

## Estate Planning Questionnaire

*(Instructions: Please print a copy and 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: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_
- 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: (Please use full legal names)
  - 1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
  - 2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
  - 3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
  - 4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
  - 5. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
  - 6. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
  - 7. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

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

- 1. Husband's Parents:** \_\_\_\_\_
- 2. Husband's Brothers and Sisters:** \_\_\_\_\_  
\_\_\_\_\_
- 3. Wife's Parents:** \_\_\_\_\_
- 4. Wife's Brothers and Sisters:** \_\_\_\_\_  
\_\_\_\_\_

**III. GUARDIANS, PERSONAL REPRESENTATIVES, & TRUSTEES:**

**A. Personal Representatives:** Whom do 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, whom do 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, whom do 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: \_\_\_\_\_

**IV. ASSETS:**

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

**1. Address of Real Estate:** \_\_\_\_\_  
Title in Name of: \_\_\_\_\_  
Value: \_\_\_\_\_  
Total Amount of Mortgage(s): \$ \_\_\_\_\_

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

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

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

**1. Checking Accounts:**

Name of Institution	Branch Location	Acct. Balance:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**2. Savings Accounts:**

Name of Institution	Branch Location	Acct. Balance:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**3. Individual Retirement Accounts (IRA's):**

Owner/Employee's Name	Acct. Administrator	Acct. Balance:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**C. Stocks and Bonds:**

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

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

**D. Life Insurance Policies:**

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

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

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

**E. Annuities:**

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

**F. Contracts** under which you are receiving payments:

Name of Buyer/Payor: \_\_\_\_\_

Address of Buyer/Payor: \_\_\_\_\_

Amount and Frequency of Payments: \_\_\_\_\_

Amount Remaining Due: \$ \_\_\_\_\_

**G. 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 \$ \_\_\_\_\_

**H. 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 \$ \_\_\_\_\_

**I. Miscellaneous Items of Unusual Value** (i.e. Antiques, Jewelry, Guns, etc.)

Describe items and estimate value: \_\_\_\_\_

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

**J. Which (if any) of the foregoing items or property did either of you (a) own before you were married or (b) receive by gift or inheritance since becoming married? Please list item, value, and the name of the spouse who owned the item prior to marriage or who received it by gift or inheritance after marriage:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**K. 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

Brief Description of any Significant Health Concerns: \_\_\_\_\_

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

**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
8.  Other: Please specify: \_\_\_\_\_

**G. Please list any other special circumstances that you wish to discuss:** \_\_\_\_\_

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