

**ESTATE PLANNING QUESTIONNAIRE**

Date prepared: \_\_\_\_\_

**I. Family and Employment Information**

**Name of Client:** \_\_\_\_\_  Yes  No  
 First Name Middle Name Last Name U.S. Citizen?

How would you like your name to read on your estate planning documents? \_\_\_\_\_ Other Names Known By \_\_\_\_\_

\_\_\_\_\_ Date of Birth Place of Birth Social Security Number Cell Phone No. Email Address

\_\_\_\_\_ Father's Name Mother's Name

**Client Employment Info:** Presently employed?  Yes  No If Yes, for how long? \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_ Employer/Business Name Business Street Address City State Zip Code

\_\_\_\_\_ Title Business Phone No. Business Phone No. Business Email Address

**Name of Spouse:** \_\_\_\_\_  Yes  No  
 First Name Middle Name Last Name U.S. Citizen?

How would you like your name to read on your estate planning documents? \_\_\_\_\_ Other Names Known By \_\_\_\_\_

\_\_\_\_\_ Date of Birth Place of Birth Social Security Number Cell Phone No. Email Address

\_\_\_\_\_ Father's Name Mother's Name

**Spouse Employment Info:** Presently employed?  Yes  No If Yes, for how long? \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_ Employer/Business Name Business Street Address City State Zip Code

\_\_\_\_\_ Title Business Phone No. Business Phone No. Business Email Address

**Primary Residence:** \_\_\_\_\_  
 Street Address City County State Zip Code

\_\_\_\_\_ Telephone No. Fax No. Seasonal Dates (if any) Date Residence Established

**Secondary Residence (if any):** \_\_\_\_\_  
 Street Address City County State Zip Code

\_\_\_\_\_ Telephone No. Fax No. Seasonal Dates (if any) Date Residence Established

## II. Marital Information

\_\_\_\_\_  Yes  No \_\_\_\_\_  Yes  No  
 Date of Marriage      Where Living When Married?      **Client:** Prior Marriage(s)?      **Spouse:** Prior Marriage(s)?

Do you have any obligations under a divorce decree from a prior marriage?       Yes  No (If Yes, provide copy of the decree.)

Do you have a prenuptial or postnuptial agreement in effect?       Yes  No (If Yes, please provide copy of agreement.)

Please check any of the following community property states in which you have lived or acquired property while married:

Arizona       Louisiana       Texas       None  
 California       Nevada       Washington  
 Idaho       New Mexico       Wisconsin

## III. Family Information

### Children (if any):

Name of Child	Current Address & Phone Number	Date of Birth	Parents (C, S, or C&S*)	Spouse's Name (if married)
1				
2				
3				
4				
5				
6				
7				
8				

\* C = Client is parent of child; S = Spouse is parent of child; C&S = Client and Spouse are parents of child

### Grandchildren (if any):

Name of Grandchild	Parent (# from table above)	Current Address (if different from parent's address in table above)	Date of Birth
A			
B			
C			
D			
E			
F			
G			
H			
I			



## VII. Estate Planning Information - Fiduciaries

The selection of your fiduciaries is one of the most important steps in the estate planning process. This section of the questionnaire is intended to introduce you to the various fiduciary roles and responsibilities and encourage you to begin considering who is best suited to serve on your behalf. Your Satel Law attorney will discuss the selection of your fiduciaries in detail with you.

**Personal Representative** - A Personal Representative (often called an “executor”) is the person or company appointed by the court to administer a decedent’s probate estate. Responsibilities of the Personal Representative generally include the collecting of all assets, paying debts of the estate, filing applicable tax returns, and distributing the remainder of the estate according to the terms of a Will.

Who would you designate as your Personal Representative in the event of your death? (*Note – If this person is not a blood relative, he or she must be a resident of the State of Florida.*)

**Client’s Choice:** *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |    |  |              |
|----|--|--------------|
| 1) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |
| 2) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |
| 3) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |

**Spouse’s Choice:** *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |    |  |              |
|----|--|--------------|
| 4) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |
| 5) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |
| 6) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |

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**Trustee** - A Trustee is the person or company designated to manage the affairs of your trust. Duties of a Trustee include the duty to carry out the express terms of the trust instrument, the duty to defend the trust, the duty to prudently invest trust assets, the duty of impartiality among the beneficiaries, and the duty to account for trust transactions.

