

CONFIDENTIAL ESTATE QUESTIONNAIRE

The purpose of this Confidential Estate Questionnaire is to assist your heirs and significant others in the orderly and expedient administration and disposition of your estate.

THIS IS NOT A LEGAL DOCUMENT

The information supplied by you in this questionnaire remains confidential and will be utilized only by your Personal Representative or Successor Trustee named under your Last Will and Testament or Trust Agreement.

Hold this document in safe-keeping together with your Estate Planning Package.

*Please complete all of the information requested below.
If additional space is needed, please attach additional sheets.*

Personal Information

Full Name	Social Security No.	Date of Birth
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Spouse's Full Name	Social Security No.	Date of Birth
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Physical Address	City	County	State	Zip Code
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Mailing Address (if different)	City	County	State	Zip Code
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Home Phone	E-Mail Address(es)
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Husband's Work Phone	Husband's Cell Phone
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Wife's Work Phone	Wife's Cell Phone
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Names, address and ages of your children and/or other significant individuals (if applicable):

Names, Addresses and Phone Numbers of Children Common to the Marriage	Date of Birth
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Names, Addresses and Phone Numbers of Husband's Children	Date of Birth
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Names, Addresses and Phone Numbers of Wife's Children

Date of Birth

Names, Addresses and Phone Numbers of Other Important Persons (grandchildren, siblings, etc.)

Date of Birth

Do any of your children (or potential beneficiaries) suffer from a disability or illness which should be considered in planning your estate?

_____ If so, please describe: _____

If your children are under 18, disabled or incapacitated, name at least 2 choices for guardian/conservator:

(1st Choice-after spouse)

(2nd Choice)

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: () _____

Phone: () _____

Professional Services

HIS PERSONAL PHYSICIAN: _____

ADDRESS: _____

TELEPHONE: _____

HER PERSONAL PHYSICIAN: _____

ADDRESS: _____

TELEPHONE: _____

ACCOUNTANT: _____

ADDRESS: _____

TELEPHONE: _____

LIFE INSURANCE AGENT: _____

ADDRESS: _____

TELEPHONE: _____

ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____

FINANCIAL ADVISOR: _____

ADDRESS: _____

TELEPHONE: _____

Banking Information

BANKING INSTITUTION: _____

ADDRESS: _____

TELEPHONE: _____

Checking Account #: _____ Account Owner: _____

Savings Account #: _____ Account Owner: _____

Certificate of Deposit #: _____ Account Owner: _____

BANKING INSTITUTION: _____

ADDRESS: _____

TELEPHONE: _____

Checking Account #: _____ Account Owner: _____

Savings Account #: _____ Account Owner: _____

Certificate of Deposit #: _____ Account Owner: _____

BANKING INSTITUTION: _____

ADDRESS: _____

TELEPHONE: _____

Checking Account #: _____ Account Owner: _____

Savings Account #: _____ Account Owner: _____

Certificate of Deposit #: _____ Account Owner: _____

BANKING INSTITUTION: _____

ADDRESS: _____

TELEPHONE: _____

Checking Account #: _____ Account Owner: _____

Savings Account #: _____ Account Owner: _____

Certificate of Deposit #: _____ Account Owner: _____

SAFE DEPOSIT BOX: _____

LOCATION: _____

ADDRESS: _____

TELEPHONE: _____

Identification #: _____ Location of Key: _____

SAFE DEPOSIT BOX: _____

LOCATION: _____

ADDRESS: _____

TELEPHONE: _____

Identification #: _____ Location of Key: _____

Business Interests

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____

OTHER INTERESTED PARTIES:

Name: _____

Address: _____

Telephone: _____

Are there outstanding controlling agreements? ☐ YES ☐ NO Please describe: _____

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____

OTHER INTERESTED PARTIES:

Name: _____

Address: _____

Telephone: _____

Are there outstanding controlling agreements? ☐ YES ☐ NO Please describe: _____

Investments, Stocks, Bonds, Mutual Funds, Etc.*

**Qualified Funds, IRA's, Retirement Accounts on Next Page*

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Account #: _____ Account Owner: _____

Approximate Value: \$ _____ Type of Account: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Account #: _____ Account Owner: _____

Approximate Value: \$ _____ Type of Account: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Account #: _____ Account Owner: _____

Approximate Value: \$ _____ Type of Account: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Account #: _____ Account Owner: _____

Approximate Value: \$ _____ Type of Account: _____

IRA's, Pension Plans, 401k's, Annuities, Etc.
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NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Account #: _____ Account Owner: _____

Approximate Value: \$ _____ Type of Account: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Account #: _____ Account Owner: _____

