

BACON WILSON, P.C.

ESTATE PLANNING QUESTIONNAIRE

CLIENT #1:

Name:

First _____ Middle _____ Last _____

Maiden _____ Gender **M** **F** Title(e.g., Dr./Rev.) _____

Date of Birth: _____ **Place of Birth** (City/County/State): _____

Social Security No. _____ **U.S. Citizen?** Yes No

Home Address: _____ (Town) _____ (State) _____ (Zip) _____

County: _____ Home Telephone: _____ E-mail: _____

Employer: _____

Business Telephone: _____

CLIENT #2:

Name:

First _____ Middle _____ Last _____

Maiden _____ Gender **M** **F** Title(e.g., Dr./Rev.) _____

Date of Birth: _____ **Place of Birth** (City/County/State): _____

Social Security No. _____ **U.S. Citizen?** Yes No

Employer: _____

Business Telephone: _____

STATUS: Married Married/Living Apart Married/Legally Separated Single
Divorced Widowed Unmarried/Living Together

If Married:

Date of Marriage: _____ Place of Marriage: _____

If Widowed:

Name of Spouse: _____

Date of Death: _____ Place of Death: _____

If Divorced:

Name of Former Spouse: _____

Date of Divorce: _____ Place of Divorce: _____

CHILDREN (List all children living and deceased.)

Name and Current Address	Client #1 (C1); Client #2(C2); Joint (J)	Date of Birth	Living (L); Deceased (D)
1.			
2.			
3.			
4.			

List brothers, sisters, nieces or nephews, parents or others who may be involved in your care, your family's care, or your estate:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person or charity other than immediate family to whom bequests might be made:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL ADVISORS

Attorney: _____
Name

Address and Phone Number

Accountant: _____
Name

Address and Phone Number

Financial Advisor: _____
Name

Address and Phone Number

Personal Doctor: _____
Name

Address and Phone Number

Banker: _____
Name

Address and Phone Number

Insurance Agent: _____
Name

Address and Phone Number

Dentist: _____
Name

Address and Phone Number

Clergy: _____
Name

Address and Phone Number

Undertaker: _____ Prepaid or pre-planned: Yes No
Name

Address and Phone Number

FAMILY DOCUMENTS

Location of Birth Certificates: _____

Location of Birth Baptismal Records: _____

Location of Marriage Certificate: _____

MILITARY RECORD

Serial Number: _____ Branch of Service: _____

Rank: _____ Dates of Service: _____
From To

Location of Discharge Papers: _____

Listing of Eligible Benefits: _____

Is Spouse a Veteran? Yes No

MISCELLANEOUS DOCUMENTS

List location of following, if applicable: citizenship, military, cemetery, deeds, auto titles, and tax returns.

<u>Wills:</u>	<u>Executor Name/Address</u>	<u>Location of Originals</u>
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Trusts: Location of Originals: _____

Date of Trusts: _____
Month/Day/Year Month/Day/Year

Irrevocable Revocable

Trustees: _____

SAFE DEPOSIT BOX

Bank Name

Box Number

Location of Keys

INSURANCES

Life Insurance (Include Group Insurance):

Company

Policy No.

Face Amount

Beneficiary

Fire Insurance and Liability Insurance:

Name of Company

Property Insured

Agent

Location of Policy

Health and Accident Insurance:

Name of Company

Address

Agent

Location of Policy

Automobile Insurance:

Name of Company

Address

Agent

Location of Policy

Umbrella Policy? Yes

No

Agent: _____

REAL ESTATE

<u>Property and Address</u>	<u>Market Value</u>	<u>Purchase Date</u>	<u>Location of Deed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mortgage:
Name of Bank _____ Address _____

Loans:
Name of Bank _____ Address _____

ASSETS

	<u>Client #1</u>	<u>Client #2</u>	<u>Joint</u>
Stocks:	_____	_____	_____
Bonds:	_____	_____	_____
Savings Bonds:	_____	_____	_____
Savings:	_____	_____	_____
Checking:	_____	_____	_____
CD's:	_____	_____	_____
Money Market:	_____	_____	_____

(Attach separate sheet or copies of statements or accounts, if necessary)

TANGIBLE PERSONAL PROPERTY (such as jewelry, furniture, etc.)

(a) Specific items of substantial value:

Description: _____

(b) Miscellaneous tangible personal property:

Estimated value: _____

SUBSTANTIAL EXPECTANCY, if any

Source: _____

Estimated value: _____

PENSION AND ANNUITIES

	<u>Company</u>	<u>Vested</u>	<u>Payments</u>	<u>Benefits</u>
Pension Plan	_____	_____	_____	_____
Profit Sharing Plan	_____	_____	_____	_____
Retirement Fund	_____	_____	_____	_____
IRA	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Disability Benefits	_____	_____	_____	_____
Annuities	_____	_____	_____	_____

SUBSTANTIAL DEBTS, if any (other than mortgages noted above)

<u>Creditor</u>	<u>Amount of Debt</u>	<u>Description of Security, if any</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____