

**ESTATE PLANNING QUESTIONNAIRE**

Today's date \_\_\_\_\_

Primary Contact information for our office (all correspondence will go to this individual):  
Contact Name (If different from Client) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Fax \_\_\_\_\_ e-mail \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

Client Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Fax \_\_\_\_\_ e-mail \_\_\_\_\_ Birth date \_\_\_\_\_

Soc Sec # \_\_\_\_\_ Is Client a U. S. citizen?  Yes  No

Is Client:  Single  Married  Divorced  Widowed/Widowered

Spouse's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ Soc Sec # \_\_\_\_\_ e-mail \_\_\_\_\_

Cell Phone (if different) \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Is spouse a U. S. Citizen?  Yes  No

<u>Client's Children (use full name)</u>	<u>M/F</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Spouse's Children (if different from above)</u>	<u>M/F</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Selecting Your Trustee or Personal Representative

Who would each of you like to be your Trustee or Personal Representative?

(This is the person that would handle your property matters at your death or incapacity)

Client's Choices

Spouse's Choices

1<sup>st</sup>: \_\_\_\_\_  
 2<sup>nd</sup>: \_\_\_\_\_  
 3<sup>rd</sup>: \_\_\_\_\_

## Selecting Those to Inherit Your Property

To whom are you leaving your property?

Relationship

### CLIENT'S CHOICES

Name: \_\_\_\_\_ % \_\_\_\_\_  
 Name: \_\_\_\_\_ % \_\_\_\_\_  
 Name: \_\_\_\_\_ % \_\_\_\_\_  
 Name: \_\_\_\_\_ % \_\_\_\_\_

## Selecting Those to Inherit Your Property

To whom are you leaving your property?

Relationship

### SPOUSE'S CHOICES

Name: \_\_\_\_\_ % \_\_\_\_\_  
 Name: \_\_\_\_\_ % \_\_\_\_\_  
 Name: \_\_\_\_\_ % \_\_\_\_\_  
 Name: \_\_\_\_\_ % \_\_\_\_\_

## Estimating the Value of Your Estate

Total Net Worth of Estate: \_\_\_\_\_ (= Value of Assets minus Liabilities)  
 Value of Residence: \_\_\_\_\_  
 Total Value of other Real Estate: \_\_\_\_\_ (Excluding Residence)  
 Total Value of Investments and Bank Accounts: \_\_\_\_\_  
 Death Benefit of All Life Insurance policies (CLIENT): \_\_\_\_\_  
 Death Benefit of All Life Insurance policies (SPOUSE): \_\_\_\_\_  
 Total Qualified Accounts (IRAs/401Ks, etc.) (CLIENT): \_\_\_\_\_  
 Total Qualified Accounts (IRAs/401Ks, etc.) (SPOUSE): \_\_\_\_\_

## Selecting Your Health Care Agent

Who would each of you like to make your Health Care Decisions?

(This is the person that would handle your health care decisions during your incapacity)

Client's Choices

Spouse's Choices

1<sup>st</sup>: \_\_\_\_\_  
 2<sup>nd</sup>: \_\_\_\_\_  
 3<sup>rd</sup>: \_\_\_\_\_

## FUNDING MATERIALS

We will draft letters for your financial institutions which will be presented to you for signing when your estate planning documents are signed. In order to draft these letters and properly transfer your assets into your trust, we need you to provide COPIES of the following materials:

### REAL ESTATE

- **A copy of all current Warranty or Quitclaim Deeds.** (Tax statements or abstracts may not provide the complete information on file with the County).

### BANK ACCOUNTS

- **A copy of the first page of each type of bank account.** (This should provide Account numbers, name of account owners, name and address of the bank or financial institution, and the account type: savings, money market, checking, IRA, 401k, etc.) Be sure to designate if an account is a tax deferred account since *transfer of tax deferred accounts will trigger tax now!*

### BROKERAGE ACCOUNTS

- **A copy of the first page of each type of brokerage account.** (This should provide Account numbers, name of account owners, name and address of the brokerage/financial institution and agent, and the account type: Joint Brokerage, IRA, etc.) Be sure to designate if an account is a tax deferred account since *transfer of tax deferred accounts will trigger tax now!*

### TAX DEFERRED ACCOUNTS

- **A copy of the first page of each type of IRA, 401k, etc., account.** (This should provide Account numbers, name of account owners, name and address of the financial institution, and the type account: IRA, 401k, 403b, SEP Plans, etc.) Be sure to designate if an account is a tax deferred account since *transfer of tax deferred accounts will trigger tax now!*

### LIFE POLICIES

- **A copy of a declarations page OR a list providing the company name and address, policy number, owner of the life policy, insured name and beneficiaries.**

### MOTOR VEHICLES

- **A copy of each title OR a list of all vehicles you own providing the Year, Make, Model and VIN.** We will complete a form that you will sign and submit to your local revenue department.

### PERSONAL PROPERTY

- **Nothing required.** Your personal property is funded into the trust by an Assignment of Personal Property document.

### ALL OTHER

- **Please inquire as to any other property/assets.**
- **Copies of Corporate documents for business interests.**

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