

# ESTATE PLANNING QUESTIONNAIRE

Date \_\_\_\_\_

Home Phone \_\_\_\_\_

**Partner #1**

**Partner #2**

Email \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell No. \_\_\_\_\_

Cell No. \_\_\_\_\_

Pager \_\_\_\_\_

Pager \_\_\_\_\_

Fax No. \_\_\_\_\_

Fax No. \_\_\_\_\_

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

**A. PERSONAL DATA**

**Partner #1**

**Partner #2**

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

U.S. Citizen?  Yes  No

U.S. Citizen?  Yes  No

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Any previous marriages?  Yes  No

Any previous marriages?  Yes  No

No. of children previous relationship \_\_\_\_\_

No. of children previous relationship \_\_\_\_\_

Are there any financial obligations resulting from a previous marriage or relationship (i.e., alimony or child support)?  Yes  No

Are there any financial obligations resulting from a previous marriage or relationship (i.e., alimony or child support)?  Yes  No

What do you pay: Alimony \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_

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

Please identify which, if any, children are from a previous relationship:

Partner #1: \_\_\_\_\_

Partner #2: \_\_\_\_\_

**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.

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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.

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**D. MEDICAL**

Describe the state of Partner #1 health: \_\_\_\_\_

Describe the state of Partner #2 health: \_\_\_\_\_

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

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**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	OWNERSHIP AND VALUES		
Bank Accounts - checking, savings, CD, etc. (list bank and type)	Partner #1	Partner #2	Joint
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Bank Accounts – IRA</b>			X
	\$	\$	X
	\$	\$	X

	Partner #1	Partner #2	Joint
<b>Real Estate (provide address)</b>			
	\$	\$	\$
	\$	\$	\$
<b>Stocks where you have the certificate (list company and no. of shares)</b>			
	\$	\$	\$
	\$	\$	\$
<b>Bonds (list type and number)</b>			
	\$	\$	\$
	\$	\$	\$
<b>Mutual Funds (list company)</b>			
	\$	\$	\$
	\$	\$	\$
<b>Brokerage accounts (list company)</b>			
	\$	\$	\$
	\$	\$	\$
<b>Retirement savings (Non-bank IRA's, 401(k)'s, etc. – list company)</b>			X
	\$	\$	X
	\$	\$	X
	\$	\$	X
<b>Annuities (list issuer)</b>			
	\$	\$	\$
	\$	\$	\$
<b>Private Life Insurance (list insurer, type of policy &amp; death benefit)</b>	Death Benefit	Death Benefit	Death Benefit
	\$	\$	\$
	\$	\$	\$
<b>Employer-related Life Insurance (list insurer &amp; death benefit)</b>	Death Benefit	Death Benefit	Death Benefit
	\$	\$	\$
	\$	\$	\$
<b>Automobiles (year, make, model)</b>			
	\$	\$	\$
	\$	\$	\$

	Partner #1	Partner #2	Joint
<b>Money owed to you (describe)</b>			
	\$	\$	\$
	\$	\$	\$
<b>Business interests you own (describe)</b>			
	\$	\$	\$
	\$	\$	\$
<b>Unusually valuable jewelry or collections (describe)</b>			
	\$	\$	\$
	\$	\$	\$
<b>Other Assets (describe)</b>			
	\$	\$	\$
	\$	\$	\$
<b>2. ANNUAL INCOME (NOT FROM INVESTMENTS)</b>			
<b>Employment earnings (list employer)</b>			
	\$	\$	\$
	\$	\$	\$
<b>Retirement or rental income (describe source)</b>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>3. LIABILITIES OR DEBT (describe type and to whom owed)</b>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>4. CONTINUATION (if more space is needed)</b>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**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 either of you: Spouse #1      Spouse #2

Made gifts to a person other than your partner 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 other than from each other?

Have a pre-nuptial or post-nuptial agreement?

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.

\_\_\_\_\_  
Partner #1

Date: \_\_\_\_\_

\_\_\_\_\_  
Partner #2

Date: \_\_\_\_\_