|  |  |  |
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|  | SPEIDEL BENTSEN LLP  CONFIDENTIAL INDIVIDUAL  ESTATE PLANNING QUESTIONNAIRE | Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Personal Information |  | | | | |
| Full name: |  | | | | |
| Home address: |  | | | | |
| Second home address: |  | | | | |
| Home/cell telephone: |  | | | | |
| Email address: |  | | | | |
| Correspond by (select one): | Email  U.S. Mail | | | | |
| Birthdate: |  | | | | |
| Citizenship: |  | | | | |
| Employer: |  | | | | |
| Office telephone: |  | | | | |
| Safety Deposit Box Location: |  | | | | |
| Person with access: |  | | | | |
| Dates of Military Service: |  | | | | |
| Rank & Serial No.: |  | | | | |
| Do you desire  Asset Protection Planning? | Yes  No | Do you have any Prenuptial or Postnuptial Agreements? | | | Yes  No |
| Do you have any Prior Marriages or Prior Registered Domestic Partnerships? | Yes  No | Do you have any children from a prior relationship? | | | Yes  No |
| If yes, how ended: | 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 |  | City of Residence | Married? | Number of Children |
| 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 |  |

*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 |  | Date of Death | Married? | Number of Children |
| 1. |  | Male  Female |  |  |  | Yes  No |  |
| 2. |  | Male  Female |  |  |  | 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 |  |
| Company name and policy number: |  |
| Face amount: |  |
| Loans outstanding: |  |
| Present cash value: |  |
| Primary beneficiary(ies): |  |
| Contingent beneficiary(ies): |  |
| Please attach separate page if necessary. |  |

|  |  |
| --- | --- |
| Retirement Benefits |  |
| 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) |  |
| Employment |  |
| Social Security |  |
| Pension |  |
| Bank interest |  |
| Stock Dividends |  |
| Bond interest |  |
| Disability income |  |
| Total monthly income |  |

|  |  |
| --- | --- |
| Annuities |  |
| Company name and 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 |  |
| Company name and 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 Values** | |  |  |
|  | 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** |  |  |
|  | Mortgage(s) | $ |  |
|  | Credit Card Debt | $ |  |
|  | Loans – promissory notes payable by you | $ |  |
|  | Other obligations | $ |  |
|  | **TOTAL LIABILITIES** | $ |  |

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