|  |  |  |
| --- | --- | --- |
|  | SPEIDEL BENTSEN LLPCONFIDENTIAL 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 desireAsset 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: |       |

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| --- | --- |
| 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** | $ |       |