

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

In order for the attorney to be able to properly advise you regarding your estate plan, please fill out this client questionnaire completely. The attorney will be relying on the information provided in the questionnaire in making recommendations regarding estate planning. We will keep all information strictly confidential within the parameters of the law. It is in your best interest to provide all information completely and accurately. We understand that you may not know the exact value of every asset. Please estimate the value as accurately as you can.

Part 1 – Information About You and Your Spouse/Domestic Partner: (If unmarried, fill out for “you” only)

Your Name: _____ Date of Birth _____ Male ___ Female ___

Spouse's/Domestic Partner Name: _____ Date of Birth _____ Male ___ Female ___

Street Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate Number: _____

Your Occupation: _____ Spouse's/Domestic Partner Occupation: _____

Your Work Phone: _____ Spouse's/Domestic Partner Work Phone: _____

Which state are you a resident? _____ Your Spouse/Domestic Partner? _____

Are you a United States Citizen? Yes ___ No ___ Your Spouse/Domestic Partner? Yes ___ No ___

Part 2 – Information About Your Family

Have (either of) you been married before*? Yes ___ No ___

Are you married now? Yes ___ No ___ If yes, date and place of marriage _____

*If yes, please state the name of name of each prior spouse and approximate date of dissolution of marriage or date of death, below:

Name	H	W	Date	Death=DE	Divorce=DI

Please name all your children and grandchildren. If a child is from a former marriage, please indicate whose child it is. Please name all your children you have ever had, including predeceased children (whether or not they will be included in your will.) Please note if the child is adopted or a stepchild.

# of Child	Name of Child	Child of (B) Both (H) Husband (W) Wife	Birth Date	Age
C1				
C2				
C3				
C4				
C5				
C6				
C7				
C8				

Name of Grandchild	Child of: (# child from above)	Birth Date	Age

APPOINTMENT OF GUARDIAN FOR MINOR CHILDREN:

(Please indicate your choices for minor children.)

1st Choice: _____
Address: _____

2nd Choice: _____
Address: _____

Part 3: Information About Your Assets:

If married, do either of you have separate property? Yes____ No____

If yes, Value of Wife's separate property? \$_____ Husbands's? \$_____

Value of Joint Property? \$_____

Your Annual Income \$_____ Spouse's/Domestic Partner Annual Income \$_____

Do (either of) you expect to inherit from parents or others? Yes____ No____

Are (either of) you now the beneficiary of a will or trust? Yes____ No____

LIST OF ASSETS:

Real Estate Address (or City, if vacant lot)	Approximate Market Value	Approximate Amount You Owe	How Title is Held*
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(* join tenancy, community property, or separate property of H or W)

All Other Assets**	Approximate Market Value	Approximate Amount You Owe
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** All other assets includes but is not limited to all items such as furniture and furnishings; vehicles, boats, motors, trailers, jet skis, snow mobiles, motorcycles, stocks and bonds; life insurance; pension plans/IRA's; art and antiques; money owed to you by others.

ESTIMATE THE TOTAL SIZE OF YOUR ESTATE (NET WORTH):

Please include stocks, bonds, mutual funds, partnership interests, retirement plans (IRA, Keogh, Pension, Annuities, etc.), savings, CD's, Money Market Accounts, life insurance, etc.

TOTAL SIZE OF ESTATE: \$_____

Part 4 – Executor:

Please list whom you want to name as Executor. The Executor is responsible for carrying out the terms of the Will. The Executor can also be a beneficiary.

Name of Executor: _____

Address: _____

Successor Executor: (person responsible for managing and settling estate upon the death of Executor)

Address: _____

Part 5 – Beneficiaries of Your Will:

Please list here how you would like your estate distributed.

- _____ A. Everything to my Spouse who survives me, and if my spouse does not survive me, then my children or to their issue who survive me by right of representation.
- _____ B. _____ Percent to my spouse who survives me and _____ percent to my children or their issue by right of representation who survive me;
- _____ C. Everything to my Spouse, nothing to my children. If my spouse does not survive me, then everything to the following person or charity. _____
- _____ D. Everything to my children or their issue by right of representation, nothing to my spouse;
or
- _____ E. Other distribution as follows: _____

<u>Name of Beneficiary</u>	<u>Age</u>	<u>Relationship</u>	<u>% Distribution</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 6 – Specific Bequests:

Please list any specific personal property and who is to receive it. Example, Diamond Ring to Mary Smith.

Name	Description of Property

Miscellaneous Information:

- A. Financial institutions; ie, checking account, savings account, safe deposit boxes, CD.

Name: _____ Address: _____

- B. Life Insurance Agent

Name: _____ Address: _____

Phone Number: _____

- C. Stock Broker

Name: _____ Address: _____

Phone Number: _____

- D. Account/Tax Advisor/Tax Preparer:

Name: _____ Address: _____

Phone Number: _____

Date: _____

WHEN COMPLETED PLEASE PRINT THIS QUESTIONNAIRE AND FAX TO OUR OFFICE AT:

(845) 615-8501 OR EMAIL TO: [info @okeeffe-mccann.com](mailto:info@okeeffe-mccann.com)