Who would you designate as the Trustee of your trust?

**Client’s Choice:** *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |    |  |              |
|----|--|--------------|
| 1) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |
| 2) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |
| 3) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |

**Spouse's Choice:** *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |    |  |              |
|----|--|--------------|
| 4) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |
| 5) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |
| 6) | _____  | _____        |
|    | Name of Person or Company, Address & Phone No. | Relationship |
- 

**Guardian for Minor Children** - Who would you designate as guardian of your children in the event both you or your spouse die or become incapacitated while your children are minors? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |    |                                     |              |
|----|-------------------------------------|--------------|
| 1) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
| 2) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
| 3) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
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**Durable Power of Attorney** - Who would you designate to make financial and business decisions for you?

**Client's Choice:** *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |    |                                     |              |
|----|-------------------------------------|--------------|
| 1) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
| 2) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
| 3) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |

**Spouse's Choice:** *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |    |                                     |              |
|----|-------------------------------------|--------------|
| 1) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
| 2) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
| 3) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
-

**Health Care Surrogate** - Who would you designate to make medical decisions for you if you become incapacitated?

**Client's Choice:** *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |    |                                     |              |
|----|-------------------------------------|--------------|
| 4) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
| 5) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
| 6) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |

**Spouse's Choice:** *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |    |                                     |              |
|----|-------------------------------------|--------------|
| 4) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
| 5) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
| 6) | _____                               | _____        |
|    | Name of Person, Address & Phone No. | Relationship |
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[Continued on the following page.]

## VIII. Financial Information

Please provide the following financial information. Attach additional sheets or supporting documentation as needed.

Asset:	Form of Ownership:				Desired Beneficiary
	Client's Name Approximate Value:	Spouse's Name Approximate Value:	Joint Name Approximate Value:	Other Approx. Value:	
<b>A. Cash Accounts.</b> Please indicate name of each bank or other institution and type of account (e.g., Checking, Savings, CDs, Money Market, etc.)					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>B. Brokerage Accounts and Securities.</b> Please indicate name of each brokerage account (or name of each security and number of shares if not held in a brokerage account.)					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>C. Notes and Mortgage Receivables.</b> Please indicate the obligor, rate, and due date for each note and mortgage receivable.					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>D. Closely Held Business Interests.</b> Please describe each closely held business interest and type of interest (e.g., C corp., S corp., LLC, partnership, sole proprietorship, etc.)					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>E. Real Estate.</b> Please describe each parcel of Real Property owned (Property Address, County, and/or Parcel ID) and the name(s) listed on title to the property (list the name(s) exactly as shown on the Deed, if known)					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>F. Retirement Plans.</b> Please indicate the type of retirement plan (e.g., traditional IRA, Roth IRA, 401(k), profit sharing, pension, annuities, etc.) and employer affiliation, if any.					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>G. Tangible Personal Property.</b> Please list motor vehicles, jewelry & art, and other valuable items.					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>H. Liabilities.</b> Please list any mortgages or other substantial debts owned by you that are not already listed above.					
	\$	\$	\$	\$	
	\$	\$	\$	\$	

## IX. Life Insurance

Please list each of your insurance policies below. Please include policies that insure your life and policies that you own that insure the lives of others. Attach additional sheets or supporting documentation as needed.

	Company	Policy #	Policy Type <sup>1</sup>	Effective Date	Face Value <sup>2</sup>	Cash Value	Person Insured	Policy Owner <sup>3</sup>	Beneficiary	Loan Against Policy
1										
2										
3										
4										
5										
6										
7										
8										
9										

<sup>1</sup> Policy types include: Term, Whole Life, Group Life, Split Dollar, etc.

<sup>2</sup> The face value of a life insurance policy is ordinarily the policy's death benefit.

<sup>3</sup> The owner of a life insurance policy is ordinarily the person who has the power to change its beneficiary.