



ESTATE PLANNING QUESTIONNAIRE

Date: _____

I. Family and Employment Information

Husband's Name: _____ Yes No
First Name Middle Name Last Name U.S. Citizen?

How would you like your name to read on your estate planning documents? _____ Other Names Known By _____

_____ Date of Birth Place of Birth Social Security No. Cell Phone No. Email Address

_____ Father's Name Mother's Name

Husband's Employment Info: Presently employed? Yes No If Yes, for how long? _____ Occupation: _____

_____ Employer/Business Name Business Street Address City State Zip Code

_____ Title Business Phone No. Business Fax No. Business Email Address

Wife's Name: _____ Yes No
First Name Middle Name Last Name U.S. Citizen?

How would you like your name to read on your estate planning documents? _____ Other Names Known By _____

_____ Date of Birth Place of Birth Social Security No. Cell Phone No. Email Address

_____ Father's Name Mother's Name

Wife's Employment Info: Presently employed? Yes No If Yes, for how long? _____ Occupation: _____

_____ Employer/Business Name Business Street Address City State Zip Code

_____ Title Business Phone No. Business Fax No. Business Email Address

Primary Residence: _____
Street Address City County State Zip Code

_____ Telephone No. Fax No. Seasonal Dates (if any) Date Residence Established

Secondary Residence (if any): _____
Street Address City County State Zip Code

_____ Telephone No. Fax No. Seasonal Dates (if any) Date Residence Established

II. Marital Information

_____ Yes No _____ Yes No
 Date of Marriage Where Living When Married? **Husband:** Prior Marriage(s)? **Wife:** Prior Marriage(s)?

Do you have any obligations under a divorce decree from a prior marriage? Yes No If Yes, provide copy of decree.

Do you have a prenuptial or postnuptial agreement in effect: Yes No If Yes, please provide copy of agreement.

Please check any of the following community property states in which you have lived or acquired property while married:

- Arizona Louisiana Texas None
 California Nevada Washington
 Idaho New Mexico Wisconsin

III. Family Information

Children (if any):

	Name of Child	Current Address & Phone Number	Date of Birth	Parents (H, W, or H&W*)	Spouse's Name (if married)
1					
2					
3					
4					
5					
6					
7					
8					

* H = Husband is parent of child; W = Wife is parent of child; H&W = Husband and Wife are parents of child

Grandchildren (if any):

	Name of Grandchild	Parent (# from table above)	Current Address (if different from parent's address in table above)	Date of Birth
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				

IV. Current Estate Plan (please provide copies of any of the below documents)

- Do you have a Will? Yes No
- Have you created a Trust? Yes No
- Do you have a Power of Attorney? Yes No
- Do you have a Living Will/Advance Directive? Yes No
- Are you the Grantor, Trustee, or Beneficiary of any Trust? Yes No If Yes, please explain:

V. Professional Advisors

Accountant: _____
Name Firm Name

Address Telephone No. Fax No. Email Address

Financial Advisor: _____
Name Firm Name

Address Telephone No. Fax No. Email Address

Insurance Agent: _____
Name Firm Name

Address Telephone No. Fax No. Email Address

VI. Gift Tax Filings

Have you ever filed a Gift Tax Return (IRS Form 709)? If Yes, please provide copies.

- Husband: Yes No
Wife: Yes No

VII. Estate Planning Information - General

- Have you ever received a substantial amount by inheritance? Yes No If Yes, when and amount? _____
- Do you anticipate receiving a substantial inheritance? Yes No If Yes, approximate amount? _____
- Do you have a safe deposit box? Yes No If Yes, where? _____
- Do you own property in a foreign country? Yes No If Yes, where? _____
- Do you have any relatives (other than your minor children) dependent upon you for support? Yes No If Yes, who? _____
- Are you concerned that one or more of your children/grandchildren will not behave responsibly with money that you give them? Yes No

How did you hear about our firm?

VIII. Estate Planning Information - Fiduciaries

The selection of your fiduciaries is one of the most important steps in the estate planning process. This section of the questionnaire is intended to introduce you to the various fiduciary roles and responsibilities and encourage you to begin considering who is best suited to serve on your behalf. Your Hill Ward Henderson attorney will discuss the selection of your fiduciaries in detail with you.

