***Estate Planning Questionnaire***

**Rader & Coleman, PL**

|  |  |
| --- | --- |
| Date: |  |

**SECTION I: PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **1. HUSBAND INFORMATION** | |
| Full Name: | Date of Birth: |
| Place of Birth: | Social Security No.: |
| U.S. Citizen  Yes  No | |
| Other Names Known by: | |
| Are you presently employed?  Yes  No If Yes, for how long? | |
| Occupation (former if retired): | |
| Employer: | |
| Business Address: | |
| Office Phone: | Email Addr: |
| Mobile Phone: | Fax No.: |

|  |  |  |
| --- | --- | --- |
| **2. WIFE INFORMATION** | | |
| Full Name: | | Date of Birth: |
| Place of Birth: | | Social Security No.: |
| U.S. Citizen  Yes  No | | |
| Other Names Known by: | | |
| Are you presently employed?  Yes  No If Yes, for how long? | | |
| Occupation (former if retired): | | |
| Employer: | | |
| Business Address: | | |
| Office Phone: | Email Addr: | |
| Mobile Phone: | Fax No.: | |

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| **2. HOME ADDRESS** |
| Street: |
| City:  State:  Zip Code: |
| Country (if not USA):  County:  Home Phone: |
| Other Residences: |

**SECTION II: GENERAL QUESTIONS**

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| --- | --- | --- |
|  | Do you have an existing Will?  Husband  Wife  Both  Neither  If Yes, please provide a copy | |
|  | Do you have an existing Trust?  Husband  Wife  Both  Neither  If Yes, please provide a copy | |
|  | Date and place of current marriage: Date:  Place: | |
| 1. z | Do you currently have a prenuptial agreement?  Yes  No If Yes, please attach a copy. | |
|  | Have you previously been married?  **Husband:**  Widowed  Divorced  No **Wife:**  Widowed  Divorced  No  If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available. | |
|  | Please indicate your state of domicile **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and the date established **\_\_\_\_\_\_\_\_\_\_**.  If you spend more than a nominal amount of time in another state or country, please identify. | |
|  | Have you given away more than the annual gift tax exclusion, in money or property, to any person in any single year? (Annual exclusion was $3,000 until 1982, then $10,000, with modest increases beginning in 2002.)  Yes  No  If Yes, list amounts by years below or on the reverse side:  Year **\_\_\_\_** Amount: $ **\_\_\_\_\_\_\_\_\_\_**  Husband  Wife  Both  Year **\_\_\_\_** Amount: $ **\_\_\_\_\_\_\_\_\_\_**  Husband  Wife  Both  Year **\_\_\_\_** Amount: $ **\_\_\_\_\_\_\_\_\_\_**  Husband  Wife  Both | |
|  | Are you receiving or will you receive an annuity?  Yes  No  If Yes, to whom will the payments be made? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  How long will payments be made?  Life  Fixed Term  Joint Lives  If Fixed Term, for how long? **\_\_\_\_\_\_\_\_\_\_\_\_\_** Amount of each payment? $**\_\_\_\_\_\_\_\_\_** | |
|  | Have either of you ever filed a gift tax return (IRS Form 709)?  Yes  No  (If Yes, please provide a copy of the last one filed with the IRS) | |
|  | Have either of you ever filed a corporate or partnership tax return?  Yes     No  (If Yes, please provide a copy of the last one filed with the IRS) | |
|  | Do either of you have any interest under a Will or Trust of another person, including a power of appointment?  Yes  No If Yes, please supply a copy of the document if available. | |
|  | Are either of you a Trustee of any Trust?  Husband  Wife  Both  Neither | |
|  | Have you received, or do you expect to receive, any inheritances?  Husband  Wife  Both  Neither | |
|  | Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the US?  Yes  No | |
|  | Do you have relatives dependent upon you for support?  Yes  No  If Yes, give names and relationships: | |
|  | Please list any specific items or amounts that you wish to give to any individuals or organizations at your death: (Check here if attaching separate sheet ) | |
|  | Name:  Address: | Item or Amount:  Relation: |
|  | Name:  Address: | Item or Amount:  Relation: |
|  | Name:  Address: | Item or Amount:  Relation: |
|  | All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: Spouse?  Yes  No: If No, or if Spouse is deceased, to:  Only Living children  Children and grandchildren (if child is deceased)  Other (specify): | |
|  | Are either of you self-employed or a member of a partnership or small business subject to any buy/sell arrangements?  Yes  No  If Yes, please supply a copy of any pertinent documents. | |
|  | Do either of you hold stock in a closely-held corporation?  Yes  No  If Yes, attach details of any stock redemption agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable. | |
|  | Do either of you have any medical issues we should be aware of for planning purposes?  Husband  Wife  Both  Neither | |
|  | Do you have long term care insurance?  Husband  Wife  Both  Neither  Do you have disability insurance?  Husband  Wife  Both  Neither  Do you have liability insurance?  Yes  No | |
|  | Please check any of the following states in which you have lived or acquired property together (if applicable):  Arizona  Idaho  Nevada  Texas  Wisconsin  California  Louisiana  New Mexico  Washington  None | |
|  | Do either of you own any property in a foreign country?  Yes  No  If Yes, which country? | |
|  | Do you own any real estate in joint names acquired before 1977?  Yes  No | |
|  | Who will serve as personal representative/executor for you?  Each Spouse for the other?  Yes  No As Co-Personal Representative  If No, or to name co-fiduciaries, use space below.  Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City/State: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Alternate (if above person(s) unable to serve): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City/State:  Relation: | |
|  | Who will serve as Trustee for you?  Each Spouse for the other?  Yes  No As Co-Trustee  If No, or to name co-fiduciaries, use space below.  Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City/State: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Alternate (if above person(s) unable to serve): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City/State:  Relation: | |
|  | Who will serve as guardian of your minor children (if applicable)?  Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City/State: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Alternate (if above person(s) unable to serve): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City/State:  Relation: | |
|  | Who will serve as attorney-in-fact under a durable power of attorney (if desired)?  Each Spouse for the other?  Yes  No; If No, or to name another, use space below  Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City/State: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Alternate (if above person(s) unable to serve): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City/State:  Relation: | |
|  | Who will serve as health care surrogate/agent (person to make medical decisions)?  Each Spouse for the other?  Yes  No  If No, or to name an alternate if Spouse is unable to serve, use space below  Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Alternate (if above person(s) unable to serve): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Relation:  Phone: | |
|  | Do you want a Living Will to address end of life issues?  Husband  Wife  Both  Neither | |
|  | Do you wish to be cremated?  Husband  Wife  Both  Neither  If Yes, please provide details of the disposition of your ashes, directing if they are to be scattered or preserved in one location. | |
|  | Are you concerned that any of your beneficiaries will not behave responsibly with money that you give them?  Yes  No | |
|  | Do you have any children or grandchildren attending private school, college, or graduate school?  Yes  No | |
|  | Do you have any relative who regularly incurs significant medical bills?  Yes  No | |
|  | Is there any member of your family disabled or receiving medical benefits from State or Federal government?  Yes  No | |
|  | How did you first learn about our firm? | |

