

ESTATE PLANNING QUESTIONNAIRE

General Information

YOU (Spouse 1)

SPOUSE 2

Name: Legal First Middle Last _____

Nicknames/Other Names _____

Home Address _____

Home Phone Number _____

Social Security Last 4 _____

Occupation _____

Business Address _____

Business Phone Number _____

Date of Birth _____

U.S. Citizen (yes/no) _____

Length of Residence in MS _____

Other States/Countries _____

Resided in and Dates _____

Enter into Pre-Post Nuptial _____

Agreements (yes/no)

If yes, attach copies.

Prior Marriages? If yes, _____

Attach divorce and property
settlement or if widowed, a
Form 706 for deceased spouse
estate.

Family Information:

YOU (Spouse 1)

SPOUSE 2

Children:

Child's Name	_____	_____
Date of Birth	_____	_____
Social Security Last 4	_____	_____
Any Special Needs (y or n)	_____	_____
Address	_____	_____
	_____	_____
Phone	_____	_____

Child's Name	_____	_____
Date of Birth	_____	_____
Social Security Last 4	_____	_____
Any Special Needs (y or n)	_____	_____
Address	_____	_____
	_____	_____
Phone	_____	_____

Child's Name	_____	_____
Date of Birth	_____	_____
Social Security Last 4	_____	_____
Any Special Needs (y or n)	_____	_____
Address	_____	_____
	_____	_____
Phone	_____	_____

Child's Name	_____	_____
Date of Birth	_____	_____
Social Security Last 4	_____	_____
Any Special Needs (y or n)	_____	_____
Address	_____	_____
	_____	_____
Phone	_____	_____

Child's Name	_____	_____
Date of Birth	_____	_____
Social Security Last 4	_____	_____
Any Special Needs (y or n)	_____	_____
Address	_____	_____
	_____	_____
Phone	_____	_____

YOU (Spouse 1)

SPOUSE 2

Grandchildren:

Child's Name _____
Date of Birth _____
Parent's Name _____

Child's Name _____
Date of Birth _____
Parent's Name _____

Child's Name _____
Date of Birth _____
Parent's Name _____

Child's Name _____
Date of Birth _____
Parent's Name _____

Child's Name _____
Date of Birth _____
Parent's Name _____

Child's Name _____
Date of Birth _____
Parent's Name _____

Child's Name _____
Date of Birth _____
Parent's Name _____

Parents:

Father's Name _____
DOB _____
Deceased (y or n) _____

Mother's Name _____
DOB _____
Deceased (y or n) _____

Advisors (Name and Telephone Number):

	YOU (Spouse 1)	SPOUSE 2
Other Lawyers	_____ _____	_____ _____
Accountant	_____ _____	_____ _____
Stock Broker	_____ _____	_____ _____
Insurance Agent	_____ _____	_____ _____
Investment Advisor	_____ _____	_____ _____
Other (identify)	_____ _____	_____ _____

Personal Assets:

<i>Checking Acct</i>	_____	_____
Name of Institution	_____	_____
Address	_____ _____ _____	_____ _____ _____
Full Name on Acct	_____	_____
Acct Number	_____	_____
<i>Savings Acct</i>	_____	_____
Name of Institution	_____	_____
Address	_____ _____ _____	_____ _____ _____
Full Name on Acct	_____	_____
Acct Number	_____	_____

CD Acct

Name of Institution

Address

Full Name on Acct

Acct Number

Money Market Acct

Name of Institution

Address

Full Name on Acct

Acct Number

Stocks-Names and Shares

Name of Institution

Address

Full Name on Acct

Acct Number

Bonds (including E & EE)

Name of Institution

Address

Full Name on Acct

Acct Number

Mutual Funds _____

Name of Institution _____

Address _____

Full Name on Acct _____

Acct Number _____

Brokerage Acct _____

Name of Institution _____

Address _____

Full Name on Acct _____

Acct Number _____

*Copyrights, Patents,
Trademarks, other* _____

Mortgages/Leases _____

Describe Property: (Address, who's name, Joint Tenants with Rights of Survivorship or Tenants in Common? Attach Deed)

