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TAYLOR LAW, PLLC

ESTATE PLANNING QUESTIONNAIRE

**Husband's Information:**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home/Cell Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Retirement/Disability Pay, if any: \_\_\_\_\_

Health Issues?  Yes  No If yes: \_\_\_\_\_

Military?:  Yes  No If yes: Branch of Service: \_\_\_\_\_ Length of Service: \_\_\_\_\_

**Wife's Information**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home/Cell Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Retirement/Disability Pay, if any: \_\_\_\_\_

Health Issues?  Yes  No If yes: \_\_\_\_\_

Military?:  Yes  No If yes: Branch of Service: \_\_\_\_\_ Length of Service: \_\_\_\_\_

**Marriage:** Date: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Is this a first marriage? \_\_\_\_\_

## Estate Planning Background

Does a prior will exist? \_\_\_\_\_ Location of Will: \_\_\_\_\_

Where are important papers kept? \_\_\_\_\_

Any Professional Individuals/Organizations that Need to be Consulted \_\_\_\_\_

Do you have a life insurance policy? \_\_\_\_ Yes \_\_\_\_ No

Have you pre-planned your memorialization and/or funeral? \_\_\_\_ Yes \_\_\_\_ No

**Designation of Individuals to Carry Out Wishes:** For this section, please identify the people that you would like to handle your affairs. Please note that if you would like to list your spouse as the first individual for each role, you do not need to list each other and we can discuss that during the consultation.

Power of Attorney (General/Business Affairs): These are the individuals who would handle your business and financial affairs during periods of incapacity or incompetency. They would act during your lifetime.

Primary Power of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Alternate/Secondary Power of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Health Care Power of Attorney: These are the individuals who would make medical decisions on your behalf when you are mentally or physically unable to do so for yourself. They would act during your lifetime.

Primary Power of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Alternate/Secondary Power of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Will: These are the individuals who will handle your affairs post-mortem and is responsible for filing any documents with the court and going through the probate process.

Executor/Executrix: \_\_\_\_\_

Alternate Executor/Executrix: \_\_\_\_\_

Trustee (if applicable): These are the individuals who will distribute money or assets over an extended period of time in accordance with your wishes.

Primary Trustee: \_\_\_\_\_

Alternate/Secondary Trustee: \_\_\_\_\_

Guardian (if applicable): These are the individuals who will care for any minor children you may have.

Primary Guardian: \_\_\_\_\_

Alternate Guardian: \_\_\_\_\_

## Disposition of Property

To whom are you leaving your property? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any person that you are intentionally not leaving property to, who may otherwise have a claim to property? \_\_\_\_\_

## Beneficiaries

### Children:

FULL LEGAL NAME	AGE	MARITAL STATUS	STATE/RESIDENCE

Are any of your children deceased? \_\_\_\_\_ Are any other children expected? \_\_\_\_\_

Are any children handicapped? \_\_\_\_\_ Are any children in poor health? \_\_\_\_\_

### Grandchildren:

FULL LEGAL NAME	AGE	MARITAL STATUS	STATE/RESIDENCE

### Parents, Siblings, Other Beneficiaries:

FULL LEGAL NAME	RELATIONSHIP	STATE/RESIDENCE

### Charities: Do you desire to leave anything to a charity?

FULL NAME OF ORGANIZATION	LOCATION	OWNER/PRINCIPAL (If known)	TAX ID (If known)

## Presently Owned Property/Assets

### Real Estate:

ADDRESS	OWNERSHIP (i.e., how property titled)	DATE OF PURCHASE	VALUE AT TIME OF PURCHASE	ESTIMATED PRESENT VALUE	REMAINING BALANCE OF MORTGAGE

### Securities (closely held, stocks and bonds)

NAME AND TYPE OF SECURITY	ACCOUNT NUMBER	APPROXIMATE PRESENT VALUE

### Bank Accounts: Please include all savings, CDs, and checking accounts.

NAME AND TYPE OF ACCOUNT	ACCOUNT NUMBER	APPROXIMATE PRESENT VALUE	BANKING INSTITUTION

### Automobiles: (Including cars, boats, and trailers)

MAKE AND MODEL OF CAR	FAIR MARKET VALUE	TITLE OWNER	PRESENT LIENS

### Other Assets/Family Heirlooms:

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## Debts/Liabilities

### Secured Debt: Please include all debts which are attached to collateral (i.e., a physical item, such as a car)

NAME AND TYPE OF DEBT	LENDING INSTITUTE	ORIGINAL AMOUNT OF DEBT	PRESENT VALUE OF DEBT

### Unsecured Debt: Please include all debts which are not attached to collateral (i.e., student loans)

NAME AND TYPE OF DEBT	LENDING INSTITUTE	ORIGINAL AMOUNT OF DEBT	PRESENT VALUE OF DEBT

## Future Assets

### Life Insurance:

COMPANY	FACE AMOUNT	POLICY TYPE	OWNER	BENEFICIARIES	LOAN ON POLICY?

Anticipated Inheritance: Do you or your spouse expect to inherit any substantial property in the future which should be considered in planning your estate? \_\_\_\_\_

From Whom? \_\_\_\_\_

Approximate Amount? \_\_\_\_\_

Pension/Profit-Sharing Benefits: In death or retirement, does your employer make payments to you or your spouse under any qualified pension or profit sharing plan, deferred compensation plan? \_\_\_\_\_

Trust: Are you or your spouse the beneficiary of any trust? \_\_\_\_\_

Name/Type of Trust: \_\_\_\_\_

Do you or your spouse have the rights under the will or trust of another person to designate the beneficiaries of property? \_\_\_\_\_

## Gifts

Have you made any gifts in excess of \$10,000 to any one person in any one year after January 1, 1982? \_\_\_\_\_  
If yes, was a gift tax return filed? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Business Interests

Name of Business: \_\_\_\_\_

Nature and Location of Business: \_\_\_\_\_

Form of Organization: \_\_\_\_\_

Nature and Proportion of Testator's Interest in Business: \_\_\_\_\_

Net worth of testator's interest: \_\_\_\_\_

Buy-sell or other agreements that would affect testator's interest in the business after death:  
\_\_\_\_\_

**Document Checklist:** In certain circumstances, it may be necessary to provide a copy of the following documents. Although it is not necessary to bring any of the documents to the consultation, please note that it may make the process easier to bring anything you have available.

- Prior Will, Power of Attorney, Trust, or other Estate Planning Documents
- Life Insurance policies, particularly if there is a question as to how the beneficiaries are designated or impacted by any estate plan
- Buy-sell or other business agreements that would affect the testator's interest in the business after death
- Any deeds to which property is owned jointly, or if you wish to gift the property during life
- Itemized lists of tangible personal property, including guns, that you would like to be considered during the estate planning process