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**Estate Planning Questionnaire  
(for Single Individuals)**

Prepared \_\_\_\_\_, 201\_

A good estate plan requires that all relevant information concerning your personal, family, and financial situation be assembled. This form has been prepared to aid you in organizing that information.

**PERSONAL INFORMATION:**

Legal Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Occupation/Business \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Single       Divorced       Widowed

If Widowed, Spouse's Name \_\_\_\_\_

Spouse's Date of Death \_\_\_\_\_

Which telephone number(s) would you prefer we use:

Home                       Mobile                       Business

Which address would you prefer we use:

Home                       Business

**CHILDREN:**             None

<u>Name</u>	<u>Date of Birth (If a Minor)</u>	<u>Address (if not home)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a possibility of additional natural or adopted children?       Yes       No

Are all children of the same marriage or relationship?       Yes       No

If not, please elaborate: \_\_\_\_\_

\_\_\_\_\_

Have you ever preserved or donated any genetic material that may be used in assisted reproduction?       Yes       No

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

**OTHER INDIVIDUALS YOU MIGHT DESIRE TO BENEFIT:**

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth (If a Minor)</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred By \_\_\_\_\_

**NAMES OF ADVISORS:**

Accountant \_\_\_\_\_

Insurance Agent \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Are you pleased with all of your advisors?  Yes  No

**OTHER CONSIDERATIONS:**

Are you a US citizen?  Yes  No  
If no, please explain: \_\_\_\_\_

Do you own property in any other country?  Yes  No  
If yes, which country? \_\_\_\_\_

Have you completed a designated beneficiary agreement?  Yes  No  
If yes, please explain: \_\_\_\_\_

Do you have support or settlement obligations?  Yes  No  
If yes, please provide a copy of that obligation.

Do you receive governmental benefits?  Yes  No  
If yes, please explain: \_\_\_\_\_

Do any of your anticipated beneficiaries receive governmental benefits?  Yes  No  
If yes, please explain: \_\_\_\_\_

Are any children or anticipated beneficiaries disabled?  Yes  No  
If yes, please explain: \_\_\_\_\_

Will any of your anticipated beneficiaries (excluding minor children) need assistance with managing their funds?  Yes  No  
If yes, please explain: \_\_\_\_\_

Are you the beneficiary of any trust?  Yes  No

Do you have a power of appointment under any trust?  Yes  No



**ASSET INFORMATION:**

How you own your property is important for purposes of properly designing and implementing your estate plan. For each asset please indicate how it is titled. Please use the following abbreviations:

<b>Owner of Property</b>	<b>Use applicable designations below:</b>
<b>Sole Owner</b>	<b>I</b>
<b>Joint Tenancy</b>	<b>JT</b>
<b>Tenants in Common</b>	<b>TC</b>
<b>If you cannot determine how the property is owned</b>	<b>?</b>

**REAL PROPERTY:**

<u>General Description</u>	<u>Owner</u>	<u>Market Value</u>	<u>Loan Balance</u>	<u>Equity</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total** \_\_\_\_\_

**FURNITURE, COLLECTIONS AND PERSONAL EFFECTS:**

<u>Type or Description</u>	<u>Owner</u>	<u>Market Value</u>
<u>Miscellaneous Furniture and Household Effects</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total** \_\_\_\_\_

**AUTOMOBILES, BOATS AND RVs:**

<u>General Description</u>	<u>Owner</u>	<u>Market Value</u>	<u>Loan Balance</u>	<u>Equity</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
	<b>Total</b>	_____	_____	_____

**BANK & SAVINGS ACCOUNTS:**

<u>Name of Institution</u>	<u>Account number</u>	<u>Type*</u>	<u>Owner</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		<b>Total</b>	_____	_____

\* *Checking Account (CA), Savings Account (SA), Certificate of Deposit (CD), Money Market (MM). Please do not include IRAs or 401Ks here.*