Personal Representative – A Personal Representative (often called an “executor”) is the person or company appointed by the court to administer a decedent’s probate estate. Responsibilities of the Personal Representative generally include the collecting of all assets, paying debts of the estate, filing applicable tax returns, and distributing the remainder of the estate according to the terms of a Will. Who would you designate as your Personal Representative in the event of your death? *Note - If this person is not a blood relative, he or she must be a resident of the State of Florida.*

Husband’s Choice: *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | | | |
|----------|---------------------------|-------|--------------|
| 1) _____ | Name of Person or Company | _____ | Relationship |
| 2) _____ | Name of Person or Company | _____ | Relationship |
| 3) _____ | Name of Person or Company | _____ | Relationship |

Wife’s Choice: *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | | | |
|----------|---------------------------|-------|--------------|
| 1) _____ | Name of Person or Company | _____ | Relationship |
| 2) _____ | Name of Person or Company | _____ | Relationship |
| 3) _____ | Name of Person or Company | _____ | Relationship |

Trustee – A Trustee is the person or company designated to manage the affairs of your trust. Duties of a Trustee include the duty to carry out the express terms of the trust instrument, the duty to defend the trust, the duty to prudently invest trust assets, the duty of impartiality among the beneficiaries, and the duty to account for trust transactions. Who would you designate as the Trustee of your trust?

Husband’s Choice: *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | | | |
|----------|---------------------------|-------|--------------|
| 1) _____ | Name of Person or Company | _____ | Relationship |
| 2) _____ | Name of Person or Company | _____ | Relationship |
| 3) _____ | Name of Person or Company | _____ | Relationship |

Wife’s Choice: *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | | | |
|----------|---------------------------|-------|--------------|
| 1) _____ | Name of Person or Company | _____ | Relationship |
| 2) _____ | Name of Person or Company | _____ | Relationship |
| 3) _____ | Name of Person or Company | _____ | Relationship |
-

Guardian for Minor Children – Who would you designate as guardian of your children in the event both you and your spouse die or become incapacitated while your children are minors? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | | |
|----|----------------|--------------|
| 1) | _____ | _____ |
| | Name of Person | Relationship |
| 2) | _____ | _____ |
| | Name of Person | Relationship |
| 3) | _____ | _____ |
| | Name of Person | Relationship |

Durable Power of Attorney – Who would you designate to make financial and business decisions for you?

Husband's Choice: *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | | | | |
|----|----------------|---------|---------------|--------------|
| 1) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |
| 2) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |
| 3) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |

Wife's Choice: *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | | | | |
|----|----------------|---------|---------------|--------------|
| 1) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |
| 2) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |
| 3) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |

Health Care Surrogate – Who would you designate to make medical decisions for you if you become incapacitated?

Husband's Choice: *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | | | | |
|----|----------------|---------|---------------|--------------|
| 1) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |
| 2) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |
| 3) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |

Wife's Choice: *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- | | | | | |
|----|----------------|---------|---------------|--------------|
| 1) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |
| 2) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |
| 3) | _____ | _____ | _____ | _____ |
| | Name of Person | Address | Telephone No. | Relationship |

IX. Financial Information

Please provide the following financial information. Attach additional sheets or supporting documentation as needed.

Asset:	Form of Ownership:			
	Husband's Name Approximate Value:	Wife's Name Approximate Value:	Joint Name Approximate Value:	Other Approximate Value:
A. Cash Accounts. Please indicate name of each bank or other institution and type of account (e.g., Checking, Savings, CDs, Money Market, etc.).				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
B. Brokerage Accounts and Securities. Please indicate name of each brokerage account (or name of each security and number of shares if not held in a brokerage account).				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
C. Notes and Mortgage Receivables. Please indicate the obligor, rate, and due date for each note and mortgage receivable.				
	\$	\$	\$	\$
	\$	\$	\$	\$
D. Closely Held Business Interests. Please describe each closely held business interest and type of interest (e.g., C corp., S corp., LLC, partnership, sole proprietorship, etc.).				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
E. Real Estate. Please list the address of each real estate parcel. Please separately list the approximate value of any mortgage(s) for each parcel.				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
F. Retirement Plans. Please indicate the type of retirement plan (e.g., traditional IRA, Roth IRA, 401(k), profit sharing, pension, annuities, etc.) and employer affiliation, if any.				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
G. Tangible Personal Property. Please list motor vehicles, jewelry & art, and other valuable items.				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
H. Liabilities. Please list any mortgages or other substantial debts owned by you that are not already listed above.				
	\$	\$	\$	\$
	\$	\$	\$	\$

X. Life Insurance

Please list each of your insurance policies below. Please include policies that insure your life and policies that you own that insure the lives of others. Attach additional sheets or supporting documentation as needed.

	Company	Policy #	Policy Type ¹	Effective Date	Face Value ²	Cash Value	Person Insured	Policy Owner ³	Beneficiary	Loan Against Policy
1										
2										
3										
4										
5										
6										
7										
8										
9										

¹ Policy types include: Term, Whole Life, Group Life, Split Dollar, etc.

² The face value of a life insurance policy is ordinarily the policy's death benefit.

³ The owner of a life insurance policy is ordinarily the person who has the power to change its beneficiary.