



Estate Planning Questionnaire

(860)-646-1974
 KKC-LAW.COM
 45 Hartford Turnpike, Vernon

Referred by:

Date:

	Self	Spouse
Name (please include all a/k/a's)		
Street Address		
City, State, Zip		
Social Security Number		
Date of Birth		
Driver's License (state/number)		
Citizenship		
Marriage, if applicable (state/date)		
Telephone (home)		
Telephone (work)		
Telephone (cell)		
Email (home)		
Email (work)		
Employer		
Type of Work		

Children-Names	Date of Birth	Address/Phone/Email	Social Security #

Other Heirs-Names	Date of Birth	Address/Phone/Email	Relationship

Executor(s)-Names	Relationship	Address/Phone/Email	Social Security #

Alt. Executor(s)-Names	Relationship	Address/Phone/Email	Social Security #

Guardian(s)-Names	Relationship	Address/Phone/Email	Social Security #

Alt. Guardian(s)-Names	Relationship	Address/Phone/Email	Social Security #

Trustee-Name	Relationship	Address/Phone/Email	Social Security #

Asset/Liability Data: In order to discuss the probate and estate tax aspects of your potential estate, we need to have a rough estimate of your financial situation. This schedule may also be helpful to your executor in administering your estate. ON THE LEFT: describe the assets and liabilities. ON THE RIGHT: identify the owner by listing the value of each asset/liability in the applicable column. The value listed in the right-hand column for real estate should be its value net of any mortgage. Insurance or retirement benefits should appear in the owner's column. Once completed, the value of each asset in each column should be totaled at the bottom of the page.

I. Real Estate				NET VALUE		
Description	Approx. Value	Bank	Mortgage Amt	SELF	SPOUSE	JOINT

II. Cash					
Bank		Type of Account			

III. Stocks, Bonds, and Mutual Funds					
No. of Shares		Company			

IV. Life Insurance						
Company	Owner	Insured	Beneficiaries 1st/2nd			

V. Retirement Benefits (IRA, 401k, TSA, etc.)						
Company	Type	Owner	Beneficiaries 1st/2nd			

VI. Personal Property (significant, valuable, or unusual items)						

VII. Business Ventures						
Name	Form of Entity		% Ownership			

VIII. Other Significant Liabilities (excl. real estate mortgages)						
Total: \$						

Primary Estate Planning Objectives (coordinate asset distribution, tax savings, ease administration costs and delays, liquidity, preserve family business or land, Medicaid planning, Powers of Attorney, Living Wills)

Monthly Income	Self	Spouse	Joint
Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension from _____	_____	_____	_____
Other _____	_____	_____	_____

Professional Advisors	Name	Address
Accountant/Tax Preparer	_____	_____
Financial/Investment Advisor	_____	_____
Insurance Agent (last time you met?)	_____	_____
Real Estate Broker	_____	_____

Prior Documents	Date
Last Will & Testament	_____
Living Trust	_____
Irrevocable Trust	_____

Prior Documents	Date
Health Care Directive	_____
Power of Attorney	_____
HIPAA Waiver	_____

Other

Please identify any assets (i.e., bank/brokerage accounts), credit card accounts, email accounts, social networking accounts (i.e., Facebook), sites at which you store photos or documents, domain names, and/or any other assets which you maintain on the internet _____

Safe Deposit Box? Yes _____ No _____ Location _____

I anticipate inheritance from: _____ Approximate amount: \$ _____

I am the legally appointed guardian of: _____

I am serving as executor of an estate: _____

I am involved in a lawsuit: _____

Financial obligations from dissolution of marriage or support actions: _____

If you or your spouse has ever lived in a community property state, such as Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin, please indicate when and which state: _____

What charities or causes do you support by contribution of your time or money? _____

Are you or your spouse a veteran? Y/N (Circle) • Have you or a family member been in an accident in the last two years? Y/N

Are you planning on buying or selling real estate in the near future? Y/N • Do you have long-term care insurance? Y/N

Have family members been provided with computer passwords, online passwords, user IDs? Y/N

Do you own any handguns, long guns, or other firearms? Y/N • Do you plan to start or sell a business in the near future? Y/N