

# **SLOAN & FELLER**

## **Attorneys at Law**



## **Estate Planning Questionnaire**

**Please fill out the information packet to the best of your ability and bring a copy with you to your appointment.**

## Estate Planning Questionnaire

## CLIENT PERSONAL INFORMATION

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

S.S.N: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Military Service: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Status of Health: \_\_\_\_\_

*Mental Condition**Physical Condition*

## SPOUSE/PARTNER PERSONAL INFORMATION (if applicable)

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

S.S.N: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Military Service: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Status of Health: \_\_\_\_\_

*Mental Condition**Physical Condition*

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client's Objective: \_\_\_\_\_

## CONTACT PERSON (if not client)

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

 Home Phone: (\_\_\_\_\_) \_\_\_\_\_  Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Note: Also, please bring the following Documents to our meeting, if available and applicable: (a) Will(s), (b) Power(s) of Attorney, (c) deed to residence and real properties with tax bills, (d) last two years tax returns, (e) life and health insurance policies, (f) Beneficiary designation on all retirement plans and life insurance policies and (g) any other documents or information you deem relevant.

## MARITAL INFORMATION

Marital Status:  Married       Partnered       Single       Widowed       Divorced

Date and Place of Marriage: \_\_\_\_\_

Have either of you been married previously? \_\_\_\_\_

If yes, please provide copy of divorce decree, Spouse/Partner's name and address, date of death, or divorce from prior spouse/Partner, the title, location, and case number of probate and divorce court.

\_\_\_\_\_

## CHILDREN/OR OTHER RELATIVES

Children of present marriage/partnership (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order (Indicate if deceased by putting "D" and give date of death next to name)

Name	Address	Phone #	Email Address	Spouse/Partner

**Client:**

Children of a prior marriage/partnership: \_\_\_\_\_

**Spouse/Partner:**

Children of a prior marriage/partnership: \_\_\_\_\_

## GRANDCHILDREN: (Use back of sheet if more space is needed)

Name	Address	Phone #	Email Address	D.O.B

## ESTATE PLANNING CHECKLIST

Please complete the following check-up which will allow us to identify how we can help you.

Does your estate plan:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Meet your current desires as stated in your Will?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Name the right people as agents under a Durable Power of Attorney and/or Health Care Proxy or guardian for your children.              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Name executor(s) and trustee(s) that you are confident will care out your wishes.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Take into consideration any special medical or educational needs of family member or other loved ones?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Provide for long-term care protection for you and/or you spouse/partner  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Take advantage of estate tax planning strategies to save estate taxes?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Provide for charitable gifting, if you are so inclined?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Protect you and your assets during your retirement years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Minimize income and estate taxes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Provide a smooth and tax-advantage transfer of your business interest at your retirement, if you become disabled, or upon your death? | <input type="checkbox"/> | <input type="checkbox"/> |

## SUMMARY OF ASSETS AND LIABILITIES

ASSETS	Clients	Partner/ Spouse	Joint	Other	Total
1. Real Estate.....					
2. Cash.....					
3. Checking .....					
4. Savings/Money Market .....					
5. Certificates of Deposit .....					
6. Stocks & bonds					
Individually held.....					
Brokerage .....					
Mutual Funds .....					
Savings Bonds .....					
7. Life Insurance (face value)					
8. Retirement Benefits.....					
Pension.....					
401 (K) .....					
IRA Accounts .....					
9. Annuities/Mortgages/Notes					
10. Personal Property.....					
11. Business Interests.....					
12. Miscellaneous.....					
<b>Total Assets</b>					
<b>LIABILITIES</b>					
1. Debt .....					
2. Mortgage Payables .....					
<b>Total Liabilities</b>					
<b>NET WORTH</b>					