



NESBITT LAW  
— PLLC —

ESTATE PLANNING QUESTIONNAIRE

**PERSONAL INFORMATION:**

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

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**BENEFICIARIES:**

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ASSETS AND LIABILITIES:**  
(Rounded to nearest thousands)

<u>Assets</u>	<u>Total Value</u>
Cash (bank accounts, certificates of deposit)	\$ _____
Marketable securities (stocks and bonds)	\$ _____
Notes and receivables (money owed to you)	\$ _____
Businesses you own	\$ _____
Home (list mortgage below)	\$ _____
Other real estate (list mortgages below)	\$ _____
Insurance (face amount)	\$ _____
Retirement plans (death benefits)	\$ _____
Furniture and furnishings	\$ _____
Other personal property (cars, jewelry, etc.)	\$ _____
Other assets (not described above)	\$ _____
<b><i>TOTAL ASSETS</i></b>	<b>\$ _____</b>



**DEATH BENEFITS:**

(Life insurance and retirement plans)

<u>Name of Policy or Plan<sup>1</sup></u>	<u>Death Benefit</u>	<u>Present Value<sup>2</sup></u>	<u>Beneficiary</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

<sup>1</sup> For life insurance policies, give the name of the insurance company, the policy number, and the type of insurance (i.e., term, whole life, universal life, etc.). For retirement plans and other employment benefits, give the name of the plan and the type of plan (i.e., qualified pension plan, qualified profit-sharing plan, nonqualified pension plan, stock option plan, etc.).

<sup>2</sup> For life insurance policies, give the present cash surrender value of the policy, if known. For many retirement plans, the value of the death benefit may be the same as the present value of accrued benefits.

**OTHER INFORMATION:**

1. Please supply copies of your present wills, any trusts you have created (revocable or irrevocable), any declarations regarding medical treatment (living wills), and any “durable” powers of attorney.
2. If you have ever filed any gift tax returns, please supply copies of those returns.
3. If you hold any accounts or own any property jointly with anyone, please describe the property, the nature of your interest, and the names of the co- owners.

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4. If you own a business (and for each business you own), respond to questions 5-6:
5. If your business is a partnership, what is your interest and who are the other partners? If it is a corporation, how much and what kind of stock is outstanding and who owns it (and in what amounts)?

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6. If there is a partnership or shareholder agreement, please supply a copy of the agreement.
7. If you have a written employment agreement with any corporation, please supply a copy of the agreement.

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8. Are you entitled to receive the income or principal from any existing trust or estate?  
Please describe your interest:

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9. Do you expect to inherit any property from anyone else?

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10. If you have been married before, please provide the name of your previous husband or wife and the date of the death or divorce:

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11. If you are obliged to provide in your will for, or support during your lifetime, your former husband or wife or any children from a previous marriage, please supply a copy of your divorce agreement or decree.

12. Are you under any other obligation to leave any part of your estate to any particular person or in any particular way?

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13. Please supply the names and addresses of your accountant, insurance agent, and any other tax or investment advisors.

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QUESTIONNAIRE FOR PREPARATION  
OF WILL, DURABLE POWER OF ATTORNEY,  
HEALTH CARE POWER OF ATTORNEY AND LIVING WILL

1. FULL NAME:

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2. HOME ADDRESS, TELEPHONE NUMBERS & EMAIL ADDRESSES:

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3. FULL NAMES AND AGES OF CHILDREN OR OTHER BENEFICIARIES:

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4. BEQUEST OF PERSONAL PROPERTY. Please indicate whom you wish to give your personal property (i.e., household furnishings, jewelry, clothing and automobiles). Typically, personal property would pass to children. Also, please note any other specific gifts of cash or property you wish to give to individuals or charities:

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5. BEQUEST OF REMAINING PROPERTY. Please indicate whom you wish to receive your remaining property at your death. We recommend that the remaining property be held in trust for the benefit of your children until they reach a certain age. For example, the trust property can be held and used for their benefit as determined by the Trustee with the child given the right to withdraw the property at certain ages (e.g., 1/3 at age 25, 2/3 at age 30, and remaining trust property at age 35):

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6. APPOINTMENT OF EXECUTOR. Please indicate whom you wish to serve as your Executor. The Executor will be responsible for administering your estate, which includes paying any debts and distributing your assets. It is recommended that you appoint one or more successors.

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7. APPOINTMENT OF TRUSTEE. Please indicate whom you wish to serve as trustee of the trusts to be created for your children. It is recommended that you appoint one or more successors:

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8. APPOINTMENT OF GUARDIAN FOR MINOR CHILDREN. Please indicate whom you wish to serve as guardian of your minor children. It is recommended that you appoint one or more successors:

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9. APPOINTMENT OF AGENT. Please indicate whom you wish to serve as your Agent under your Durable Power of Attorney. The Agent will be able to act on your behalf with respect to your financial affairs if you are unable to do so during your lifetime if you become incapacitated. It is recommended that you appoint one or more successors:

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10. APPOINTMENT OF HEALTH CARE AGENT. Please indicate whom you wish to serve as your Health Care Agent under your Health Care Power of Attorney. The Health Care Agent will be able to act on your behalf with respect to your health and medical affairs if you are unable to do so during your lifetime if you become incapacitated. It is recommended that you appoint one or more successors: Also, please include the contact information (addresses and phone numbers) for the persons indicated.

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11. ARE THERE ANY SPECIAL CIRCUMSTANCES OR OTHER INFORMATION THAT WE SHOULD BE AWARE OF:

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