ESTATE PLANNING QUESTIONNAIRE

1.	Client's full name:	SSN:
2.	Other names used:	
3.	Home telephone:	Other telephone:
4.	Second Client's full name:	SSN:
5.	Second client's other names used:	
6.	Address:	
7.	Date of birth:	
8.	Citizenship:	
9.	Second client's date of birth:	
10.	Second client's citizenship:	
11.	Marital Status: (Date and place)	
12.	Prior Marriage(s), date, how and when	terminated:
13. status:	Names of children of present marriage,	with age, residence and marital
14. status:	Names of children of prior marriage(s),	with age, residence and marital

15.	Names of grandchildren (if applicable):
16. disal	Children or grandchildren with disabilities, and description of each bility:
17. how	Real estate, with location, general description, estimated value, mortgages, and when acquired:
18.	Life insurance policies:
19.	Retirement plans:
20.	Bank and savings accounts: (joint, trust, etc.)

21.	Other assets:	
22.	Any existing wills:	Where located:
23.	Names and relationship of othe	er relatives to be included in estate planning:
24. Distribution plans for estate: (to spouse, children,		to spouse, children, other relatives)
25.	Executor(s) and alternative(s):	
Name:		Relationship:
Addres		
Name:		Relationship:
Addres	s:	

Name:	Relationship:
Address:	
26. Trustee(s) and alternate	e(s):
Name:	Relationship:
Address:	
Name:	Relationship:
Address:	
Name	Relationship:
Address:	
27. Guardian(s) of minor ch	nildren and alternate(s):
Name:	Relationship:
Address:	
Name:	Relationship:
Address:	
Name:	Relationship:
Address:	
28. Other information:	