



## ESTATE PLANNING QUESTIONNAIRE

All information disclosed on this Questionnaire will be held in the strictest confidence and will not be disclosed to any third party without your consent.

This form is to be completed by married persons only. If you are unmarried, please contact our office and request the proper form.

### PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Home E-mail: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Are you a US Citizen? \_\_\_\_\_ Y \_\_\_\_\_ N  
SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

State of health: \_\_\_\_\_ Insurable?: \_\_\_\_\_

Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? \_\_\_\_\_ Y \_\_\_\_\_ N

### SPOUSE INFORMATION

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Home E-mail: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ US Citizen? \_\_\_\_\_ Y \_\_\_\_\_ N  
SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

State of health: \_\_\_\_\_ Insurable?: \_\_\_\_\_

Has your spouse ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? \_\_\_\_\_ Y \_\_\_\_\_ N

**CHILDREN'S INFORMATION**

**If you do not have any children, please use this section to list the person(s) or organization(s) you would like to leave your assets to.**

Is there a physical possibility of more children? \_\_\_\_\_ Y \_\_\_\_\_ N

Do you have any children who predeceased you? \_\_\_\_\_ Y \_\_\_\_\_ N

**CHILD ONE:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Natural or  Adopted Is Child One a child of  Both of You  You only  Spouse only?

Address (if different from you): \_\_\_\_\_

If Child One is married, please provide full name of spouse: \_\_\_\_\_

If Child One has children, please provide full name(s) and age(s): \_\_\_\_\_

**CHILD TWO:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Natural or  Adopted Is Child Two a child of  Both of You  You only  Spouse only?

Address (if different from you): \_\_\_\_\_

If Child Two is married, please provide full name of spouse: \_\_\_\_\_

If Child Two has children, please provide full name(s) and age(s): \_\_\_\_\_

**CHILD THREE:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Natural or  Adopted Is Child Three a child of  Both of You  You only  Spouse only?

Address (if different from you): \_\_\_\_\_

If Child Three is married, please provide full name of spouse: \_\_\_\_\_

If Child Three has children, please provide full name(s) and age(s): \_\_\_\_\_

**CHILD FOUR:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Natural or  Adopted Is Child Four a child of  Both of You  You only  Spouse only?

Address (if different from you): \_\_\_\_\_

If Child Four is married, please provide full name of spouse: \_\_\_\_\_

If Child Four has children, please provide full name(s) and age(s): \_\_\_\_\_

**For additional children, please provide the same information for each on a separate sheet of paper.**

Does any child have special educational, medical, or physical needs, or receive governmental benefits? \_\_\_\_\_

If your children are minors, or under some form of legal disability, who will serve as their guardian?

First Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

Is there anyone other than your minor children who is financially dependent on you?

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

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

### **FIDUCIARY INFORMATION**

#### **FINANCIAL**

If you were incapacitated for any period of time, who would you choose to make financial decisions for you?

First Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

If your spouse was incapacitated for any period of time, who would your spouse choose to make financial decisions for them?

First Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

#### **HEALTH CARE**

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

Please provide city and state of residence for each person listed.

First Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

If your spouse was incapacitated for any period of time, who would your spouse choose to make health care decisions for them? Please provide city and state of residence for each person listed.

First Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Relation: \_\_\_\_\_

### **ADVISORS**

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred to Hyden, Miron & Foster, PLLC by \_\_\_\_\_

## ASSET INFORMATION

The values you include are for discussion purposes only. A more accurate list will be obtained at a later date.

**Cash and Cash Equivalents.** List all checking accounts, savings accounts, certificates of deposit, and money market accounts. **Do not include IRAs or 401(k)s here.**

Financial Institution and Type of Account	Owner	Market Value
<i>Bank – Checking Account</i>	<i>Joint</i>	<i>\$5,000</i>
		\$
		\$
		\$
		\$
		\$

**Publicly Traded Securities, Brokerage Accounts, and Security Accounts.** List all stocks and bonds you own. If held in a brokerage account, identify the account rather than the assets within the account. **Do not include IRAs or 401(k)s.**

Name and Type of Account	Owner	Market Value
<i>ABC Stock</i>	<i>Husband</i>	<i>\$10,000</i>
		\$
		\$
		\$
		\$

**Retirement Accounts.** List all pension, profit sharing, IRA, Roth IRA, SEP, 401(k) or 403(b) accounts.

Name and Type of Account	Owner	Beneficiary	Market Value
<i>IRA with Investment Broker</i>	<i>Wife</i>	<i>Spouse then children</i>	<i>\$50,000</i>
			\$
			\$
			\$
			\$

**Real Estate.** List all real estate and percentage of ownership if not 100%.

Property	Owner	Market Value	Debt
<i>Personal Residence</i>	<i>Joint</i>	<i>\$110,000</i>	<i>\$60,000</i>
		\$	\$
		\$	\$
		\$	\$

**Personal Property.** List all automobiles, recreational vehicles, jewelry, personal effects, and household goods.

Description	Owner	Market Value	Debt
<i>2014 Auto</i>	<i>Husband</i>	<i>\$25,000</i>	<i>\$5,000</i>
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Insurance Policies.** List all life insurance policies owned by you. Under type, list whole or term.

Insurance Company	Type	Owner	Insured	Beneficiary	Cash Value	Death Benefit
<i>National Life Ins.</i>	<i>Term, 30 yr</i>	<i>Joint</i>	<i>Husband</i>	<i>Wife, Kids</i>	<i>\$8,000</i>	<i>\$100,000</i>
					\$	\$
					\$	\$
					\$	\$

**Annuities.** List all annuities. Cost basis refers to the total investment in this account by the owner.

Company	Owner	Annuitant	Beneficiary	Cost Basis	Current Value
<i>Annuity</i>	<i>Wife</i>	<i>Husband</i>	<i>Spouse, Kids</i>	<i>\$50,000</i>	<i>\$70,000</i>
				\$	\$
				\$	\$
				\$	\$

**Closely Held Business Interest.** List all closely held business interests that you have.

Name	Tax Structure (LLC, S corp, etc.)	Owner and Percentage	Market Value
<i>ABC Business, Inc.</i>	<i>C corp</i>	<i>Husband - 30%</i>	<i>\$50,000</i>
			\$
			\$
			\$

**Income.** Estimate current year income.

Description	Husband	Wife
W-2 Wages (Salaries)	\$	\$
Commissions/Bonuses	\$	\$
Interest/Dividends	\$	\$
Rental Income	\$	\$
Retirement Income	\$	\$
Social Security	\$	\$
Annuities	\$	\$

Do you have any anticipated inheritance? \_\_\_\_\_. If yes, briefly describe: \_\_\_\_\_

Do you have a lock box? If so, please provide us with the box number, bank branch location, name(s) on account, and location of keys. \_\_\_\_\_

### **Additional Documentation**

**General Document Request.** Please provide copies of any existing planning documents (Wills, Trusts, powers of attorneys, etc.), deeds, pre-nuptial and post-nuptial agreements, business agreements, and any divorce or property settlement agreements (if they contain any continual obligations). Additionally, please provide us with copies of your most recent account statements (banking, investments, retirement accounts, etc.).

**Please do not send originals as we cannot guarantee their safety through the U.S. Postal Service.**