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A PROFESSIONAL LAW CORPORATION**

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**ESTATE PLANNING QUESTIONNAIRE  
FOR A MARRIED COUPLE**

**Please complete the attached questionnaire. Please bring this completed questionnaire, along with the following items to your estate planning meeting:**

- Most recent Federal Income Tax Return
- Current estate planning documents including any wills or trusts, if any
- Deeds for each piece of real estate owned
- Recent property tax bills for each piece of real estate owned
- Names, addresses and social security numbers of any individuals that you intend to name as a beneficiary or act as a trustee or executor, etc.
- Copies of any prenuptial or postnuptial agreements

Please also request change of beneficiary forms for:

All life insurance policies and annuities  
Each IRA, 401(k), Keogh or any other retirement plan

DATE: \_\_\_\_\_

**Referral**

Referred by: \_\_\_\_\_

**Husband's Information**

Mr., Mrs., Ms.,

Name: Miss, Dr., Jr. \_\_\_\_\_  
First Name Middle Name or Initial Last Name

Assumed or Former Names: \_\_\_\_\_  
(e.g. Maiden Name, Nicknames, Also Known As)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

U.S. Citizen: \_\_Yes \_\_No If no, what country: \_\_\_\_\_

California Resident: \_\_Yes \_\_No If no, what state: \_\_\_\_\_

**Wife's Information**

Mr., Mrs., Ms.,

Name: Miss, Dr., Jr. \_\_\_\_\_  
First Name Middle Name or Initial Last Name

Assumed or Former Names: \_\_\_\_\_  
(e.g. Maiden Name, Nicknames, Also Known As)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

U.S. Citizen: \_\_Yes \_\_No If no, what country: \_\_\_\_\_

California Resident: \_\_Yes \_\_No If no, state: \_\_\_\_\_

**Home Contact Information**

Address: \_\_\_\_\_  
Number Street

City State Zip County

Telephone: (Home) (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

(Home Fax) (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

(Husband's Mobile) (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

(Wife's Mobile) (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

(Home Email) \_\_\_\_\_

**Husband's Occupation**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number Street

City State Zip Email: \_\_\_\_\_

Is this your own business? \_\_Yes \_\_No May we contact/fax you at work? \_\_Yes \_\_No

## Wife's Occupation

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Number Street

City State Zip

Email: \_\_\_\_\_

Is this your own business?  Yes  No May we contact/fax you at work?  Yes  No

## Information About Current Marriage

Date of Marriage: \_\_\_\_\_ City & State of Marriage: \_\_\_\_\_

Do you have a prenuptial or postnuptial agreement?  Yes  No

## Husband's Former Marriages

Have you been married previously?  Yes  No If so, how many times? \_\_\_\_\_

Enter the following information regarding each former spouse

**Name of first former spouse:** \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ City & State of Marriage: \_\_\_\_\_

Marriage ended by:  Divorced  Annulment  Death Date: \_\_\_\_\_

**Name of second former spouse:** \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ City & State of Marriage: \_\_\_\_\_

Marriage ended by:  Divorced  Annulment  Death Date: \_\_\_\_\_

Are you making or receiving payments pursuant to a divorce or property settlement order?

Yes  No If yes, please provide copy of divorce settlement or order.

**Please attach additional sheets if necessary.**

## Wife's Former Marriages

Have you been married previously?  Yes  No If so, how many times? \_\_\_\_\_

Enter the following information regarding each former spouse

**Name of first former spouse:** \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ City & State of Marriage: \_\_\_\_\_

Marriage ended by:  Divorced  Annulment  Death Date: \_\_\_\_\_

**Name of second former spouse:** \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ City & State of Marriage: \_\_\_\_\_

Marriage ended by:  Divorced  Annulment  Death Date: \_\_\_\_\_

Are you making or receiving payments pursuant to a divorce or property settlement order?

Yes  No If yes, please provide copy of divorce settlement or order.