Approximate Value: \$ _____ Type of Account: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Account #: _____ Account Owner: _____

Approximate Value: \$ _____ Type of Account: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Account #: _____

Account Owner: _____

Approximate Value: \$ _____

Type of Account: _____

Life Insurance

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Policy #: _____

Insured: _____

Policy Amount: \$ _____

Owner: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Policy #: _____

Insured: _____

Policy Amount: \$ _____

Owner: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Policy #: _____

Insured: _____

Policy Amount: \$ _____

Owner: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

Policy #: _____

Insured: _____

Policy Amount: \$ _____

Owner: _____

Real Property: Land, Homes, Time Shares, Etc.
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Provide Copies Of All Deeds, Titles, Etc.

DESCRIPTION (Primary Residence, vacant lot, rental, etc.): _____

ADDRESS: _____

INTEREST HELD: _____

DESCRIPTION (Primary Residence, vacant lot, rental, etc.): _____

ADDRESS: _____

INTEREST HELD: _____

DESCRIPTION (Primary Residence, vacant lot, rental, etc.): _____

ADDRESS: _____

INTEREST HELD: _____

DESCRIPTION (Primary Residence, vacant lot, rental, etc.): _____

ADDRESS: _____

INTEREST HELD: _____

DESCRIPTION (Primary Residence, vacant lot, rental, etc.): _____

ADDRESS: _____

INTEREST HELD: _____

DESCRIPTION (Primary Residence, vacant lot, rental, etc.): _____

ADDRESS: _____

INTEREST HELD: _____

Estate Administration

List those who will act if you and your spouse cannot act:

1st ALTERNATE TRUSTEE: _____

ADDRESS: _____

TELEPHONE: _____

2nd ALTERNATE TRUSTEE: _____

ADDRESS: _____

TELEPHONE: _____

1st ALTERNATE FINANCIAL POWER OF ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____

2nd ALTERNATE FINANCIAL POWER OF ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____

HIS 1st ALTERNATE MEDICAL POWER OF ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____

HIS 2nd ALTERNATE MEDICAL POWER OF ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____

HER 1st ALTERNATE MEDICAL POWER OF ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____

HER 2nd ALTERNATE MEDICAL POWER OF ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____

1st ALTERNATE PERSONAL REPRESENTATIVE: _____

ADDRESS: _____

TELEPHONE: _____

2nd ALTERNATE PERSONAL REPRESENTATIVE: _____

ADDRESS: _____

TELEPHONE: _____

Burial/Cremation Arrangements

Husband: ☐ Burial ☐ Cremation

Specific Instructions (if any): _____

Wife: ☐ Burial ☐ Cremation

Specific Instructions (if any): _____

Autopsy & Organ/Tissue Donation

HIS AUTOPSY:

☐ I do *not* consent to an autopsy ☐ I *consent* to an autopsy ☐ My Attorney-in-Fact may give consent to or refuse an autopsy.

HIS ORGAN/TISSUE DONATION:

☐ I do not want to make an organ or tissue donation and I do not want my Attorney-in-Fact or family to do so.

☐ I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution: _____

☐ Pursuant to law, I hereby give, effective on my death:

☐ Any needed organ or parts

☐ The following part or organs listed:

for (check one): _____

☐ Any legally authorized purpose

☐ Transplant or therapeutic purposes only

HER AUTOPSY:

☐ I do *not* consent to an autopsy ☐ I *consent* to an autopsy ☐ My Attorney-in-Fact may give consent to or refuse an autopsy.

HER ORGAN/TISSUE DONATION:

☐ I do not want to make an organ or tissue donation and I do not want my Attorney-in-Fact or family to do so.

☐ I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution: _____

☐ Pursuant to law, I hereby give, effective on my death:

☐ Any needed organ or parts

☐ The following part or organs listed:

for (check one): _____

☐ Any legally authorized purpose

☐ Transplant or therapeutic purposes only

Distribution of Your Estate

Name the beneficiaries you want to receive your estate upon the death of you and your spouse:

Name: _____

Address: _____

Phone: _____

Date of Birth _____ Social Security No. _____

Percentage: _____

Name: _____

Address: _____

Phone: _____

Date of Birth _____ Social Security No. _____

Percentage: _____

Name: _____

Address: _____

Phone: _____

Date of Birth _____ Social Security No. _____

Percentage: _____

Name: _____

Address: _____

Phone: _____

Date of Birth _____ Social Security No. _____

Percentage: _____

Name: _____

Address: _____

Phone: _____

Date of Birth _____ Social Security No. _____

Percentage: _____

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