Interest in Trusts or Estates _____

*Interest in Limited
Partnership-indicate
Name, % of Ownership, &
Original Invested Amount* _____

Jewelry and Furs _____

Stamps, Coins, Collectables _____

Antiques or Art _____

Furniture/Household Items _____

Automobiles and Boats:

Real Property other than Residence (Please attach Legal Description):

Residences (Please attach Legal Description):

Family Business (Attach Copies of Buy-Sell Agreements):

Name: _____

Address: _____

Indicate Form of Ownership (partnership, LLC, Corporation, etc.): _____

Approximate Value of Business: _____

% of Ownership: Spouse 1: ____% Spouse 2: ____% Children: ____%

Original Investment: Spouse 1: ____% Spouse 2: ____% Children: ____%

Life Insurance:

*Name of company
and policy number:* _____

Type of policy (i.e.,
term, whole life, etc.): _____

Insured: _____

Owner: _____

Primary beneficiary: _____

Contingent beneficiary: _____

Face value: _____

Cash surrender value: _____

Amount of outstanding
loan: _____

Annual premium: _____

*Name of company
and policy number:* _____

Type of policy (i.e.,
term, whole life, etc.): _____

Insured: _____

Owner: _____

Primary beneficiary: _____

Contingent beneficiary: _____

Face value: _____

Cash surrender value: _____

Amount of outstanding
loan: _____

Annual premium: _____

Retirement Plans:

Yourself

Present value: _____

Your contribution: _____

Vested (indicate %): _____

Beneficiary designation
(attach copy): _____

Spouse

Present value: _____

Your contribution: _____

Vested (indicate %): _____

Beneficiary designation
(attach copy): _____

IRA

Present value: _____

Beneficiary designation
(attach copy): _____

Where held (name and address of bank, brokerage house, or
money management firm):

Type of account
(custody or trust): _____

Type of investments
(CD, mutual fund): _____

What is the taxable amount and the non-taxable basis?
(attach Form 8606, if filed, from last year's income tax return):

Is this IRA a "conduit" IRA
(that could be rolled into a qualified
plan)? (y/n) _____

Is this an "inherited" IRA?: _____

YOU (Spouse 1)

SPOUSE 2

Executor:	_____	_____
Their relationship:	_____	_____
Alternate Executor:	_____	_____
Their Relationship:	_____	_____
2 nd Alternate:	_____	_____
Their Relationship:	_____	_____

Estate Planning Objectives and Specific Bequests:

If there are minor children, who do you wish to be the guardian and alternate guardian?

If minor children, who do you wish to be trustee and alternate trustee of children's trust?
Please list their City/State of residence.

Any other trust(s) wanted? Purpose:

**NOTE: KEEP LOGINS, PASSWORDS, PHONE PASSWORDS
SOMEWHERE WHERE EXECUTOR CAN FIND THEM**

Miscellaneous:

- Attach copies of your current estate planning documents-wills, trusts, etc.
- Attach copies of all trust agreements in which you or a member of your family have an interest, whether as beneficiary, fiduciary, or holder of a power of appointment.
- Attach copies of all prior federal and state gift tax returns.
- Describe any inheritance you or your spouse expect to receive in the near future.
- Have you signed a Living Will, Health Care Proxy, or Advanced Healthcare Directive?
 ___ Yes ___ No
- If not, do you wish to do so? (Yes, suggested)
 ___ Yes ___ No
- Have you signed a durable power of attorney? (Yes, suggested)
 ___ Yes ___ No
- If not, do you wish to do so?
 ___ Yes ___ No

I will need names, dates of birth, phone, and addresses for the two people listed in the Advanced Healthcare Directive. This will be the main person and an alternate to make healthcare decisions on your behalf (top) and spouse's behalf (bottom).

Name 1: _____ Name 2: _____
DOB 1: _____ DOB 2: _____
Address 1: _____ Address2: _____
Address 1: _____ Address2: _____
Phone 1: _____ Phone 2: _____

Name 1: _____ Name 2: _____
DOB 1: _____ DOB 2: _____
Address 1: _____ Address2: _____
Address 1: _____ Address2: _____
Phone 1: _____ Phone 2: _____