

# ESTATE PLANNING QUESTIONNAIRE

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

Client 1 Full Name \_\_\_\_\_ M/F

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

If married: Date of Marriage \_\_\_\_\_ *(If married, complete Client 2)*

Client 2 (Spouse) Full Name \_\_\_\_\_ M/F

Nickname \_\_\_\_\_

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

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

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

| <u>Client 1 Children (use full name)</u> | <u>M/F</u> | <u>Birth Date</u> |
|--|------------|-------------------|
| _____                                    | _____      | _____             |
| _____                                    | _____      | _____             |
| _____                                    | _____      | _____             |
| _____                                    | _____      | _____             |

| <u>Client 2 (Spouse) Children (if different from above)</u> | <u>M/F</u> | <u>Birth Date</u> |
|---|------------|-------------------|
| _____   | _____      | _____             |
| _____   | _____      | _____             |
| _____   | _____      | _____             |
| _____   | _____      | _____             |

REFERRED BY: \_\_\_\_\_

### Selecting Your Trustee or Personal Representative

Who would each of you like to manage your property upon your incapacity or death?  
(This is the person that would handle your property matters at your death or incapacity)

CLIENT 1 CHOICES

CLIENT 2 (SPOUSE) 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 at death?

Relationship

CLIENT 1 CHOICES

|       |       |   |       |       |
|-------|-------|---|-------|-------|
| Name: | _____ | % | _____ | _____ |
| Name: | _____ | % | _____ | _____ |
| Name: | _____ | % | _____ | _____ |
| Name: | _____ | % | _____ | _____ |

### Selecting Those to Inherit Your Property

To whom are you leaving your property at death?

Relationship

CLIENT 2 (SPOUSE) CHOICES

|       |       |   |       |       |
|-------|-------|---|-------|-------|
| Name: | _____ | % | _____ | _____ |
| Name: | _____ | % | _____ | _____ |
| Name: | _____ | % | _____ | _____ |
| Name: | _____ | % | _____ | _____ |

### Selecting Your Health Care Agent

Who would each of you like to make your Health Care Decisions if you are not able?  
(This is the person that would handle your health care decisions during your incapacity)

CLIENT 1 CHOICES

CLIENT 2 (SPOUSE) CHOICES

|                   |       |       |
|-------------------|-------|-------|
| 1 <sup>st</sup> : | _____ | _____ |
| 2 <sup>nd</sup> : | _____ | _____ |
| 3 <sup>rd</sup> : | _____ | _____ |

## FUNDING MATERIALS FOR TRUSTS

We will draft instruction letters for your financial institutions and review these with you to sign 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 show Account numbers, account owners, name and address of the financial institution, and 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, 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, 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 copy of your Vehicle Insurance Declaration page OR a list of all vehicles you own (we need the Year, Make, Model and VIN).** We will complete a form that you will sign and submit to your local revenue department to change the title.

### 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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