

## Estate Planning Questionnaire

*(Instructions: This form either (1) Fillable on Your Computer; or (2) Print & Fill in by Hand)*

### I. CLIENT INFORMATION:

- A. Husband's full legal name: \_\_\_\_\_  
B. Wife's full legal name: \_\_\_\_\_  
C. Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
D. Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_  
Husband's Cell \_\_\_\_\_ Fax \_\_\_\_\_  
Wife's Cell \_\_\_\_\_  
E. Email Addresses: Husband: \_\_\_\_\_  
Wife: \_\_\_\_\_  
F. Husband's Date & Place of Birth: \_\_\_\_\_  
G. Wife's Date & Place of Birth: \_\_\_\_\_  
H. Date and Place of Marriage: \_\_\_\_\_  
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 Children with Special Needs (if any) : \_\_\_\_\_  
\_\_\_\_\_

**C. 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** (after your spouse):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. **First Alternate Personal Representative:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. **Second Alternate Personal Representative:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**B. Guardians:** If your children are still minors or are handicapped, whom would you desire to be their Guardians in the event that both parents die before they become adults?

1. **First Choice for Guardian:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. **First Alternate Guardian:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. **Second Alternate Guardian:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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 Successor Trustees of your estate:

**1. First Choice for Successor Trustee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2. First Alternate Successor Trustee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3. Second Alternate Successor Trustee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IV. ASSETS:**

**A. Real Estate** (including residence, investment, time share, 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.(optional):** \_\_\_\_\_  
**Description of Securities Held:** \_\_\_\_\_  
\_\_\_\_\_  
Value of all Securities: \$ \_\_\_\_\_

**Name of Brokerage Company:** \_\_\_\_\_  
**Address of Brokerage Company:** \_\_\_\_\_  
**Brokerage Account No.(optional):** \_\_\_\_\_  
**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):** \_\_\_\_\_

**E. Annuities:**

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

**F. Long Term Care Insurance:**

**Name of Insurance Company:** \_\_\_\_\_  
**Name of Insured Person:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_ **Amount of Policy:** \$ \_\_\_\_\_

**G. Contracts Under Which You Are Receiving Payments:**

Name of Person Making Payments: \_\_\_\_\_

Address of Person Making Payments: \_\_\_\_\_

Amount & Frequency of Payments: \_\_\_\_\_

Current Remaining Balance of Contract: \_\_\_\_\_

**H. Automobiles:**

Description (Model & Year) of Automobile #1:

\_\_\_\_\_

If subject to Loan: Lender \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Description (Model & Year) of Automobile #2:

\_\_\_\_\_

If subject to Loan: Lender \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

**I. Other Vehicles, Boats, Trailers, etc.**

Description (Model & Year) of Other Vehicle #1:

\_\_\_\_\_

If subject to Loan: Lender \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Description (Model & Year) of Other Vehicle #2:

\_\_\_\_\_

If subject to Loan: Lender \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

**K. 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 Share: \$ \_\_\_\_\_
- 3. Value of Wife's Share: \$ \_\_\_\_\_

**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 or time shares:
  - A. In Idaho?  Yes  No
  - B. 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 Wills & Trusts?**

- (Please check all that apply):
- 1.  I/we had other legal work done by Barry Peters
  - 2.  Telephone Book Yellow Pages
  - 3.  Saw internet website at **BarryPeters-Law.com**
  - 4.  Flyer in **Idaho Statesman**
  - 5.  **CHOIS Connection** Magazine
  - 6.  Referred by \_\_\_\_\_ (Name)
  - 7.  Other: Please specify: \_\_\_\_\_

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

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