

CONFIDENTIAL ESTATE QUESTIONNAIRE

The purpose of this Confidential Estate Questionnaire is to assist your heirs and significant others in the orderly and expedient administration and disposition of your estate.

THIS IS NOT A LAST WILL AND TESTAMENT

THIS IS NOT A LEGAL DOCUMENT

The information supplied by you in this questionnaire remains confidential and will be utilized only by your Personal Representative or Alternate/Successor Trustee named under your Last Will and Testament or Trust Agreement.

**Hold this document in safe-keeping together with your
Estate Planning Package.**

Please complete all of the information as requested below.

If additional space is needed, please attach additional sheets.

Personal Information

1. NAME: _____ DATE OF BIRTH: ____/____/____

HOME ADDRESS: _____

MAILING ADDRESS: _____

2. TELEPHONE: (HM) _____ (CELL) _____ (WK) _____

3. EMAIL ADDRESS: _____

4. SOCIAL SECURITY NUMBER: _____

5. MARITAL STATUS: _____ Married _____ Single _____ Divorced _____ Widowed _____ Other

SPOUSE'S NAME: _____

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NUMBER: _____

SPOUSE'S EMAIL: _____

6. PERSONAL PHYSICIAN: _____

ADDRESS: _____

TELEPHONE: _____

Professional Services

7. ACCOUNTANT: _____

ADDRESS: _____

TELEPHONE: _____

8. LIFE INSURANCE AGENT: _____

ADDRESS: _____

TELEPHONE: _____

9. ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____

10. INVESTMENT ADVISOR: _____

ADDRESS: _____

TELEPHONE: _____

Banking Information

11. (a) **BANKING INSTITUTION:** _____
ADDRESS: _____
TELEPHONE: _____
Bank Representative: _____
Checking Account #: _____
Savings Account #: _____
Certificate of Deposit #: _____

(b) **BANKING INSTITUTION:** _____
ADDRESS: _____
TELEPHONE: _____
Bank Representative: _____
Checking Account #: _____
Savings Account #: _____
Certificate of Deposit #: _____

(c) **BANKING INSTITUTION:** _____
ADDRESS: _____
TELEPHONE: _____
Bank Representative: _____
Checking Account #: _____
Savings Account #: _____
Certificate of Deposit #: _____

LOCATION OF IMPORTANT DOCUMENTS

12. (a) **SAFE DEPOSIT BOX:** _____
LOCATION: _____
ADDRESS: _____
TELEPHONE: _____
Identification #: _____
Location of Key: _____

(b) **SAFE DEPOSIT BOX:** _____
LOCATION: _____
ADDRESS: _____
TELEPHONE: _____
Identification #: _____
Location of Key: _____

Other locations of important documents:

13. (a) **DESCRIPTION:** _____
LOCATION: _____
ADDRESS: _____

(b) **DESCRIPTION:** _____
LOCATION: _____
ADDRESS: _____
TELEPHONE: _____

(c) **DESCRIPTION:** _____
LOCATION: _____
ADDRESS: _____

Investments – (Stocks, Bonds & Mutual Funds)

QUALIFIED FUNDS/ IRA'S, ANNUITIES, ETC—next page only

14. (a) **NAME OF COMPANY:** _____
ADDRESS: _____
TELEPHONE: _____
ACCOUNT #: _____
Approximate Value: \$ _____
Type of Account: _____

(b) **NAME OF COMPANY:** _____
ADDRESS: _____
TELEPHONE: _____
ACCOUNT #: _____
Approximate Value: \$ _____
Type of Account: _____

(c) **NAME OF COMPANY:** _____
ADDRESS: _____
TELEPHONE: _____
ACCOUNT #: _____
Approximate Value: \$ _____
Type of Account: _____

Attach monthly statements for additional information

Qualified Funds – (IRA’s, Pension Plans, 401k’s, Annuities)

15. (a) NAME OF COMPANY: _____
ADDRESS: _____
TELEPHONE: _____
ACCOUNT #: _____ TYPE OF ACCOUNT: _____
Approximate Value: \$ _____
ACCOUNT OWNER: _____