**Please attach additional sheets if necessary.**

## Information Regarding Children

Number of living children: \_\_\_\_\_

Number of deceased children: \_\_\_\_\_

### First Child

Mr., Mrs., Ms.,  
Name: Miss, Dr., Jr. \_\_\_\_\_  
First Name Middle Name or Initial Last Name

Child's Date of Birth: \_\_\_\_\_ Child's Date of Death: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Is this child: Natural \_\_\_\_\_ Adopted \_\_\_\_\_

Is this child of the current marriage? \_\_\_Yes \_\_\_No

If no: Name of child's other parent \_\_\_\_\_

and current relationship to client \_\_\_\_\_  
(Example: Former Husband, Former Wife, Former Companion)

Child's Contact Information (if different than client's):

Address: \_\_\_\_\_  
Number Street  
City State Zip

Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Child's Marital Status: \_\_\_Married \_\_\_Single \_\_\_Separated

Does this child have any living children? \_\_\_Yes \_\_\_No

Any special circumstances? \_\_\_\_\_  
(Education, Health, Financial, recipient of government support or benefit etc.)

### Second Child

Mr., Mrs., Ms.,  
Name: Miss, Dr., Jr. \_\_\_\_\_  
First Name Middle Name or Initial Last Name

Child's Date of Birth: \_\_\_\_\_ Child's Date of Death: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Is this child: Natural \_\_\_\_\_ Adopted \_\_\_\_\_

Is this child of the current marriage? \_\_\_Yes \_\_\_No

If no: Name of child's other parent \_\_\_\_\_

and current relationship to client \_\_\_\_\_  
(Example: Former Husband, Former Wife, Former Companion)



## Fourth Child

Mr., Mrs., Ms.,  
Name: Miss, Dr., Jr. \_\_\_\_\_  
First Name Middle Name or Initial Last Name

Child's Date of Birth: \_\_\_\_\_ Child's Date of Death: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Is this child: Natural \_\_\_\_\_ Adopted \_\_\_\_\_

Is this child of the current marriage? \_\_\_Yes \_\_\_No

If no:  
Name of child's other parent \_\_\_\_\_  
and current relationship to client \_\_\_\_\_  
(Example: Former Husband, Former Wife, Former Companion)

Child's Contact Information (if different than client's):

Address: \_\_\_\_\_  
Number Street  
City State Zip

Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Child's Marital Status: \_\_\_Married \_\_\_Single \_\_\_Separated

Does this child have any living children? \_\_\_Yes \_\_\_No

Any special circumstances? \_\_\_\_\_  
(Education, Health, Financial, recipient of government support or benefit, etc.)

**Please attach additional sheets if necessary.**

## Husband's Family Information

### Husband's Parents

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Health: \_\_\_\_\_

If deceased, Date of Death: \_\_\_\_\_ County of Death: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street  
City State Zip

Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Health: \_\_\_\_\_

If deceased, Date of Death: \_\_\_\_\_ County of Death: \_\_\_\_\_

**Husband's Parents, Cont.**

Address: (If different) \_\_\_\_\_  
Number Street  
City State Zip

Telephone: (If different) \_\_\_\_\_

Will parents need any financial assistance from you in the future?  Yes  No

**Husband's Brothers and Sisters**

**Sibling One**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Brother  Sister  Full Blood  Half Blood

Married:  Yes  No If yes, Spouse's name: \_\_\_\_\_

Number of children: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street  
City State Zip

Telephone: \_\_\_\_\_

Any special circumstances? \_\_\_\_\_  
(Health or other concerns)

**Sibling Two**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Brother  Sister  Full Blood  Half Blood

Married:  Yes  No If yes, Spouse's name: \_\_\_\_\_

Number of children: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street  
City State Zip

Telephone: \_\_\_\_\_

Any special circumstances? \_\_\_\_\_  
(Health or other concerns)





**Sibling Three, Cont.**

Telephone: \_\_\_\_\_

Any special circumstances? \_\_\_\_\_  
(Health or other concerns)

**Please attach additional sheets if necessary.**

**Information About Assets**

Estimated value of all assets owned: \$ \_\_\_\_\_

**Real Estate, Property One**

Name(s) on title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street  
City State Zip County  
Value: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_

