

## Confidential Estate Planning Survey Form

*We recognize that this information is of a personal nature. All information provided to this office by you will be treated confidentially and will not be revealed to anyone outside of this office without your permission.*

Today's Date \_\_\_\_\_

### SECTION 1: GENERAL INFORMATION

Your Name (for legal documents) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone with area code \_\_\_\_\_

Cell Phone with area code \_\_\_\_\_

Work Phone with area code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

**If married:** Date of marriage \_\_\_\_\_ Place of marriage \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

Cell Phone with area code \_\_\_\_\_

Work Phone with area code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

**Alternate/2<sup>nd</sup> Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alternate Home Phone number \_\_\_\_\_

**Name of Person who referred you to this firm** \_\_\_\_\_

**Name, Address & Tel. No. of person filling out this form (if other than client)**

\_\_\_\_\_

\_\_\_\_\_

**Children:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (w/area code): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (w/area code): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (w/area code): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (w/area code): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (w/area code): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Other Dependents:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

	You	Spouse
Do you presently have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Health Care Proxy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you expecting to receive an inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this your first marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependents with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would any of your heirs contest your wishes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 2: DOCUMENTS TO BRING TO YOUR CONSULTATION**

Real Estate Deeds and Current Tax Bills  
 Living Wills/Health Care Proxies

Wills and Trusts  
 Powers of Attorney

**SECTION 3: TRUSTEES, PERSONAL REPRESENTATIVES, BENEFICIARIES**

Person(s) who will be named as Trustee(s) or Personal Representative(s) of your estate:

Name	Address

Person(s) who will be named Beneficiarie(s) of your estate:

Name	Address

**SECTION 4: FINANCIAL INFORMATION**

This is a general overview of your assets. Values should be approximate and are needed only to assist in your tax planning.

IRA's/ Pensions/Retirement Plans/Tax-Deferred Annuities	How Titled	Approx Value
Non Tax-Deferred Bank Accounts(including CD's, Money Markets)	How Titled	Approx Value

Brokerage Accounts	How Titled	Approx Value

Stocks/Mutual Funds/Bonds (those held individually, not with a broker)	How Titled	Approx Value
Annuities	How Titled	Approx Value
Mortgage Notes (money owed TO you)	How Titled	Approx Value
Extraordinary Valuables (antiques, art, etc.)	How Titled	Approx Value

**Real Estate Owned (bring tax bills and deeds to your consultation)**

Property	How Titled	Mortgage Amount	Approx Value

**Life Insurance Policies**

Company	Owner	Insured	Approx Value

Monthly Income \_\_\_\_\_ Approximate Total Gross Estate: \$ \_\_\_\_\_

**Section 5: Your Questions**

List any specific concerns and questions you would like to address during your consultation:

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