

ESTATE PLANNING QUESTIONNAIRE

(All information will remain confidential)

_____ (Date)

FAMILY INFORMATION

Your Name: _____ Date of Birth _____
 Home Phone _____
 Social Security Number: _____ Work Phone _____
 Email: _____ Cell Phone _____

Current Marital Status: Single Married Widowed
 Legally Separated Divorced

Spouse's Name: _____ Date of Birth _____
 Home Phone _____
 Social Security Number: _____ Work Phone _____
 Email: _____ Cell Phone _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Do You Have a Pre-Marital Agreement? Yes No
 If yes, please attach a copy of the Agreement.

Children's
 Name(s) and _____ Date of Birth _____
 Address(es) _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

Grandchildren's
Names (s) _____

Date of Birth _____
Date of Birth _____
Date of Birth _____
Date of Birth _____
Date of Birth _____

(Please designate which children or grandchildren, if any, are adopted, are stepchildren or are children of a prior marriage.)

Your Living Parents: _____

Spouse's Living Parents: _____

BUSINESS

Your Occupation _____
Active _____ Retired _____

Place of Employment: _____

Business Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Spouse's Occupation _____
Active _____ Retired _____

Place of Employment: _____

Business Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

PROFESSIONAL ADVISORS

Accountant: _____ Phone Number: _____

Life Insurance Agent: _____ Phone Number: _____

Stock Broker/
Investment Advisor: _____ Phone Number: _____

Other Advisor: _____ Phone Number: _____

Other Advisor: _____ Phone Number: _____

LOCATION AND NUMBER OF SAFE DEPOSIT BOX(ES)

Bank Name: _____

Address: _____

Box No.: _____

YOUR PERSONAL INFORMATION

Citizenship: _____ State of Residency: _____

Other State in Which You Maintain a Residence: _____

Prior Marriage(s), if any:

Name of Former Spouse(s): _____

Place of Divorce or Death: _____

Date: _____

SPOUSE'S PERSONAL INFORMATION

Citizenship: _____ State of Residency: _____

Other State in Which You Maintain a Residence: _____

Prior Marriage(s), if any:

Name of Former Spouse(s): _____

Place of Divorce or Death: _____

Date: _____

Have you and/or your spouse ever filed gift tax returns? Yes _____ No _____

Are you and/or your spouse interested in making charitable gifts during your lifetime or at your death? Yes _____ No _____

MISCELLANEOUS

Do you and/or your spouse currently have Wills? Yes _____ No _____

Do you and/or your spouse currently have Trusts? Yes _____ No _____

Are there persons other than your children or grandchildren who you would like to provide for under your Will? Yes _____ No _____

If yes, please provide the names, addresses, and relationship of those persons to you:

Do you have children or other family members with special needs? Yes _____ No _____
If yes, please explain _____

Will your spouse need management assistance in connection with the investment of liquid assets after your death? Yes _____ No _____

If both you and your spouse are deceased, at what ages do you want your children to receive their share of your respective estates? _____

If you, your spouse, and all your children and other lineal descendants are deceased, to who do you wish to have your estate distributed?

Relatives: _____

Charitable Organizations: _____

Other: _____

Do you and/or your spouse wish to consider arrangements for the management of assets during your lifetime in the event of incapacity? Yes _____ No _____

BALANCE SHEET

Please complete the attached Balance Sheet.

ATTORNEY-CLIENT PRIVILEGE

All of the information you are providing to Beaverson Law Group, PC is in anticipation of consulting with us on legal matters, and to the extent that you have provided us with legal and financial information, that information is being provided solely and exclusively for purposes of evaluation by us for consulting with you on structuring your legal affairs, and the financial, tax and economic considerations of the same. By your signature below, you hereby instruct us to maintain your information as strictly confidential and private to the greatest extent allowed by law.

Date: _____

Client Signature(s): _____
