

Estate Planning Questionnaire

Client(s) Name: _____

When completed: _____

Phone No: _____

Address: _____

- Last Will & Testament
 - Trust
 - No Trust

- Married (reciprocal)
- Single (person→person)
- Other _____

Last Will & Testament:

Executor or Executrix

Name: _____

Address: _____

Relationship: _____

Alt. Executor or Alt. Executrix

Name: _____

Address: _____

Relationship: _____

Trustee (oversees Money within Estate)

Name: _____

Address: _____

Relationship: _____

Alternate Trustee

Name: _____

Address: _____

Relationship: _____

Guardian (oversees Children)

Name: _____

Address: _____

Relationship: _____

Alternate Guardian

Name: _____

Address: _____

Relationship: _____

Children

Name: _____

Age: _____

Relationship: _____

Name: _____

Age: _____

Relationship: _____

Name: _____

Age: _____

Relationship: _____

Additional Names: _____

Relationships: _____

Addresses: _____

(add breakdown percentages if per capita)

Specific Bequests: _____

Durable Power of Attorney

Living Will

Power of Attorney:

Agent/Guardian: _____

Address: _____

Phone: _____

Living Will:

Surrogate: _____

Address: _____

Phone: _____

Any other Special Provisions: