



ESTATE PLANNING QUESTIONNAIRE (COUPLE)

This form is extremely important. Your accuracy and completeness in responding will help Zetrouer Pulsifer Attorneys At Law represent you. Please bring this completed information packet, including each of the attached schedules, to your initial consultation.

Date:

A. CLIENT DATA

CLIENT CO-CLIENT
Full Name:
Street Address:
City:
State:
Zip:
Home Phone:
Date of Birth:
Social Security Number:
E-mail Address:
Cell Phone Number:
Business Phone Number:
U.S. Citizen? Yes No
Veteran? Yes No
If yes, please list branch and dates of service:

B. MARITAL INFORMATION

Date of Marriage:
Place of Marriage:
City:
State or Province:
Country:



**C. CHILDREN** (if applicable, include adult and minor children, as well as any who have predeceased you)

**NAME OF CHILD:** \_\_\_\_\_

Male                      Female    Married                      Single

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to Client:      Natural Child      Adopted      Stepchild      Child born out of wedlock      Deceased

Relationship to Co-Client:      Natural Child      Adopted      Stepchild      Child born out of wedlock      Deceased

**NAME OF CHILD:** \_\_\_\_\_

Male                      Female    Married                      Single

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to Client:      Natural Child      Adopted      Stepchild      Child born out of wedlock      Deceased

Relationship to Co-Client:      Natural Child      Adopted      Stepchild      Child born out of wedlock      Deceased

**NAME OF CHILD:** \_\_\_\_\_

Male                      Female    Married                      Single

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to Client:      Natural Child      Adopted      Stepchild      Child born out of wedlock      Deceased

Relationship to Co-Client:      Natural Child      Adopted      Stepchild      Child born out of wedlock      Deceased

**NAME OF CHILD:** \_\_\_\_\_

Male                      Female    Married                      Single

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to Client:      Natural Child      Adopted      Stepchild      Child born out of wedlock      Deceased

Relationship to Co-Client:      Natural Child      Adopted      Stepchild      Child born out of wedlock      Deceased

**Please check this box and attach a separate page to list additional children.**



**D. GRANDCHILDREN** (if applicable)

**NAME OF GRANDCHILD:** \_\_\_\_\_

Male                  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

Is this grandchild a direct descendant (natural or adopted) child of your child?                  Yes                  No

**NAME OF GRANDCHILD:** \_\_\_\_\_

Male                  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

Is this grandchild a direct descendant (natural or adopted) child of your child?                  Yes                  No

**NAME OF GRANDCHILD:** \_\_\_\_\_

Male                  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

Is this grandchild a direct descendant (natural or adopted) child of your child?                  Yes                  No

**NAME OF GRANDCHILD:** \_\_\_\_\_

Male                  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

Is this grandchild a direct descendant (natural or adopted) child of your child?                  Yes                  No

**Please check this box and attach a separate page to list additional grandchildren.**



**E. LONG TERM CARE INSURANCE**

**Do you have Long Term Care Insurance?** Yes No

If yes, please provide a copy of the policy.

**F. MISCELLANEOUS**

**1. Do you have any legal issues I should be aware of?** Yes No

If yes, please explain: \_\_\_\_\_

**2. Have you prepaid your burial and funeral arrangements?** Yes No

If yes, please provide copies of your cemetery deed and funeral contract.

**3. Are there any difficult family dynamics that could impact your planning?** Yes No

If yes, please provide information: \_\_\_\_\_

**4. Are you a contributor to a 529 Plan?** Yes No

If yes, please attach a statement of the 529 account.

**5. Does anyone in your immediate or extended family have special need issues (including any spouses of your children)?** Yes No

If yes, name and relationship of disabled family member: \_\_\_\_\_

**G. CERTIFICATION**

The undersigned hereby represents to Zetrouer Pulsifer Attorneys At Law that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Zetrouer Pulsifer Attorneys At Law may not be appropriate.

\_\_\_\_\_  
Signature of Client or Client Representative

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY**

EP \_\_\_\_\_

Current: \_\_\_\_\_

Proposed: \_\_\_\_\_

CP \_\_\_\_\_

APP \_\_\_\_\_



**SCHEDULE 1: ASSETS AND RESOURCES**

**A. REAL ESTATE**

(Please provide copies of deeds and most recent tax bills)

Description (Location)	Cost (Basis)	Market Value	Mortgage Bal.	How Title Held
123 Know Way <i>(Sample)</i>	\$ xxx,xxx.xx	\$ xxx,xxx.xx	\$ xx,xxx.xx	Joint tenant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**B. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)**

(Please provide copies of most recent statements)

Name of Bank/Branch	Account No.	Type of Account	Balance/Value	How Title Held
Big Bank/Main St. <i>(Sample)</i>	xxx-xxx	Savings	\$ xx,xxx.xx	Jointly w/ son
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**C. SECURITIES (Bonds, Marketable Securities, etc.)**

(Please provide copies of most recent statements)

