

**ESTATE PLANNING QUESTIONNAIRE**

**I. GENERAL INFORMATION**

DATE: \_\_\_\_\_

YOUR FULL NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

FULL NAME  
OF YOUR SPOUSE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

\_\_\_\_\_ E-MAIL \_\_\_\_\_

YOUR CELL \_\_\_\_\_

SPOUSE'S CELL \_\_\_\_\_

YOUR BUSINESS ADDRESS:

\_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

YOUR SPOUSE'S BUSINESS ADDRESS:

\_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

STATE(S) TO WHICH YOU PAY INCOME TAX: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOUR CITIZENSHIP: \_\_\_\_\_

YOUR SPOUSE'S CITIZENSHIP: \_\_\_\_\_

OTHER RESIDENCE ADDRESSES: \_\_\_\_\_

\_\_\_\_\_

YOUR OCCUPATION: \_\_\_\_\_

YOUR EMPLOYER: \_\_\_\_\_

YOUR SPOUSE'S OCCUPATION: \_\_\_\_\_

YOUR SPOUSE'S EMPLOYER: \_\_\_\_\_

NAME(S) OF ANY PRIOR SPOUSE(S): \_\_\_\_\_

HOW DID MARRIAGE(S) END? \_\_\_\_\_

NAME(S) OF ANY PRIOR SPOUSE(S) OF YOUR SPOUSE: \_\_\_\_\_

HOW DID MARRIAGE(S) END? \_\_\_\_\_

Please supply a copy of any Separation Agreement or Divorce Decree affecting you or your spouse.

NAME OF YOUR ACCOUNTANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

YOUR SPOUSE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

**INFORMATION AS TO YOUR CHILDREN**

FULL NAME	BIRTHDATE	SS#	OCCUPATION	MARITAL STATUS/ SPOUSE NAME	DOES YOUR CHILD HAVE CHILDREN?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**INFORMATION AS TO YOUR GRANDCHILDREN, ETC.**

FULL NAME	BIRTHDATE	SS#	OCCUPATION	MARITAL STATUS/ SPOUSE NAME	NAME OF PARENT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DOES ANYONE ELSE DEPEND UPON YOU FOR SUPPORT? \_\_\_\_\_  
IF SO, PLEASE NAME EACH SUCH PERSON.

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

ARE ALL MEMBERS OF YOUR IMMEDIATE FAMILY IN GOOD HEALTH? \_\_\_\_\_

IF NOT, PLEASE PROVIDE DETAILS

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

DO YOU HAVE A WILL? \_\_\_\_\_ DOES YOUR SPOUSE HAVE A WILL? \_\_\_\_\_

IF SO, PLEASE SUPPLY A COPY OF EACH WILL.

DO YOU HAVE A PRE or POST-NUPTIAL AGREEMENT? \_\_\_\_\_

IF SO, PLEASE SUPPLY A COPY OF THE AGREEMENT(S).

HAVE YOU, YOUR SPOUSE OR ANY OF YOUR CHILDREN EVER CREATED A TRUST? \_\_\_\_\_

IF SO, LIST BELOW AND SUPPLY A COPY OF EACH TRUST AGREEMENT AND ANY  
AMENDMENTS THERETO.

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

IS THERE A TRUST CURRENTLY IN EXISTENCE FOR YOU, YOUR SPOUSE OR ANY OF YOUR  
CHILDREN OR GRANDCHILDREN (except a trust covered by the preceding question)? \_\_\_\_\_

IF SO, LIST BELOW AND SUPPLY A COPY OF EACH TRUST AGREEMENT (and amendments)  
AND WILL (and codicils) UNDER WHICH EACH SUCH TRUST WAS CREATED.

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

**II. ASSET INFORMATION**

	ACCOUNT NUMBER AND LOCATION	WHOSE NAME IS ACCOUNT IN	BALANCE
<b>BANK AND MONEY MARKET ACCOUNTS, TREASURY OBLIGATIONS AND OTHER CASH EQUIVALENTS</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	PLACE HELD	OWNERSHIP	CURRENT VALUE
<b>MARKETABLE SECURITIES</b> information is required as to each account, or as to total securities portfolio if you hold your securities	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**RETIREMENT PLANS, DEFERRED COMPENSATION, ETC.**

TYPE	PARTICIPANT	VESTED AMOUNT	ACCOUNT BALANCE	BENEFICIARY	MODE OF PAYMENT
CORPORATE PENSION	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
CORPORATE PROFIT-SHARING	_____	_____	_____	_____	_____
SAVINGS PLAN	_____	_____	_____	_____	_____
DEFERRED COMPENSATION	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
INDIVIDUAL RETIREMENT ACCOUNTS	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
KEOGH PLAN	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

STOCK OPTIONS	CURRENTLY EXERCISABLE	_____
	EXERCISABLE LATER	_____
	CONDITIONS	_____
	OPTION PRICE	\$ _____
	CURRENT VALUE	\$ _____

