

# 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.**

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*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:** \_\_\_\_\_



