

*To take the next step in your estate planning needs, please complete the questionnaire below and submit it prior to your consultation appointment.*

This questionnaire provides us with a snapshot picture of your situation.

Please check each box below that describes the purpose of your visit.

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | To have my/our existing estate plan reviewed | [ ]  | To learn more about estate planning |
| [ ]  | To protect my children’s/grandchildren’s inheritance from divorces and creditors | [ ]  | To reduce or eliminate estate taxes |
| [ ]  | To protect my/our assets from lawsuits and future judgement creditors | [ ]  | To reduce or eliminate capital gains taxes |
| [ ]  | To start a gift program to children, grandchildren, or others | [ ]  | To reduce or eliminate the costs of probate |
| [ ]  | To protect my IRA or other retirement plans from excessive taxes | [ ]  |  I am not sure exactly what I need |
| [ ]  | Other:  |  |

**ABOUT YOU**

|  |  |  |
| --- | --- | --- |
| Your legal name (*first, middle, last*) | Name you want us to call you | Your Health? [ ]  Good [ ]  Fair [ ]  Poor |
| Your date of birthClick or tap to enter a date. | Have you ever been married? [ ]  Yes [ ]  No | If you are no longer married, are you: [ ]  Widowed [ ]  Divorced |
| Your street address:  | City | State | Zip Code |
| In which county do you reside? | Name of Subdivision | Are you a U.S. Citizen? [ ]  Yes [ ]  No*If not, what country are a citizen?*  |
| Home phone**(     )      -** | Mobile Phone**(     )      -** | Email: |
| For confirmations via text message, please list your phone carrier: |       |
| **PLEASE NOTE:** *Texting is for scheduling purposes only. Legal questions* ***cannot*** *be answered via text message.* |
| Your current occupation. If retired, from what? |

**YOUR CHILDREN**, if any

|  |  |  |  |
| --- | --- | --- | --- |
| Legal name | Date of Birth | If child is married, Spouse’s name | Does this child have children?[ ]  Yes [ ]  No |
| Legal name | Date of Birth | If child is married, Spouse’s name | Does this child have children?[ ]  Yes [ ]  No |
| Legal name | Date of Birth | If child is married, Spouse’s name | Does this child have children?[ ]  Yes [ ]  No |
| Legal name | Date of Birth | If child is married, Spouse’s name | Does this child have children?[ ]  Yes [ ]  No |

**WHO REFERRED YOU TO US?**

|  |  |  |
| --- | --- | --- |
| Name | Firm | Phone**(     )     -** |

**ARE/ WERE YOU A VETERAN? (Applicable only for VA Pension Applicants)**

|  |  |  |
| --- | --- | --- |
| Branch of Service: | Discharge Status? (Honorable/Dishonorable) | Do you have a copy of your DD214/Discharge papers? |

**YOUR ASSETS**

Please provide us with an estimate of the value of your estate by completing the following schedule. Use your **best estimate** of each asset’s value, assuming you could cash it in or sell it today at a fair price. Disregard what you paid for the asset or what it was worth when you inherited it.

|  |  |  |  |
| --- | --- | --- | --- |
| ASSET | VALUE INYOUR NAME | ASSETS OWNED WITH OTHER PERSONS/BUSINESS | AMOUNT OF DEBT ON ASSET |
| Real Estate:Homestead |  |  |  |
| Real Estate:Investment |  |  |  |
| Money Owed to You |  |  |  |
| Business |  |  |  |
| Death Benefit of Life Insurance |  |  |  |
| Annuities |  |  |  |
| IRAs and other Retirement Plans |  |  |  |
| Brokerage Accounts/ Mutual Funds |  |  |  |
| Individually-held Stocks & Bonds |  |  |  |
| Checking, Savings, Money Market |  |  |  |
| Vehicles, Boats & Planes |  |  |  |
| Household Goods |  |  |  |
| Other Personal Effects |  |  |  |
| Other |  |  |  |
| **Totals** |  |  |  |

**YOUR ADVISORS** (In case we need to consult with them)

|  |  |  |  |
| --- | --- | --- | --- |
| Accountant |  | Firm  | Phone **(     )      -** |
| Financial Advisor |  | Firm  | Phone **(     )      -** |
| Financial Advisor |  | Firm  | Phone **(     )      -** |
| Life Insurance Agent |  | Firm  | Phone **(     )      -** |
| Attorney, if other than us |  | Firm  | Phone **(     )      -** |

|  |
| --- |
| **ESTATE PLANNING BACKGROUND** |
| In what year did you sign your most current Will? |       |
| Has your family/household changed since your last Will? |       |
| Do your children still require a guardian? |       |
| Do you have a financial Power of Attorney? |       |
| Who will manage your finances if you are unable? |       |
| Do you have an Advance Directive for Healthcare? |       |
| Have you named a Guardian for your children?  |       |
| Who will make healthcare decisions for you, if you are unable? |       |
| Do you own your home or rent? (personal residence) |       |
| Do you own any investment property? |       |

**Please tell us the following information about each property that you own** **(*if different from your residence*):**

|  |  |
| --- | --- |
| **What is the full address?** |       |
| **In what county is it located?** |       |
| **Name of owner(s):** |       |
| **Approximate date/year of purchase:** |       |

***TRUSTEE: A person authorized to administer your Trust, as well as successors:***

**PLEASE CONSIDER WHO YOU MIGHT WANT TO REPRESENT YOU FOR THE FOLLOWING:**

(If you could jot down a few possible names, Patti will discuss them with you at your appointment.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |       | 2. |       | 3. |       |

***PERSONAL REPRESENTATIVE (Formerly known as Executor): A person who would be authorized to administer your Will after your death - (formerly known as Executor)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |       | 2. |       | 3. |       |

***AGENT UNDER FINANCIAL POWER OF ATTORNEY: A person authorized to make financial decisions on your behalf (WHILE YOU ARE ALIVE):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |       | 2. |       | 3. |       |

***HIPAA AGENT: Person(s) authorized to receive healthcare information related to your care:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |       | 2. |       | 3. |       |

***HEALTHCARE AGENT: Person(s) authorized to make healthcare or end of life decisions for you if you are unable to do so:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |       | 2. |       | 3. |       |

***GUARDIAN: Person(s) who would care for your minor children upon your death or incapacity:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |       | 2. |       | 3. |       |