**SECTION III: BENEFICIARY INFORMATION**

**Names of living children as they are to appear in your documents** (attach additional pages if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of Child:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Child of:  Both  Husband  Wife | Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell** | |
| Married?  Yes  No If Yes, please provide name: | | | |
| Grandchildren?  Yes  No If Yes, please provide names and ages below: | | | |
| Names: | | | Ages: |
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| 2. | Name of Child:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Child of:  Both  Husband  Wife | Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell** | |
| Married?  Yes  No If Yes, please provide name: | | | |
| Grandchildren?  Yes  No If Yes, please provide names and ages below: | | | |
| Names: | | | Ages: |
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| 3. | Name of Child:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Child of:  Both  Husband  Wife | Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell** | |
| Married?  Yes  No If Yes, please provide name: | | | |
| Grandchildren?  Yes  No If Yes, please provide names and ages below: | | | |
| Names: | | | Ages: |
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| 4. | Name of Child:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Child of:  Both  Husband  Wife | Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| Married?  Yes  No If Yes, please provide name: | | | |
| Grandchildren?  Yes  No If Yes, please provide names and ages below: | | | |
| Names: | | | Ages: |
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| 5. | Name of Child:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Child of:  Both  Husband  Wife | Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| Married?  Yes  No If Yes, please provide name: | | | |
| Grandchildren?  Yes  No If Yes, please provide names and ages below: | | | |
| Names: | | | Ages: |
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|  |  | |  |
| 6. | Name of Child:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Child of:  Both  Husband  Wife | Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| Married?  Yes  No If Yes, please provide name: | | | |
| Grandchildren?  Yes  No If Yes, please provide names and ages below: | | | |
| Names: | | | Ages: |
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| **Do you have any children who have predeceased you?**  **Yes  No** If yes, list information below: | |
| Name of deceased child: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Child of:  Both  Husband  Wife | |
| Married at death?  Yes  No If Yes, please provide name: | |
| Grandchildren?  Yes  No If Yes, please provide names and ages below: | |
| Names: | Ages: |
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| **Do you have any children or grandchildren who are adopted?  Yes  No** |

