



# Questionnaire

## *Estate Analysis of Single Individual*

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\*\*\*\* *Confidential* \*\*\*\*

### General Information

1. Full name \_\_\_\_\_
2. Home address \_\_\_\_\_  
\_\_\_\_\_
3. Home phone \_\_\_\_\_
4. Mobile phone \_\_\_\_\_
5. Personal e-mail address \_\_\_\_\_
6. Date of birth \_\_\_\_\_
7. Social Security Number \_\_\_\_\_
8. Occupation/employer \_\_\_\_\_  
Business address \_\_\_\_\_  
\_\_\_\_\_  
Business phone \_\_\_\_\_  
Business e-mail address \_\_\_\_\_
9. Are you a U.S. citizen?  Yes  No  
If no, country(ies) of citizenship \_\_\_\_\_

#### A. Immediate Family

##### *Children*

Full Name	Date of Birth	Marital Status
_____		
_____		
_____		
_____		

##### *Grandchildren*

Full Name	Date of Birth	Marital Status	Parent's Name
_____			
_____			
_____			
_____			

B. Marital History

1. Have you ever been married?  Yes  No

If yes, date and place of marriage \_\_\_\_\_

2. If yes, did the marriage end because of:

Death; please give name of deceased spouse, the date and place of his or her death

Divorce; please give name of divorced spouse, the date and place of divorce

C. Parents And Other Family Members

**Father**

**Mother**

1. Are your parents living?

\_\_\_\_\_

\_\_\_\_\_

2. What are their ages?

\_\_\_\_\_

\_\_\_\_\_

3. In what state do they live?

\_\_\_\_\_

\_\_\_\_\_

4. Do they have wills?

\_\_\_\_\_

\_\_\_\_\_

5. What is the approximate inheritance you might receive?

\_\_\_\_\_

\_\_\_\_\_

6. Is there any other information about your family that would be relevant to your estate plan?

\_\_\_\_\_

7. Do you or your children expect a substantial inheritance from anyone other than your parents?

Yes  No

If yes, describe \_\_\_\_\_

D. Personal Information

1. Are you receiving social security, disability, or other governmental benefits?

Yes  No

If yes, describe \_\_\_\_\_

2. Are you now or have you ever been in the military or married to a person who was or is in the military?

Yes  No

If yes, describe \_\_\_\_\_

3. Are you making payments pursuant to a divorce or property settlement order?

Yes  No

If yes, please send a copy with this Questionnaire.

4. Are you a signatory on a foreign bank account?

Yes  No

If yes, describe \_\_\_\_\_

5. Are you named as an agent under someone else's power of attorney (either medical or financial)?

Yes  No

If yes, describe \_\_\_\_\_

6. Are you a party to any judicial proceedings or lawsuits?

Yes  No

If yes, describe \_\_\_\_\_

E. Previous Estate Planning Instruments

1. Do you presently have a will?

Yes  No

If yes, please send a copy of the will and any codicils with this Questionnaire.

2. Have you ever established a trust?

Yes  No

If yes, please send a copy of the trust agreement and any amendments with this Questionnaire.

3. Are you or any of the members of your immediate family beneficiaries of any estates or trusts?

Yes  No

If yes, please send copies with this Questionnaire.

4. Are you or any of the members of your immediate family a trustee now (or are you or they likely to be a trustee in the future) of a trust?

Yes  No

If yes, please send a copy with this Questionnaire.

5. Are you or any of the members of your immediate family an executor of an estate?

Yes  No

If yes, describe \_\_\_\_\_

F. Miscellaneous Data

1. Name of Accountant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

2. Name of Insurance Agent/Consultant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

3. Name of Investment Advisor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

4. Name of Banker \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

5. Safe Deposit Box

Bank \_\_\_\_\_ Branch Location \_\_\_\_\_

Persons Listed on Signature Card \_\_\_\_\_

GIFTING HISTORY

Have you ever made a gift in excess of \$10,000 to a single recipient?  Yes  No

If yes, please send copies of all gift tax returns with this Questionnaire.