

JOHNSTON | THOMAS

**CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE**

Instructions. By filling out this form as completely as you can, you will help assure that the information is complete and accurate when you meet with the attorney. Thank you.

A. GENERAL INFORMATION

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____

Client 1

Client 2

Full name: _____

How do you want your name to appear in the documents? _____

Name(s) used in past: _____

Work telephone: _____

Cell phone: _____

E-mail address: _____

Occupation: _____

Social Security No.: _____

Birth date: _____

U.S. Citizen? YES NO

Wedding anniversary Date: _____

Prior marriages? YES NO

1. Former spouse name _____

Ended by: Death Divorce Annulment

Year death/divorce: _____

2. Former spouse name: _____

Ended by: Death Divorce Annulment

Year death/divorce: _____

	<u>Client 1</u>		<u>Client 2</u>	
Named as trustee or executor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Whose trust or will?	_____		_____	
Named as agent under a power of attorney?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Whose?	_____		_____	
Do you have health concerns?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please explain:	_____		_____	
Are you scheduled for an operation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
When?	_____		_____	
Are you going on vacation soon?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
When?	_____		_____	

Additional Questions:

1. Who may we thank for referring you to this office? _____

2. Do you have any specific bequests you wish to make?

Person/Organization

Amount or Asset

When To Be Given

_____	_____	_____
_____	_____	_____

3. Have you made any gifts of \$10,000 or more in any one year to any one person? YES NO

If so, please explain: _____

4. Do you wish to specifically disinherit an individual or group of people? YES NO

If so, who? _____

5. Do you have some specific questions or concerns your would like to discuss? If so, please note them here: _____

B. CHILDREN AND OTHER RELATIVES

Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. Please write in the "other information" space any other helpful information you would like the attorney to know such as if the child is adopted or has special needs because of developmental, physical or mental disability.

Children of Existing Marriage:

1. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Other Helpful Information: _____

2. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Other Helpful Information: _____

3. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Other Helpful Information: _____

Children of Prior Marriage(s)

1. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Father: _____ Mother: _____

2. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Father: _____ Mother: _____

3. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Father: _____ Mother: _____

Other Important Family Members and Other People

Are there other important people in the lives of you and/or your spouse, such as a person dependent upon you for support, or a person whom you raised as a child but is not legally your child? (*Note: an adopted child is legally your child and should be listed above.*) If so, please list.

1. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Relationship to you: _____

Are you supporting them financially? Yes No If yes, monthly amount: _____

2. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Relationship to you: _____

Are you supporting them financially? Yes No If yes, monthly amount: _____

3. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Relationship to you: _____

Are you supporting them financially? Yes No If yes, monthly amount: _____

C. IMPORTANT DOCUMENTS

If you have executed any of the following documents, please provide your attorney with a copy if possible. If you cannot readily locate them, please be prepared to discuss their contents.

	<u>Client1</u>	<u>Client2</u>	<u>Copy Available?</u>
Personal Documents:			
Divorce Decree	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Premarital Agreement	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Community Property Agreement	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Marital Property Agreement	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Existing Estate Planning Documents:			
Will	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Trust	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Power of Attorney For Asset Management	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Power of Attorney for Health Care	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Living Will or Directive to Physician	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Documents:			
Funeral and Burial Arrangements	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cemetery Plot	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Organ Donation Directive	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

D. SAFETY DEPOSIT BOX

Financial Institution: _____

Branch: _____

Address: _____

Telephone No.: (__) _____ Box No.: _____

Who are signatories? _____

E. KEY ADVISORS

Lawyer:

Name: _____

Firm: _____

Address: _____

Telephone number: (____) _____ E-mail address: _____

Purpose of representation: _____

Accountant:

Name: _____

Firm: _____

Address: _____

Telephone number: (____) _____ E-mail address: _____

Stockbrokers/Investment Advisor:

Name: _____

Firm: _____

Address: _____

Telephone number: (____) _____ E-mail address: _____

Life Insurance Agent:

Name: _____

Firm: _____

Address: _____

Telephone number: (____) _____ E-mail address: _____