

SPEIDEL BENTSEN LLP  
CONFIDENTIAL COUPLE  
ESTATE PLANNING QUESTIONNAIRE

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

Personal Information

Husband

Wife

Full name: \_\_\_\_\_

\_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Second home address: \_\_\_\_\_

\_\_\_\_\_

Home/cell telephone: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Correspond by (select one):  Email  U.S. Mail

Email  U.S. Mail

Birthdate: \_\_\_\_\_

\_\_\_\_\_

Citizenship: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Office telephone: \_\_\_\_\_

\_\_\_\_\_

Date/Place of Marriage \_\_\_\_\_

\_\_\_\_\_

Safety Deposit Box Location/  
Person with Access \_\_\_\_\_

\_\_\_\_\_

Dates of Military Service: \_\_\_\_\_

\_\_\_\_\_

Rank & Serial No.: \_\_\_\_\_

\_\_\_\_\_

Do you desire  
Asset Protection Planning?  Yes  
 No

Yes  
 No

Do you have any Prenuptial or  
Postnuptial Agreements?  Yes  
 No

Yes  
 No

Do you have any children from  
a prior relationship?  Yes  
 No

Yes  
 No

Do you have any Prior  
Marriages or Prior Registered  
Domestic Partnerships?  Yes  
 No

Yes  
 No

If yes, how ended:  Death  
 Divorce

Death  
 Divorce

Name of prior spouse/partner  
(if any): \_\_\_\_\_

\_\_\_\_\_

Fiduciary

First Choice

Alternate/Successor

Executor: \_\_\_\_\_

\_\_\_\_\_

Trustee: \_\_\_\_\_

\_\_\_\_\_

Guardian: \_\_\_\_\_

\_\_\_\_\_

Power of Attorney-Financial: \_\_\_\_\_

\_\_\_\_\_

Power of Attorney-Health Care \_\_\_\_\_

\_\_\_\_\_

Living Children

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Child only of</u>	<u>City of Residence</u>	<u>Married?</u>	<u>Number of Children</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

*Note: If you have minor children you will need to nominate a guardian and a trustee for any trust for the children.*

Deceased Children

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Child only of</u>	<u>Date of Death</u>	<u>Married?</u>	<u>Number of Children</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Grandchildren

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Child of</u>	<u>City of Residence</u>	<u>Married?</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependents other than children: \_\_\_\_\_

Life Insurance

Husband Insured

Wife Insured

Company name & policy number:

\_\_\_\_\_

\_\_\_\_\_

Face amount:

\_\_\_\_\_

\_\_\_\_\_

Loans outstanding:

\_\_\_\_\_

\_\_\_\_\_

Present cash value:

\_\_\_\_\_

\_\_\_\_\_

Primary beneficiary(ies):

\_\_\_\_\_

\_\_\_\_\_

Contingent beneficiary(ies):

\_\_\_\_\_

\_\_\_\_\_

Please attach separate page if necessary.

Retirement Benefits

Husband

Wife

IRA:

\_\_\_\_\_

\_\_\_\_\_

Approximate balances:

\_\_\_\_\_

\_\_\_\_\_

Primary beneficiary(ies):

\_\_\_\_\_

\_\_\_\_\_

Contingent beneficiary(ies):

\_\_\_\_\_

\_\_\_\_\_

Please attach separate page if necessary.

Employer Plans:

\_\_\_\_\_

\_\_\_\_\_

Name of employer:

\_\_\_\_\_

\_\_\_\_\_

Type (pension, profit sharing,  
ESOP, 401(k), etc.)

\_\_\_\_\_

\_\_\_\_\_

Approximate balance:

\_\_\_\_\_

\_\_\_\_\_

Primary beneficiary(ies):

\_\_\_\_\_

\_\_\_\_\_

Contingent beneficiary(ies):

\_\_\_\_\_

\_\_\_\_\_

Please attach separate page if necessary.

Monthly Income (Net of any withholding)

Husband

Wife

Employment

Social Security

Pension

Bank interest

Stock Dividends

Bond interest

Disability income

Total monthly income

Annuities

Husband

Wife

Company name & policy number:

Face amount:

Loans outstanding:

Present cash value:

Primary beneficiary(ies):

Contingent beneficiary(ies):

Please attach separate page if necessary.

Family business,

Partnerships, LLCs, Closely held securities

Husband Insured

Wife Insured

Company name & policy number:

Face amount:

Loans outstanding:

Present cash value:

Primary beneficiary(ies):

Contingent beneficiary(ies):

Please attach separate page if necessary.

ASSETS AND LIABILITIES

A. <b><u>Assets – Current Fair Market Value</u></b>	<u>Community Property</u>	<u>Separate Property Husband</u>	<u>Separate Property Wife</u>
Cash (checking and savings accounts)	\$ _____	\$ _____	\$ _____
Short-term investments (treasury bills, certificates of deposit, etc.)	\$ _____	\$ _____	\$ _____
Brokerage accounts - publicly traded stocks and bonds	\$ _____	\$ _____	\$ _____
Principal residence	\$ _____	\$ _____	\$ _____
Vacation home	\$ _____	\$ _____	\$ _____
Other real estate	\$ _____	\$ _____	\$ _____
Total family business, partnerships, LLCs	\$ _____	\$ _____	\$ _____
Accounts receivable – promissory notes payable to you	\$ _____	\$ _____	\$ _____
Total face amount of life insurance	\$ _____	\$ _____	\$ _____
Total annuities	\$ _____	\$ _____	\$ _____
Total retirement benefits	\$ _____	\$ _____	\$ _____
Total qualified plans and IRAs	\$ _____	\$ _____	\$ _____
Total non-qualified plans	\$ _____	\$ _____	\$ _____
Furnishings (including art and antiques)	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Boats	\$ _____	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS</b>	\$ _____	\$ _____	\$ _____
B. <b><u>Liabilities</u></b>	<u>Community Property</u>	<u>Separate Property Husband</u>	<u>Separate Property Wife</u>
Mortgage(s)	\$ _____	\$ _____	\$ _____
Credit Card Debt	\$ _____	\$ _____	\$ _____
Loans – promissory notes payable by you	\$ _____	\$ _____	\$ _____
Other obligations	\$ _____	\$ _____	\$ _____
<b>TOTAL LIABILITIES</b>	\$ _____	\$ _____	\$ _____
<b>NET WORTH: ASSETS MINUS LIABILITIES</b>	\$ _____	\$ _____	\$ _____