relationship: _____

Full Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Relationship: _____

Full Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Relationship: _____

ASSETS

LIST ALL REAL ESTATE (please bring tax bills and deeds to your consultation):

Address: _____ Name(s) on Deed: _____
Mortgage Amount: _____ Approximate Value: _____

Address: _____ Name(s) on Deed: _____
Mortgage Amount: _____ Approximate Value: _____

Address: _____ Name(s) on Deed: _____
Mortgage Amount: _____ Approximate Value: _____

LIST ALL BANK ACCOUNTS (CHECKING ACCOUNTS, SAVING ACCOUNTS AND C.D.'S):

Financial Institution: _____ Name on Account: _____
Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____
Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____
Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____
Beneficiary (if listed): _____ Value: _____

LIST ALL SAVINGS BONDS:

Type of Bond: _____ Owner: _____

Beneficiary (if listed): _____ Value: _____

Type of Bond: _____ Owner: _____

Beneficiary (if listed): _____ Value: _____

Type of Bond: _____ Owner: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL BROKERAGE ACCOUNTS (EXCLUDES IRA OR OTHER RETIREMENT ACCOUNTS):

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL STOCKS NOT HELD WITH A BROKER:

Name of Stock: _____ Name on Account/Certificate: _____

Beneficiary (if listed): _____ Value: _____

Name of Stock: _____ Name on Account/Certificate: _____

Beneficiary (if listed): _____ Value: _____

Name of Stock: _____ Name on Account/Certificate: _____

Beneficiary (if listed): _____ Value: _____

Name of Stock: _____ Name on Account/Certificate: _____

Beneficiary (if listed): _____ Value: _____

LIST ANY RETIREMENT FUNDS (IRAS, 401KS, (403(B)S, ETC.):

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ANY ANNUITIES:

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ANY LIFE INSURANCE POLICIES:

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL VEHICLES (CAR, BOATS, TRAILERS, ETC.):

Make/Model: _____ Name on Title: _____

Approximate Value: _____

Make/Model: _____ Name on Title: _____

Approximate Value: _____

Any business interests? YES NO If yes, please list below:
Type of Interest: _____ Co-owner, if any: _____

Value: _____

Type of Interest: _____ Co-owner, if any: _____

Value: _____

Any collectibles (antiques, coins, jewelry, etc.)? YES NO If yes, please list below:

Type of collectible: _____

Market Value: _____

Are you owed any money (mortgage, personal loans, etc.)? YES NO If yes, please list below:

Type of Loan: _____ Borrower: _____

Outstanding Value: _____

Do you have any outstanding bills and or debts (medical, credit card, etc.)? YES NO If yes, please list below:

Type of Debt: _____

Amount Owed: _____

INCOME

	Wages	Retirement	Social Security	Other Income
Monthly Income	\$	\$	\$	\$
Spouse Monthly Income	\$	\$	\$	\$

Questions

Please use the space below to list any specific concerns and questions you wish to address during your consultation:

Would you please tell us how you heard about our firm: _____

If someone referred you, please provide their name: _____

Thank you for providing this information. We look forward to meeting with you!

Please bring the following Documents to our meeting, if available and applicable:

- Current Will and/or Trust
- Current Power of Attorney and Health Care Proxy
- Real Property Deed(s)
- Current Property Tax Bill(s)
- Long term care insurance policies
- Any other documents or information you deem relevant.