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**Estate Planning Questionnaire**

***FAMILY INFORMATION***

1. Client Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Citizen of: USA: \_\_\_\_\_ Other: \_\_\_\_\_ County: \_\_\_\_\_ SSN: \_\_\_\_\_

2. Marital Status: \_\_\_ Single \_\_\_ Divorced \_\_\_ Widow(er) \_\_\_ Married

3. Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Citizen of: USA: \_\_\_\_\_ Other: \_\_\_\_\_ SSN: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_

5. County & State of Residence: \_\_\_\_\_

**TRUSTEE INFORMATION**

Trustee:

Give the name of person or bank to serve as the Trustee of your Trust:

- a) Trustee:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- b) Co-Trustee (name of person to serve at same time as person named above as Co-Trustees):  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- c) Co-Trustee (name of person to serve at same time as person named above as Co-Trustees):  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- d) Successor Trustee (name of person to serve if the Trustee or Co-Trustee is deceased or unable to serve):  
Trustee: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- e) Corporate Trustee:

If the individual trustees are unable to serve, what bank or trust company would you prefer as trustee?

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

***DISTRIBUTION OBJECTIVES***

Are there any members of your family, relatives, friends, or charities to whom you would like to leave specific gifts? If so, please provide name and address, relationship and item or amount for each.

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

Are there certain ages you would like for the beneficiaries of your trust to reach before distributions are made to them, or a certain percentage of the assets to be distributed to them as certain ages?

\_\_\_\_\_

**PERSONAL REPRESENTATIVES OF WILL**

Give the name of person or bank to serve as Personal Representative/Executor of your estate to manage the Will upon your death. Often, this is the same person(s) as the Trustee(s). If you wish to use the Trustee/Co-Trustee named above please say so.

(a) Personal Representative: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

(b) Co-Personal Representative (name of person to serve at same time as person named above as Co-Personal Representatives): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

(c) Co-Personal Representative (name of person to serve at same time as person named above as Co-Personal Representatives): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

(d) Successor (name the person to be Personal Representative if all Co-personal representatives are deceased or unable to serve): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

(e) Successor (name the person to be Personal Representative if all Co-personal representatives are deceased or unable to serve): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

**GUARDIANS AND POWER OF ATTORNEY**

***For your minor children/grandchildren:***

If you have minor children, give the name of a person to serve as Personal Representative/Executor of the persons and estates for any minor children. It is desirable to name at least one resident of your state as a Guardian.

(a) Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

(b) Co-Guardian: (Person to serve as Guardian/Personal Representative for the minor child at the same time:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

(c) Contingent Guardian (if Guardian name above cannot serve):

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

***Power of Attorney***

***For You:***

(a) Person to be appointed as Durable Power of Attorney in case of your incapacitation:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

***For Your Spouse:***

(a) Person to be appointed as Durable Power of Attorney in case of your spouse's incapacitation:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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