



## Estate Planning Questionnaire

### Section I – Personal Information

#### Client 1

Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

# of this Marriage: \_\_\_\_\_ Date of this Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Client 2

Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

# of this Marriage: \_\_\_\_\_ Date of this Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section II – Children (if necessary, please use the back for additional information)

Name 1) \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Parent (h/w/joint) \_\_\_\_\_

Name 2) \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Parent (h/w/joint) \_\_\_\_\_

Name 3) \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Parent (h/w/joint) \_\_\_\_\_

Name 4) \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Parent (h/w/joint) \_\_\_\_\_

Name 5) \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Parent (h/w/joint) \_\_\_\_\_





## Section V – Fiduciaries

The person(s) you choose to have the duty to act primarily for your benefit in matters involving the following:

Client 1 **Executor(rix) of your Last Will and Testament**

### 1st Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### 2nd Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Client 1 **Medical Power of Attorney**

### 1st Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### 2nd Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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



## Section V – Fiduciaries

The person(s) you choose to have the duty to act primarily for your benefit in matters involving the following:

Client 1 **Financial Power of Attorney**

### 1st Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### 2nd Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### (Client 1) Additional Information

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



## Section V – Fiduciaries

The person(s) you choose to have the duty to act primarily for your benefit in matters involving the following:

Client 2 **Executor(rix) of your Last Will and Testament**

### 1st Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### 2nd Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Client 2 **Medical Power of Attorney**

### 1st Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### 2nd Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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



## Section V – Fiduciaries

The person(s) you choose to have the duty to act primarily for your benefit in matters involving the following:

Client 2 **Financial Power of Attorney**

### 1st Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### 2nd Election

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### (Client 2) Additional Information

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\_\_\_\_\_



## Section VI – Guardianship of Minors

1)

Name Of Child: \_\_\_\_\_

\_\_\_\_\_  
Guardian of the **person** of the minor

\_\_\_\_\_  
Second Election

\_\_\_\_\_  
Guardian of the **estate** of the minor

\_\_\_\_\_  
Second Election

2)

Name Of Child: \_\_\_\_\_

\_\_\_\_\_  
Guardian of the **person** of the minor

\_\_\_\_\_  
Second Election

\_\_\_\_\_  
Guardian of the **estate** of the minor

\_\_\_\_\_  
Second Election

3)

Name Of Child: \_\_\_\_\_

\_\_\_\_\_  
Guardian of the **person** of the minor

\_\_\_\_\_  
Second Election

\_\_\_\_\_  
Guardian of the **estate** of the minor

\_\_\_\_\_  
Second Election

4)

Name Of Child: \_\_\_\_\_

\_\_\_\_\_  
Guardian of the **person** of the minor

\_\_\_\_\_  
Second Election

\_\_\_\_\_  
Guardian of the **estate** of the minor

\_\_\_\_\_  
Second Election