

THE LARSON LAW FIRM, P.C.

ESTATE PLANNING, TAX, TRUST AND ESTATE ADMINISTRATION

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Appointment: _____ Attorney: _____

FAMILY INFORMATION

1. Client's Full Name: _____ Birthdate: _____

2. Spouse's Full Name: _____ Birthdate: _____

3. Address: _____ Home Phone: _____

_____ County: _____

Client's Cell Phone: _____ Spouse's Cell Phone: _____

E-mail address(es) _____

4. US Citizen: Client Yes No Spouse Yes No

5. Previously married: Client Yes No Spouse Yes No

6. Social Security No.: (client) XXX-XX-_____ (spouse) XXX-XX-_____

7. Children: Please circle C for Client's, S for Spouse's and B for children of both Client and Spouse, whether natural or adopted.

Child #1 C S B Full Name _____ DOB _____

Address _____ Phone _____

Child #2 C S B Full Name _____ DOB _____

Address _____ Phone _____

Child #3 C S B Full Name _____ DOB _____

Address _____ Phone _____

(ATTACH A SEPARATE SHEET FOR ADDITIONAL CHILDREN, IF NEEDED)

Additional Sheet Attached

Do or Have any of your Children:

Receive SSI Benefits? No Yes Been Divorced? No Yes Declared Bankruptcy? No Yes
Names and contact information of potential guardians if children are minors.

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Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Phone (____) _____

Phone (____) _____

ESTATE PLANNING INFORMATION

8. Prior Will: No Yes Dated: _____ Prior Trust: No Yes Dated: _____

9. Indicate how you want your Estate distributed after you pass (e.g. equally to children, to named beneficiaries, etc.).

A. Primary Beneficiaries:

ATTACH A SEPARATE SHEET, IF NEEDED)

Additional Sheet Attached

10. Names and contact information of two PEOPLE TO ADMINISTER YOUR ESTATE in the event of your death or incapacity.

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Phone (____) _____

Phone (____) _____

11. Names and contact information of two PEOPLE TO MAKE HEALTH CARE DECISIONS in the event of your incapacity.

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Phone (____) _____

Phone (____) _____

Email _____

Email _____

FINANCIAL INFORMATION

ASSETS

Original / Current Value \$ / Value \$

Address/Description How Title Held (e.g. Joint Tenancy)

12. Real Property a. b. c.

Were any properties sub-divided, condo converted, partitioned, or split: No Yes

13. Secured Notes a.

(e.g. mortgages, trust deeds, real estate contracts owned by you)

14. Please summarize the total value of: How held? a. limited partnerships b. stocks, bonds and mutual funds c. cash accounts

15. Current cash value of: How held? a. retirement plans b. annuities

16. If you are self-employed indicate type of business and value: SOLE PROPRIETOR PARTNERSHIP CORP. LLC

17. If you have Life Insurance please complete the following: Company Owner Beneficiary a. b. c.

18. Estimate the value of your personal effects. (jewelry, furnishings, motor vehicles, boats, etc.)

19. GROSS ESTATE (TOTAL OF ALL VALUES NUMBERS 12-17)

20. TOTAL DEBTS AND LIABILITIES

NET TAXABLE ESTATE (LINE 19 MINUS LINE 20)

PLEASE BRING COPIES OF THE FOLLOWING ITEMS TO YOUR APPOINTMENT

- Any previous will and/or trust
All deeds (including the most recent tax bill for each property)
Secured notes, trust deeds, mortgages, or land sale contracts listed for debts or money owed to you (**not liabilities of yours)