**Other Persons or Institutions to be Named in Your Documents (and not listed above):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Names as you would like them to appear on your documents | City and State | Relationship (if any); |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

**SECTION IV: FINANCIAL INFORMATION**

**Check the box if held in a Revocable Trust**

\*Please indicate if any accounts receive direct deposits.

|  |  |  |  |
| --- | --- | --- | --- |
| **Assets**  **(Estimate Current Fair Market Value)** | **In Husband's Name** | **In Wife's Name** | **Owned Jointly** |
| 1. Principal Residence |  |  |  |
| 2. Other Real Estate |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 3. Mineral Interests |  |  |  |
| 4. Checking Account(s) |  |  |  |
| 5. Savings Account(s) |  |  |  |
| 6. Certificates of Deposit(s) |  |  |  |
| 7. Brokerage Account(s) |  |  |  |
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|  |  |  |  |
| 8. Other Securities |  |  |  |
| 9. Business Interests |  |  |  |
| 10. Notes Receivable |  |  |  |
| 11. Personal Effects & Furnishings |  |  |  |
| 12. Automobiles |  |  |  |
| 13. Other |  |  |  |
| ***Total Assets*** |  |  |  |

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| --- | --- | --- | --- |
| **Liabilities** | **Husband's Name Only** | **Wife's Name Only** | **Owed Jointly** |
| Home Mortgage |  |  |  |
| Other Mortgages |  |  |  |
| Other Loans |  |  |  |
| ***Total Liabilities*** |  |  |  |
|  |  |  |  |
| **NET ASSETS** |  |  |  |

**Profit Sharing, IRA, Pension Plans, 401k, Etc.**

|  |  |  |  |
| --- | --- | --- | --- |
| **OWNER** | **DESCRIPTION** | **BENEFICIARY** | **CURRENT VALUE** |
|  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| Husband's Total Retirement Benefits: | **\_\_\_\_\_\_\_\_\_** | Wife’s Total Retirement Benefits: | | | **\_\_\_\_\_\_\_\_\_** |
| ***COMBINED TOTAL RETIREMENT BENEFITS:*** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Life Insurance**

\*Please bring policies to initial appointment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type (e.g., term, group, whole life, accidental )** | **Face Amount of Death Benefit** | **Approximate Cash Value** | **Owner**  **H**usband  **W**ife  **T**rust  **O**ther | **Insured**  **H**usband  **W**ife  **O**ther | **Primary Beneficiary** | **Secondary Beneficiary** |
|  |  |  |  |  |  |  |
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| Husband's Total Insurance: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | Wife’s Total Insurance: | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***COMBINED TOTAL INSURANCE:*** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **+** |  | **+** |  | **=** |  |
| **NET ASSETS** | **COMBINED TOTAL RETIREMENT BENEFITS** | **COMBINED TOTAL INSURANCE** | **TOTAL** |

**SECTION V: PROFESSIONAL ADVISORS**

|  |  |  |
| --- | --- | --- |
| **ADVISOR** | **NAME AND FIRM** | **ADDRESS / PHONE NUMBER** |
| Attorney(s) |  |  |
|  |  |
| Financial Consultant |  |  |
|  |  |
| Accountant |  |  |
|  |  |
| Insurance Agent |  |  |
|  |  |
| Trust Officer |  |  |
|  |  |
| Other |  |  |
|  |  |

\*\*All information provided on this form will be treated as privileged and confidential.

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE. WE UNDERSTAND THAT RADER & COLEMAN, PL IS RELYING ON THIS INFORMATION FOR THE ADVICE IT GIVES US, AND IF THERE IS ANY MATERIAL CHANGE IN OUR ASSET COMPOSITION, VALUES, OR OTHER PERSONAL DATA DURING THE COURSE OF REPRESENTATION, WE WILL NOTIFY RADER & COLEMAN, PL.**

**Husband’s Signature**

**Wife’s Signature**