**Real Estate, Property Two**

Name(s) on title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street  
City State Zip County  
Value: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_

**Please attach additional sheets if necessary.**

**\*\*\*For all real estate, please attach a copy of your deeds and property tax bills.**

**Checking/Savings**

Name of institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

**Checking/Savings**

Name of institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

**Money Markets/CD's**

Name of institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

**Money Markets/CD's**

Name of institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

**Brokerage Account**

Name of institution: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

**Brokerage Account**

Name of institution: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

**Mutual Funds**

Name of institution: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

**Mutual Funds**

Name of institution: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

**Stock/Bond Certificates**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) on the certificate: \_\_\_\_\_

**Stock/Bond Certificates**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) on the certificate: \_\_\_\_\_

**Stock Options**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name on options: \_\_\_\_\_

**Stock Options**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name on options: \_\_\_\_\_

**IRA**

Name of institution: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name on the account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Who is the beneficiary: \_\_\_\_\_

**IRA**

Name of institution: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name on the account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Who is the beneficiary: \_\_\_\_\_

**401(k)/Other Retirement Plan**

Name of institution: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name on the account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Who is the beneficiary: \_\_\_\_\_

**401(k)/Other Retirement Plan**

Name of institution: \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on the account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Who is the beneficiary: \_\_\_\_\_

**Business Ownership**

Name of business: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Type of ownership:  Corporation  LLC  Partnership (  General or  Limited)

Number of shares/units or % interested: \_\_\_\_\_

Name(s) on certificate: \_\_\_\_\_

Is there a buy-sell agreement?  Yes  No If yes, please attach a copy.

**Life Insurance**

Name of institution: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Type of Insurance:  Term  Whole Life  Other \_\_\_\_\_

**Life Insurance Cont.**

Who is insured: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Who is the beneficiary: \_\_\_\_\_

**Life Insurance**

Name of institution: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Type of Insurance:  Term  Whole Life  Other \_\_\_\_\_

Who is insured: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Who is the beneficiary: \_\_\_\_\_

**Auto**

General Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) on title: \_\_\_\_\_

**Auto**

General Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) on title: \_\_\_\_\_

**Money Owed To You**

Name of Lender: \_\_\_\_\_ Name of Debtor: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Do you have written documentation?  Yes  No

If yes, please provide a copy of documentation.

**Money Owed To You**

Name of Lender: \_\_\_\_\_ Name of Debtor: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Do you have written documentation?  Yes  No

If yes, please provide a copy of documentation.

**Anticipated Inheritance, Gift, or Lawsuit Judgment**

Estimated Expected Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

**Current Beneficiary of Another Person(s)'s Trust**

Are you currently receiving benefits from another person(s)'s trust in which you are named as a beneficiary?  Yes  No If Yes:

Name of Trust: \_\_\_\_\_

Estimated Value: \$\_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Please provide a copy of the Trust document naming you as a current beneficiary.

**Household Furnishings, Art, Jewelry, Collectables**

Estimated Value of Household Contents: Value: \$\_\_\_\_\_

**Other Asset**

General Description:\_\_\_\_\_ Value: \$\_\_\_\_\_

Name(s) on asset:\_\_\_\_\_

**Other Asset**

General Description:\_\_\_\_\_ Value: \$\_\_\_\_\_

Name(s) on asset:\_\_\_\_\_

**Please attach additional sheets if necessary.**

**Information About Estate Plans And Gifts**

Have you had any other estate planning done?  Yes  No

If yes, please bring any prior estate planning documents to our first meeting.

Have you or your spouse ever:

\_\_\_ Made gifts in excess of \$10,000 in any one year to anyone?

\_\_\_ Made other gifts? (Describe Below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Contact Information For Other Professionals

Accountant: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
Insurance Agent: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
Financial Advisor: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
Other: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

## Primary Care Physician Info

If you have a primary care physician, please complete the below.

Name of Husband's primary care physician: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Name of Wife's primary care physician: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

## Other Information

Please list any other information that may be helpful in designing your estate plan.

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