|  |  |  |
| --- | --- | --- |
|  | 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?  Do you have any children from a prior relationship?  Do you have any Prior Marriages or Prior Registered Domestic Partnerships? | Yes  No  Yes  No  Yes  No | |  | | | Yes  No  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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Full Name | Sex | Birthdate | Child only of | City of Residence | Married? | Number of Children |
| 1. |  | Male  Female |  | Husband  Wife |  | Yes  No |  |
| 2. |  | Male  Female |  | Husband  Wife |  | Yes  No |  |
| 3. |  | Male  Female |  | Husband  Wife |  | Yes  No |  |
| 4. |  | Male  Female |  | Husband  Wife |  | Yes  No |  |
| 5. |  | Male  Female |  | Husband  Wife |  | Yes  No |  |
| 6. |  | Male  Female |  | Husband  Wife |  | Yes  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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Full Name | Sex | Birthdate | Child only of | Date of Death | Married? | Number of Children |
| 1. |  | Male  Female |  | Husband  Wife |  | Yes  No |  |
| 2. |  | Male  Female |  | Husband  Wife |  | Yes  No |  |

Grandchildren

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Full Name | Sex | Birthdate |  | Child of |  | City of Residence | Married? |
| 1. |  | Male  Female |  |  |  |  |  | Yes  No |
| 2. |  | Male  Female |  |  |  |  |  | Yes  No |
| 3. |  | Male  Female |  |  |  |  |  | Yes  No |
| 4. |  | Male  Female |  |  |  |  |  | Yes  No |
| 5. |  | Male  Female |  |  |  |  |  | Yes  No |
| 6. |  | Male  Female |  |  |  |  |  | Yes  No |
| 7. |  | Male  Female |  |  |  |  |  | Yes  No |
| 8. |  | Male  Female |  |  |  |  |  | Yes  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. | **Assets – Current Fair Market Value** | |  | Community Property |  | Separate Property Husband |  | Separate Property Wife |
|  | 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) |  | $ |  | $ |  | $ |  |
|  | **TOTAL ASSETS** | | $ |  | $ |  | $ |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B. | **Liabilities** |  | Community Property |  | Separate Property Husband |  | Separate Property Wife |
|  | Mortgage(s) | $ |  | $ |  | $ |  |
|  | Credit Card Debt | $ |  | $ |  | $ |  |
|  | Loans – promissory notes payable by you | $ |  | $ |  | $ |  |
|  | Other obligations | $ |  | $ |  | $ |  |
|  | **TOTAL LIABILITIES** | $ |  | $ |  | $ |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NET WORTH: ASSETS MINUS LIABILITIE** | $ |  | $ |  | $ |  |