

## ESTATE PLANNING QUESTIONNAIRE

- DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_
1. \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
(HUSBAND'S NAME) DATE OF BIRTH: \_\_\_\_\_  
DATE ATTAIN AGE 69: \_\_\_\_\_  
U.S. CITIZEN?: \_\_\_\_\_ YES \_\_\_\_\_ NO
2. \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
(WIFE'S NAME) DATE OF BIRTH: \_\_\_\_\_  
DATE ATTAIN AGE 69: \_\_\_\_\_  
U.S. CITIZEN?: \_\_\_\_\_ YES \_\_\_\_\_ NO
3. HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
4. MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) \_\_\_\_\_
5. HOME PHONE: \_\_\_\_\_
- WORK PHONE: \_\_\_\_\_  
(HUSBAND) (WIFE)
6. EMPLOYER: \_\_\_\_\_  
(HUSBAND) (WIFE)
7. DATE & PLACE OF MARRIAGE: \_\_\_\_\_  
\_\_\_\_\_
8. DATE MOVED TO IDAHO: \_\_\_\_\_
9. PREVIOUSLY MARRIED: HUSBAND - \_\_\_\_\_ YES \_\_\_\_\_ NO  
WIFE - \_\_\_\_\_ YES \_\_\_\_\_ NO
10. COMMUNITY PROPERTY AGREEMENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

### CHILDREN

<u>NAMES</u>	<u>ADDRESS &amp; PHONE #</u>	<u>DATE OF BIRTH AND AGE</u>	<u>PARENT OF CHILD</u>
1. _____	_____ _____ _____	_____ AGE: _____	_____
2. _____	_____ _____ _____	_____ AGE: _____	_____
3. _____	_____ _____ _____	_____ AGE: _____	_____
4. _____	_____ _____ _____	_____ AGE: _____	_____
5. _____	_____ _____ _____	_____ AGE: _____	_____
6. _____	_____ _____ _____	_____ AGE: _____	_____
7. _____	_____ _____ _____	_____ AGE: _____	_____
8. _____	_____ _____ _____	_____ AGE: _____	_____

ARE ALL CHILDREN ISSUE OF THIS MARRIAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

ANY DECEASED CHILDREN? \_\_\_\_\_ YES \_\_\_\_\_ NO

CHILDREN OF DECEASED CHILD: \_\_\_\_\_

# STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in family business or non-publicly-traded company should be listed under "Corporate Business and Professional Interests." Stocks held in a **street name** or **investment account** should be listed under "Investment Accounts".

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			

## INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money market "MM" ♦ Investment "I" ♦ Cash Management "CM" ♦ Or other account that is in a street name. (*Indicate type below.*)

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Are any funds electronically deposited or withdrawn from any of the above accounts?  
 Yes  No

Are you named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, grandchildren, etc.)?  
 Yes  No

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

**TOTAL \$** \_\_\_\_\_

## CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of deposits "CD" ♦ Safety Deposit Box "SD". (Indicate type below.)

Name of Institution and Branch	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Institution and Branch	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Institution and Branch	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Institution and Branch	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Institution and Branch	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

**TOTAL \$** \_\_\_\_\_

Are any funds electronically deposited or withdrawn from any of the above accounts (such as social security or mortgage)?  
 Yes  No

Are you named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, grandchildren, etc.)?  
 Yes  No

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

## PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property. *(Indicate type below and give a lump sum value for miscellaneous items.)*

Type	Owner	Value	Is there a lien against the asset?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TOTAL \$** \_\_\_\_\_

Name of Car Insurance Agent _____			
Policy # _____			
Company _____			
Address _____	City _____	State _____	Zip _____
Phone # _____	Fax # _____	E-Mail _____	

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			
_____			

**TOTAL \$** \_\_\_\_\_

Are any of the above referenced stock pledged as collateral on any loans?  Yes  No

Are you named as a co-owner on any stock owned by someone else (i.e. parents, siblings, grandchildren, etc.)?  Yes  No

## RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) *(Indicate type below.)*

Company Name	Type of Plan	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**TOTAL \$** \_\_\_\_\_



# PENSION PLANS

Company Name	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____
Address: _____		Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____
Address: _____		Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____
Address: _____		Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____
Address: _____		Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**TOTAL \$** \_\_\_\_\_

## LIFE INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die (Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

**Face Amount TOTAL \$** \_\_\_\_\_

Are any of the above referenced insurance policies pledged as collateral on any loans?  Yes  No

## ANNUITIES

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Are you receiving any regular distributions from any annuity contracts?  Yes  No

If "yes," do the distributions have "survivorship" or "period certain" provisions?  Yes  No  
 Survivorship  Period Certain

**TOTAL \$** \_\_\_\_\_

## BONDS

TYPE: US Savings Bonds

Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills *(Indicate type below.)*

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL \$** \_\_\_\_\_

## MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you

*(Please provide a copy of any promissory notes.)*

Name of Debtor	Date Due	Owed To	Current Balance	Promissory Note
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TOTAL \$** \_\_\_\_\_

## OTHER ASSETS

TYPE: Any property you own that does not fit into any other listed category.

Description	Owner	Value

**TOTAL \$** \_\_\_\_\_

<b>ASSETS*</b>	<b>CLIENT #1</b>	<b>CLIENT # 2</b>
	<b>AMOUNT</b>	
Cash Accounts		
Investment Accounts		
Stocks		
Personal Effects		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Partnership & LLC's Interests		
Corporate Business Interests		
Sole Proprietorship Interests		
Anticipated Inheritance, Gift, or Judgment		
Oil, Gas, and Mineral Interests		
Other Assets		
Real Property		
<b>TOTAL ASSETS</b>		
<b>LIABILITIES</b>	<b>CLIENT #1</b>	<b>CLIENT # 2</b>
	<b>AMOUNT</b>	
Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
<b>TOTAL LIABILITIES</b>		
<b>NET ESTATE</b>		
<b>ANNUAL INCOME</b>		

\* Joint Tenancy (JT), Tenancy in Common (TC), and Community Property (CP) values go 1/2 in Client #1's column and 1/2 in Client #2's column.