

ESTATE PLANNING QUESTIONNAIRE (SINGLE)

Date _____ Cell No. _____
Home Phone _____ Pager _____
Work Phone _____ Email Address _____

This form is important. Your accurate and complete responses will help us best serve you.

A. PERSONAL DATA

(YOU)

Full Name _____ Birth Date _____

Street Address _____

City _____ State _____ Zip _____ County _____

Social Security No. _____ U.S. Citizen? Yes No

Employer _____ Position: _____

Address: _____

Annual Income _____ Military Service _____

(YOUR SPOUSE – COMPLETE ONLY IF EVER MARRIED)

Full Name _____ Marriage ended by Death Divorce

Date of Death/Divorce: _____ Location of Death/Divorce: _____

If you were previously married, did you have a Pre-Nuptial Agreement? Yes No

Are there any financial obligations resulting from that marriage
(i.e. alimony and/or child support) Yes No

If yes, what do you pay: Alimony \$ _____ Child Support \$ _____

B. CHILDREN

Child's Name	Address and Phone Number	Date of Birth	Spouse's Name	No. of Children

C. FAMILY MEMBERS WITH SPECIAL NEEDS

If you have a child or other family member with physical or mental disabilities, please provide additional information here including nature of the disability and any public benefits received.

If you have a child or other family member with a chronic illness, a substance abuse problem or addiction, or difficulty managing money, please provide additional information here.

D. MEDICAL

Describe the state of your health: _____

Please list all health insurance (including long term care policies): _____

E. FINANCIAL SUMMARY – Please complete as best you can. Also, bring to your appointment documentation of your assets (account statements, deeds, insurance or annuities policies, etc.) If inadequate space is provided, please continue at the end of this table.

1. ASSETS	VALUES	CO-OWNER IF ANY
Bank Accounts - checking, savings, CD, etc. (list bank and type)		
	\$	
	\$	
	\$	
Bank Accounts – IRA		
	\$	
	\$	
Real Estate (provide address)		
	\$	
	\$	
Stocks where you have the certificate (list company and no. of shares)		
	\$	
	\$	
Bonds (list type and number)		
	\$	
	\$	
Mutual Funds (list company)		
	\$	
	\$	

	VALUES	CO-OWNER IF ANY
Brokerage accounts (list company)		
	\$	
	\$	
Retirement savings (Non-bank IRA's, 401(k)'s, etc. – list company)		
	\$	
	\$	
Annuities (list issuer)		
	\$	
	\$	
Private Life Insurance (list insurer, type of policy & death benefit)	Death Benefit	
	\$	
	\$	
Employer-related Life Insurance (list insurer & death benefit)	Death Benefit	
	\$	
	\$	
Automobiles (year, make, model)		
	\$	
	\$	
Money owed to you (describe)		
	\$	
	\$	
Business Interests you own (describe)		
	\$	
	\$	
Unusually valuable jewelry or collections (describe)		
	\$	
Other Assets (describe)	\$	
	\$	
	\$	
	\$	
2. ANNUAL INCOME (NOT FROM INVESTMENTS)		
Employment earnings (list employer)	\$	
	\$	
	\$	

	VALUES	CO-OWNER IF ANY
Retirement or rental income (describe source)	\$	X
	\$	X
	\$	X
3. LIABILITIES OR DEBT (describe type and to whom owed)		X
	\$	X
	\$	X
	\$	X
4. CONTINUATION (if more space is needed)		
	\$	
	\$	
	\$	
	\$	

F. MISCELLANEOUS

Do you have any other legal issues of which we should be aware? Yes No

If yes, please explain _____

Where do you keep your important papers? _____

Do you have a Safe Deposit Box? Yes No

If yes, please indicate the name and address of the institution _____

Please check the boxes below if applicable to you:

Made gifts to a person in excess of \$10,000 in any one calendar year?

Ever filed a Federal Gift Tax Return?

Own or operate any business?

Expect to receive an inheritance?

Serve as agent under a power of attorney or as guardian for anyone?

Have established a Trust, or is a beneficiary of a Trust?

Is a veteran of the armed forces?

If yes, provide branch and dates of induction & discharge: _____

Have a prepaid funeral or cemetery plot?

If yes, name the funeral home/cemetery: _____

File federal income tax returns?

G. CERTIFICATION

The undersigned states that the information contained above is accurate and complete. Hickman & Lowder will rely on this information, and the undersigned acknowledges that if it is inaccurate or incomplete the recommendations made by the law firm may not be appropriate.

Name

Date: _____