



THE BLACKBURN LAW FIRM, PLLC

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ESTATE PLANNING QUESTIONNAIRE **COPIES OF DOCUMENTS TO BE ATTACHED**

Wills of both spouses _____	Living Wills and medical directives _____
Gift tax returns filed by either spouse _____	Buy/sell or stock redemption agreements _____
Trust instruments _____	Business agreements and documents regarding interests in corporations, partnerships and sole proprietorships _____
Pre-or postnuptial agreements, separation agreements or divorce papers _____	

DATA

Client _____ Birth Date _____ Age _____

Social Security No. _____ Arrival in State _____ Place of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Address _____ Work Phone _____

Spouse _____ Birth Date _____ Age _____

Social Security No. _____ Arrival in State _____ Place of Birth _____

Employer _____ Address _____ Work Phone _____

Spouse Cell Phone _____ Marriage Date _____ Marriage Place _____

<u>Children</u>	<u>Birth Date</u>	<u>S.S. #</u>	<u>This Marriage</u>	<u>Prior Marriage</u>	
			<u>Husband</u>	<u>Wife</u>	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have any other dependents? If so, their names, relationships, degree of dependency, date of birth and address:

If divorced, prior marriages _____

If unmarried and living with another person, name and age of that person _____

INFORMATION REGARDING YOUR GRANDCHILDREN:

Their Parents	Names of Grandchildren	Birth Date	Social Security No.
a. _____	1. _____	_____	_____
_____	2. _____	_____	_____
_____	3. _____	_____	_____
b. _____	1. _____	_____	_____
_____	2. _____	_____	_____
_____	3. _____	_____	_____

INFORMATION REGARDING YOUR PARENTS:

	<u>Husband</u>	<u>Wife</u>
Father:	_____	_____
	Name	Name
	_____	_____
	Address	Address
	_____	_____
	Date of Birth	Date of Birth
	_____	_____
	Date of Death	Date of Death
Mother:	_____	_____
	Name	Name
	_____	_____
	Address	Address
	_____	_____
	Date of Birth	Date of Birth
	_____	_____
	Date of Death	Date of Death

ADVISORS: LIST NAMES, ADDRESSES AND PHONE NUMBERS:

Accountant _____

Life Insurance Advisor _____

Bank and Trust Officer _____

Stockbrokers _____

Executor _____

Trustee _____

Designated guardian for children _____

Investment Advisor _____

Financial Planner _____

Physician _____

Clergymen _____

DISTRIBUTION OBJECTIVES

1. Upon your death, how and to whom do you want your assets distributed?

2. (a) If you and your spouse both die prematurely, should children receive property at age of majority or should it be held until they reach a more mature age?

(b) Do any of your children have any special education, medical or financial needs? If yes, please explain.

3. (a) Who do you want to manage your estate from an investment standpoint?

(b) To whom would that person look for management help?

4. Is reducing or eliminating estate taxation of great importance to you?

5. Is minimizing income taxes of great importance to you?

6. Do you contemplate making future gifts? _____
Furnish details: _____

7. Do you wish to make bequests to a religious organization or order or to any other charitable organization?

In cash or kind? _____
Furnish details: _____

8. If none of your children are living at the time of your spouse's death, do you want your estate to go to:
Your family: _____
Spouse's family? _____ Elsewhere? _____

9. Does your spouse have employment skills? Do you expect that the survivor will work?

10. Will your spouse live in present home?

NET WORTH ANALYSIS

<u>LIQUID ASSETS</u>	<u>BANK</u>	<u>AMOUNT</u>	<u>OWNER (HUSBAND, WIFE OR JOINT)</u>
Savings	_____	_____	_____
Checking	_____	_____	_____
Money Market	_____	_____	_____
Certificate of Deposit	_____	_____	_____

<u>REAL ESTATE</u>	<u>VALUE</u>	<u>LIABILITY</u>	<u>OWNER</u>
_____	_____	_____	_____
_____	_____	_____	_____

<u>PERSONAL ASSETS</u>	<u>VALUE</u>	<u>LIABILITY</u>	<u>OWNER</u>
Residence	_____	_____	_____
Automobiles	_____	_____	_____
Household Furnishings	_____	_____	_____
Boat	_____	_____	_____
Jewelry	_____	_____	_____
Collections (Art, etc.)	_____	_____	_____
Other	_____	_____	_____

LIFE INSURANCE POLICIES

<u>Insured</u>	<u>Primary Owner H/W</u>	<u>Company Contingent Beneficiary</u>	<u>Name & Policy#</u>	<u>Face Amount</u>	<u>Cash Value</u>	<u>Policy Loans</u>	<u>Annual Premium</u>
Husband	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
Husband	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
Wife	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
Wife	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

<u>INVESTMENT ASSETS</u>	<u>COMPANY OR KIND & TYPE</u>	<u># OF SHARES</u>	<u>VALUE</u>	<u>OWNER</u>
Stocks				
Bonds				
Mutual Funds				
Annuities				
Limited Partnerships				
IRA's				
Profit Sharing Plans				
Other				