(b) NAME OF COMPANY: _____
ADDRESS: _____
TELEPHONE: _____
ACCOUNT #: _____ TYPE OF ACCOUNT: _____
Approximate Value: \$ _____
ACCOUNT OWNER: _____

(c) NAME OF COMPANY: _____
ADDRESS: _____
TELEPHONE: _____
ACCOUNT #: _____ TYPE OF ACCOUNT: _____
Approximate Value: \$ _____
ACCOUNT OWNER: _____

Life Insurance

15. (a) **NAME OF COMPANY:** _____
ADDRESS: _____
TELEPHONE: _____
POLICY #: _____ **Dollar Amount: \$** _____
Name of Insured: _____
Location of Policy: _____
- (b) **NAME OF COMPANY:** _____
ADDRESS: _____
TELEPHONE: _____
POLICY #: _____ **Dollar Amount: \$** _____
Name of Insured: _____
Location of Policy: _____
- (c) **NAME OF COMPANY:** _____
ADDRESS: _____
TELEPHONE: _____
POLICY #: _____ **Dollar Amount: \$** _____
Name of Insured: _____
Location of Policy: _____
- (d) **NAME OF COMPANY:** _____
ADDRESS: _____
TELEPHONE: _____
POLICY #: _____ **Dollar Amount: \$** _____
Name of Insured: _____
Location of Policy: _____

Real Property: Land, Homes, Etc.

Attach/ Provide Copies Of All Deeds, Titles, Etc.

17. (a) **DESCRIPTION:** _____

LOCATION: _____

INTEREST HELD: _____

(b) **DESCRIPTION:** _____

LOCATION: _____

INTEREST HELD: _____

(c) **DESCRIPTION:** _____

LOCATION: _____

INTEREST HELD: _____

(d) **DESCRIPTION:** _____

LOCATION: _____

INTEREST HELD: _____

(e) **DESCRIPTION:** _____

LOCATION: _____

INTEREST HELD: _____

Business Interests

18. (a) **NAME OF BUSINESS:** _____
ADDRESS: _____
TELEPHONE: _____
 OWNERSHIP **MANAGEMENT**
OTHER INTERESTED PARTIES:
Name: _____
Address: _____
Telephone: _____
Are there outstanding controlling agreements? **YES** **NO**
Please describe: _____

(b) **NAME OF BUSINESS:** _____
ADDRESS: _____
TELEPHONE: _____
 OWNERSHIP **MANAGEMENT**
OTHER INTERESTED PARTIES:
Name: _____
Address: _____
Telephone: _____
Are there outstanding controlling agreements? **YES** **NO**
Please describe: _____

Significant Persons

19. CHILDREN

- (a) NAME: _____
ADDRESS: _____
TELEPHONE: _____
- (b) NAME: _____
ADDRESS: _____
TELEPHONE: _____
- (c) NAME: _____
ADDRESS: _____
TELEPHONE: _____
- (d) NAME: _____
ADDRESS: _____
TELEPHONE: _____

20. NEXT CLOSEST RELATIVES OR OTHER SIGNIFICANT PERSONS:

- (a) NAME: _____
ADDRESS: _____
TELEPHONE: _____
- (b) NAME: _____
ADDRESS: _____
TELEPHONE: _____
- (c) NAME: _____
ADDRESS: _____
TELEPHONE: _____

Estate Administration

21. 1st ALTERNATE TRUSTEE:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

2nd ALT TRUSTEE: AUTHORITY PREFERENCE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

22. 1st ALTERNATE FINANCIAL POA:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

2nd ALT FINANCIAL POA: AUTHORITY PREFERENCE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

23. 1st ALTERNATE MEDICAL POA:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

2nd ALT MEDICAL POA: AUTHORITY PREFERENCE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

24. 1st ALTERNATE PERSONAL REPRESENTATIVE:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

2nd ALTERNATE PR: AUTHORITY PREFERENCE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

25. BURIAL ARRANGEMENTS (if any):

PREFERENCE: **BURIAL** **CREMATION**

NAME OF CEMETERY: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT PERSON: _____

BURIAL/FUNERAL INSURANCE (if any):

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT PERSON: _____

POLICY #: _____

LOCATION OF POLICY: _____