Name of Company	Type of Sec.	# Shares/Face Val.	Cost	Current Val.	How Title Held
Acme Corp. <i>(Sample)</i>	Common <i>(or Preferred)</i>	xx Shares	\$ x,xxx.xx	\$ x,xxx.xxx	Sole owner
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**D. RETIREMENT ACCOUNTS (IRAs, Annuities, Keoghs, etc.)**

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Big Broker (Sample)	xxx-xxxx	Client	Spouse	Jan, 1970	\$xx,xxx.xx
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**E. LIFE INSURANCE (Whole Life, Term, Endowment, etc.)**

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Apple Ins. Co (Sample)	xxx-xxxx	Client	Son/Daughter	Jan, 1970	\$xx,xxx.xx
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**F. PERSONAL PROPERTY**

	Market Value and Item	How Title Held
Home Furnishings:	\$ _____	_____
Car, RVs, Boats, etc.:	\$ _____	_____
Car, RVs, Boats, etc.:	\$ _____	_____
Car, RVs, Boats, etc.:	\$ _____	_____
Jewelry, Furs, etc.:	\$ _____	_____
Other:	\$ _____	_____
Other:	\$ _____	_____

**G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PERSPECTIVE INHERITANCES**

Briefly describe or give the name of any Trust in which you have an interest, or the person who is the source of the inheritance and what you expect to receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.

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**H. BUSINESS INTERESTS**

If either has an ownership in any business (whether sole proprietorship, corporation or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.) Please provide copies.

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**I. MISCELLANEOUS**

If either client has any property interests not described above, please explain the nature of the interests and the estimated value of each.

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**SCHEDULE 2: SELECTING BENEFICIARIES**

Please note we will spend time during our first meeting completing Schedule 2 and Schedule 3. However, you may want to review your existing documents (if any) and the following choices of beneficiaries and fiduciaries in preparation for our meeting.

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations. Are there certain items of personal property that should pass to designated individuals? Are there specific charities or individuals that you intend to leave a gift? Are some selected beneficiaries going to require a Trustee to manage their fund on their behalf?

Please note any differences between spousal wishes

A. First-choice beneficiaries:                      Spouse              Children              Spouse and Children              Other

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B. Second-choice beneficiaries:                      Spouse              Children              Spouse and Children              Other

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**SCHEDULE 3: SELECTING FIDUCIARIES**

(Please provide names, addresses and phone numbers if chosen person is not a child or spouse)

<b>POSITION</b>	<b>CLIENT</b>	<b>CO-CLIENT</b>
<b>WILL SELECTIONS:</b>		
Executor or Co-Executors	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____
Trustee or Co-Trustees	_____	_____
Guardian(s) for minor of disabled Children	_____	_____

**FINANCIAL GENERAL POWER OF ATTORNEY**

Agent or Co-Agents	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

Yes, my Co-Agents may act  
Independently of each other.

No, each task must be undertaken  
Jointly by all Co-Agents

**HEALTH CARE POWER OF ATTORNEY & LIVING WILL**

Agents or Co-Agents	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

Yes, my Co-Agents may act  
Independently of each other.

No, each task must be undertaken  
Jointly by all Co-Agents



**PERSONAL DOCUMENT LOCATOR**

This Personal Document Locator is simply a detailed list of where you store your important records and papers and who your primary advisors and contacts are. This list will assist your loved ones in the event of your death or disability. Keep this list at home along with your other important documents, and make sure a trusted family member knows where it is, or provide a copy to the family member, your executor, and/or your attorney.

Remember to update your Personal Document Locator at least once a year to ensure its accuracy.

**PERSONAL CONTACTS**

**ATTORNEY**

Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

**TAX PREPARER**

Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

**INSURANCE AGENT**

Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

**FINANCIAL ADVISOR**

Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_





**LOCATION KEY**

Specify the location(s) where you keep your documents (e.g. home, office, safe, safe-deposit box). For each item below, check the number that corresponds to the correct location.

**LOCATION 1**

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**LOCATION 2**

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**LOCATION 3**

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**LOCATION 4**

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**LOCATION 5**

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**IMPORTANT DOCUMENTS**

**1      2      3      4      5**

Will

Durable Power of Attorney

Health-Care Directives

Trust Agreements

Birth Certificate

Social Security Card

Marriage Certificate

Military Reports

Adoption Papers

Divorce/Separation Papers

Vehicle Titles



**IMPORTANT DOCUMENTS (continuation)**

**1      2      3      4      5**

Deeds

Safe-Deposit Box/Keys

Bank Account Records (e.g. checking and savings accounts) CDs)

Tax Returns

Mortgage and Loan Papers

Insurance Policies -- Home and Vehicles

Insurance Policies -- Property and Casualty

Insurance Policies -- Life

Insurance Policies -- Health

Business Papers (e.g. incorporation papers, trademarks, patents)

Retirement Account Papers (e.g. IRAs, annuities)

Investment Papers (e.g. securities, stocks, bonds, mutual funds)

Proof of Citizenship

Important Keys

Antiques and Heirlooms

Jewelry

Cash

Funeral Instructions (e.g. cemetery plot deed, burial instructions)