**STOCKS AND BONDS:**

<u>Stocks, Bonds, or Investments</u>	<u>Acct. Number</u>	<u>Owner</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<b>Total</b>	_____





**SUMMARY OF VALUES:**

<b><u>ASSETS</u></b>	<b><u>TOTAL VALUE</u></b>
Real Property	_____
Furniture and Personal Effects	_____
Automobiles, Boats, and RVs	_____
Bank and Savings Accounts	_____
Stocks and Bonds	_____
Life Insurance and Annuities	_____
Retirement Accounts	_____
Business Interests	_____
Money Owed To You	_____
Other Assets	_____
Other Liabilities	( _____ )
TOTAL NET ASSETS	_____

**FIDUCIARIES:**

**Please consider which persons you would like to administer your estate and/or trusts, and who would care for your minor children.**

**Please Provide Name, Address & Phone for Each:**

**Personal Representative: (This is the person who administers your estate.)**

**Initial**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1<sup>st</sup> Successor**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2<sup>nd</sup> Successor**  
**(optional)**

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**If Applicable:**

**Trustee:** (This is the person who administers your trust funds.)

**Initial**

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**1<sup>st</sup> Successor**

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**2<sup>nd</sup> Successor**  
**(optional)**

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**Guardian:** (This is the person who will be caring for your minor children.)

**Initial**

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**1<sup>st</sup> Successor**

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2<sup>nd</sup> Successor  
(optional)

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Will your choice of guardian be affected by the marriage, divorce, remarriage, or relocation of the persons named?

Yes  No

If yes, please explain: \_\_\_\_\_

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**DISPOSITION OF ESTATE:**

What are your general desires as to the disposition of your estate?

Children equally.  Outright or  In Trust. If in trust, please specify your desires: \_\_\_\_\_

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Other: \_\_\_\_\_

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Specific Gifts

<u>Amount or Description of Gift</u>	<u>Name of Individual or Charity</u>	<u>Relationship or Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Property

Do you want to provide that your personal property will be distributed according to a written list you may prepare later?  Yes  No

Any property not listed should be distributed to whom?

- Children equally
- Other: \_\_\_\_\_

Pets

Do you own pets?  Yes  No  
If yes, Do you wish to provide for your pets?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL POWER OF ATTORNEY:**

Have you ever given a power of attorney to another?  Yes  No  
If yes, please explain: \_\_\_\_\_

Do you want to appoint another to manage your finances should you become unable to manage them on your own?  Yes  No

If yes,

**General Power of Attorney Agent:** (Please list name and address.)

**Initial**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1<sup>st</sup> Successor**  
**(optional)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2<sup>nd</sup> Successor**  
**(optional)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want that power to be immediately effective or become effective upon a doctor's letter? \_\_\_\_\_

**MEDICAL DIRECTIVES:**

Have you ever signed any medical directives?  Yes  No  
If yes, please explain: \_\_\_\_\_

Do you want to appoint another to make your medical decisions should you become unable to make them on your own?  Yes  No

If yes,

**Medical Power of Attorney Agent:** (Please list name and address.)

Initial \_\_\_\_\_

1<sup>st</sup> Successor \_\_\_\_\_

2<sup>nd</sup> Successor \_\_\_\_\_  
(optional) \_\_\_\_\_

Do you want a living will that directs the hospital as to your end of life decisions?  Yes  No

If yes,

Do you want the living will or the decisions of your agent to control if a conflict between the two were to arise? \_\_\_\_\_

**DISPOSTION OF YOUR REMAINS:**

Do you desire special instructions regarding burial or cremation?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you desire special instructions regarding a funeral or memorial?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you desire to make anatomical gifts?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like us to prepare a Disposition of Last Remains please provide the following information:

Place of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Are you a Veteran?  Yes  No

If yes:

Date Enlisted \_\_\_\_\_

Discharged \_\_\_\_\_

Service # \_\_\_\_\_

Name of war (if applicable) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_