

**ESTATE PLAN QUESTIONNAIRE**

**Your name(s) as you want them to appear on your documents and your Social Security Number(s):**

	Name(s)	Social Security Number(s)
Husband:	_____	_____
Wife:	_____	_____

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

Telephone Number(s):	Home:	_____
	Work:	Husband: _____ Wife: _____
	Cellular:	Husband: _____ Wife: _____
	Email:	Husband: _____ Wife: _____

**Estimate the size of your Estate, including the value of your home, life insurance, investments, personal belongings and anything else you own:**

_____	less than \$200,000
_____	\$200,000 to \$500,000
_____	\$500,000 to \$1 million
_____	more than \$1 million

**Are you a U.S. citizen?**

Husband:	_____	Yes	_____	No
Wife:	_____	Yes	_____	No

**List the name(s) and address(es) of your children) from your current marriage. Include date(s) of birth if under age 18.**

	Name and Address	Date of Birth
1.	_____ _____	_____
2.	_____ _____	_____
3.	_____ _____	_____
4.	_____ _____	_____

**List the name(s) and address(es) of any child(ren) from previous marriages. Include date(s) of birth if under age 18. Circle "H" if these are child(ren) of the husband and "W" if these are child(ren) of the wife.**

	Name and Address	Date of Birth
H or W	_____ _____	_____
H or W	_____ _____	_____
H or W	_____ _____	_____
H or W	_____ _____	_____

**List any other beneficiary you wish to include.**

	Name of Address	Date of Birth
1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
3.	_____	_____
	_____	_____
4.	_____	_____
	_____	_____

**Who will be the Personal Representative(s) (Executor) or Trustee if this a Trust?  
It is not necessary to appoint two people.**

Name and Address <u>1<sup>st</sup> Choice</u>	Name and Address <u>2<sup>nd</sup> Choice</u>
_____	_____
_____	_____
_____	_____

**Who will be the Guardian(s) for your child(ren)? It is not necessary to appoint two people.**

Name and Address <u>1<sup>st</sup> Choice</u>	Name and Address <u>2<sup>nd</sup> Choice</u>
_____	_____
_____	_____
_____	_____

**Who will service as your Patient Advocate(s) to make medical decisions for you if you become disabled? It is not necessary to appoint two people.**

Name and Address  
Husband's Choice

Name and Address  
Wife's Choice

1<sup>st</sup> Choice \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2<sup>nd</sup> Choice \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Who will you give Power of Attorney to handle your finances if you become disabled? It is not necessary to appoint two people.**

Name and Address  
Husband's Choice

Name and Address  
Wife's Choice

1<sup>st</sup> Choice \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2<sup>nd</sup> Choice \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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