

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

*In order for the attorney to be able to properly advise you regarding your estate plan, please fill out this client questionnaire completely. The attorney will be relying on the information provided in the questionnaire in making recommendations regarding estate planning. We will keep all information strictly confidential within the parameters of the law. It is in your best interest to provide all information completely and accurately. We understand that you may not know the exact value of every asset. Please estimate the value as accurately as you can.*

**Part 1 – Information About You and Your Spouse/Domestic Partner:** (If unmarried, fill out for “you” only)

Your Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Spouse’s/Domestic Partner Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Street Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
Your Occupation: \_\_\_\_\_ Spouse’s/Domestic Partner Occupation: \_\_\_\_\_  
Your Work Phone: \_\_\_\_\_ Spouse’s/Domestic Partner Work Phone: \_\_\_\_\_  
Which state are you a resident? \_\_\_\_\_ Your Spouse/Domestic Partner? \_\_\_\_\_  
Are you a United States Citizen? Yes \_\_\_ No \_\_\_      Your Spouse/Domestic Partner? Yes \_\_\_ No \_\_\_

**Part 2 – Information About Your Family**

Have (either of) you been married before\*?      Yes \_\_\_      No \_\_\_  
Are you married now?    Yes \_\_\_    No \_\_\_    If yes, date and place of marriage \_\_\_\_\_

\*If yes, please state the name of name of each prior spouse and approximate date of dissolution of marriage or date of death, below:

Name	H	W	Date	Death=DE	Divorce=DI
_____					
_____					
_____					
_____					

Please name all your children and grandchildren. If a child is from a former marriage, please indicate whose child it is. Please name all your children you have ever had, including predeceased children (whether or not they will be included in your will.) Please note if the child is adopted or a stepchild.

# of Child	Name of Child	Child of (B) Both (H) Husband (W) Wife	Birth Date	Age
C1				
C2				
C3				
C4				
C5				
C6				
C7				
C8				

Name of Grandchild	Child of: (# child from above)	Birth Date	Age

**APPOINTMENT OF GUARDIAN FOR MINOR CHILDREN:**

(Please indicate your choices for minor children.)

**1<sup>st</sup> Choice:** \_\_\_\_\_  
 Address: \_\_\_\_\_

**2<sup>nd</sup> Choice:** \_\_\_\_\_  
 Address: \_\_\_\_\_

**Part 3: Information About Your Assets:**

If married, do either of you have separate property? Yes \_\_\_ No \_\_\_

If yes, Value of Wife's separate property? \$ \_\_\_\_\_ Husbands's? \$ \_\_\_\_\_

Value of Joint Property? \$ \_\_\_\_\_

Your Annual Income \$ \_\_\_\_\_ Spouse's/Domestic Partner Annual Income \$ \_\_\_\_\_

Do (either of) you expect to inherit from parents or others? Yes \_\_\_ No \_\_\_

Are (either of) you now the beneficiary of a will or trust? Yes \_\_\_ No \_\_\_

**LIST OF ASSETS:**

Real Estate Address (or City, if vacant lot)	Approximate Market Value	Approximate Amount You Owe	How Title is Held*
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(\* join tenancy, community property, or separate property of H or W)

All Other Assets**	Approximate Market Value	Approximate Amount You Owe
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\*\* All other assets includes but is not limited to all items such as furniture and furnishings; vehicles, boats, motors, trailers, jet skis, snow mobiles, motorcycles, stocks and bonds; life insurance; pension plans/IRA's; art and antiques; money owed to you by others.

**ESTIMATE THE TOTAL SIZE OF YOUR ESTATE (NET WORTH):**

Please include stocks, bonds, mutual funds, partnership interests, retirement plans (IRA, Keogh, Pension, Annuities, etc.), savings, CD's, Money Market Accounts, life insurance, etc.

**TOTAL SIZE OF ESTATE: \$ \_\_\_\_\_**

**Part 4 – Executor:**

Please list whom you want to name as Executor. The Executor is responsible for carrying out the terms of the Will. The Executor can also be a beneficiary.

**Name of Executor:** \_\_\_\_\_

Address: \_\_\_\_\_

**Successor Executor:** (person responsible for managing and settling estate upon the death of Executor)

\_\_\_\_\_  
Address: \_\_\_\_\_

**Part 5 – Beneficiaries of Your Will:**

Please list here how you would like your estate distributed.

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

- \_\_\_\_\_ A. Everything to my Spouse who survives me, and if my spouse does not survive me, then my children or to their issue who survive me by right of representation.
- \_\_\_\_\_ B. \_\_\_\_\_ Percent to my spouse who survives me and \_\_\_\_\_ percent to my children or their issue by right of representation who survive me;
- \_\_\_\_\_ C. Everything to my Spouse, nothing to my children. If my spouse does not survive me, then everything to the following person or charity. \_\_\_\_\_
- \_\_\_\_\_ D. Everything to my children or their issue by right of representation, nothing to my spouse;  
or
- \_\_\_\_\_ E. Other distribution as follows: \_\_\_\_\_  
\_\_\_\_\_

<u>Name of Beneficiary</u>	<u>Age</u>	<u>Relationship</u>	<u>% Distribution</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Part 6 – Specific Bequests:**

Please list any specific personal property and who is to receive it. Example, Diamond Ring to Mary Smith.

Name	Description of Property

**Miscellaneous Information:**

- A. Financial institutions; ie, checking account, savings account, safe deposit boxes, CD.  
Name: \_\_\_\_\_ Address: \_\_\_\_\_
  
- B. Life Insurance Agent  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
- C. Stock Broker  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
- D. Account/Tax Advisor/Tax Preparer:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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

**WHEN COMPLETED PLEASE PRINT THIS QUESTIONNAIRE AND FAX TO OUR OFFICE AT:  
(845) 615-8501 OR EMAIL TO: info @okeeffe-mccann.com**