## REAL ESTATE

	PROPERTY #1	PROPERTY #2	PROPERTY #3	PROPERTY #4
DESCRIPTION .....	_____	_____	_____	_____
LOCATION .....	_____	_____	_____	_____
USAGE (residence, investment) .....	_____	_____	_____	_____
INCOME PRODUCING? .....	_____	_____	_____	_____
NAME(S) IN WHICH TITLE HELD .....	_____	_____	_____	_____
DATE OF ACQUISITION .....	_____	_____	_____	_____
HOW ACQUIRED (gift, purchase, etc.) .....	_____	_____	_____	_____
COST BASIS .....	_____	_____	_____	_____
BALANCE OF MORTGAGE .....	_____	_____	_____	_____
ESTIMATED CURRENT FAIR MARKET VALUE .....	_____	_____	_____	_____

## MISCELLANEOUS ASSETS

	CURRENT VALUE YOURS	CURRENT VALUE YOUR SPOUSE'S
PERSONAL EFFECTS HOME FURNISHINGS .....	\$ _____	\$ _____
AUTOMOBILES .....	_____	_____
JEWELRY & FURS .....	_____	_____
COLLECTIONS (describe - _____ ) .....	_____	_____

  

	ANNUAL INCOME	EXPIRATION	CURRENT VALUE
INTANGIBLE PROPERTY PATENTS .....	_____	_____	\$ _____
TRADEMARKS .....	_____	_____	_____
COPYRIGHTS .....	_____	_____	_____
TOTAL VALUE OF MISCELLANEOUS ASSETS .....			\$ _____

**BUSINESS ASSETS** (if you have more than 1, duplicate this page and complete)

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TYPE OF ENTITY (corporation, S Corporation, Partnership, Sole Proprietorship) \_\_\_\_\_

PLEASE DESCRIBE COMPANY BUSINESS \_\_\_\_\_

\_\_\_\_\_

OWNERSHIP: \_\_\_\_\_

IS THERE A PARTNERSHIP OR SHAREHOLDER'S AGREEMENT IN EFFECT? \_\_\_\_\_

PARTNERS OR SHAREHOLDERS	AGE	STOCK CLASS COM/PREF % OWNED	OFFICE(S) HELD	DIRECTOR?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BUSINESS VALUATION**

BOOK VALUE AS OF	-	_____
OWNER'S ESTIMATE OF VALUE	-	_____
LIQUIDATION VALUE	-	_____
AVERAGE BEFORE TAX EARNINGS FOR LAST 3 TO 5 YEARS	-	_____

**LIFE INSURANCE**

COMPANY	POLICY TYPE	INSURED	FACE AMOUNT	OWNER	BENEFICIARY	LOAN AMOUNT	CASH VALUE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**CUSTODIAL ACCOUNTS**

HAVE YOU, YOUR SPOUSE OR ANY OTHER PERSON CONTRIBUTED TO CUSTODIAL ACCOUNTS FOR ANY OF YOUR CHILDREN OR GRANDCHILDREN? \_\_\_\_\_ IF SO, SUPPLY THE FOLLOWING INFORMATION AS TO EACH SUCH ACCOUNT.

	ACCOUNT #1	ACCOUNT #2	ACCOUNT #3	ACCOUNT #4
NAME OF MINOR .....	_____	_____	_____	_____
NAME OF DONOR .....	_____	_____	_____	_____
NAME OF CUSTODIAN .....	_____	_____	_____	_____
CURRENT VALUE OF ASSETS .....	_____	_____	_____	_____

**LIABILITIES**

PLEASE SUPPLY DETAILS OF ALL LIABILITIES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





In addition, you should be thinking about the people that would have the following roles:

1. Successor Executor - Executor of the estate if neither one of you is living.
2. Co-Trustee - A Trustee of a trust I plan to create which would come into existence after the death of the first of you. This person would serve as Co-Trustee with the survivor as between you.
3. Successor Co-Trustee - Successor to the above.
4. Trustee for child(ren) - A person(s) who will manage all of your assets (including life insurance) if you should both be deceased and the child(ren) are under a certain age.
5. Successor Trustee - Successor(s) to the above.
6. Age trust terminates - The age at which your child(ren) can inherit your assets and no longer require a trust.
7. Guardians - People with whom the child(ren) would reside until they reach age 18 should you both be deceased prior them attaining 18. (This has nothing to do with the age assets stay in trust until.)
8. Successor Guardians - Successor(s) to the above.
9. Alternate beneficiaries - People who will inherit everything if something happens to the entire immediate family.
10. Health Care Agent - Person who would make Health Care Decision whenever you are incapable of doing so yourself.<sup>1</sup>
11. Successor Health Care Agent - Successor to the above.

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<sup>1</sup>New York law only permits one Health Care Agent at a time.