Planning for Life, Planning for Legacies

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ELVILLE SELF DIRECT
ESTATE PLANNING QUESTIONNAIRE

CLIENT #1 Date Completed:________________________

Full Legal Name: ____

Date of Birth: __________________________ Social Security No.: ______________________

Home address: ____

City/State/Zip: ________________________________ Cell Phone: ____________________________

Email(s): ________________________________ Home Phone: ___________________________

Employer: ________________________________ Position: ______________________________

Business address:____

City/State/Zip: ________________________________ Bus Phone: _____________________________

☐ Married:_________ ☐ Divorced:_______ ☐ Widowed: ____________ ☐ Single

☐ ❑ U.S. Citizen ☐ Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

CLIENT #2

Full Legal Name: ____

Date of Birth: __________________________ Social Security No.: ______________________

Home address: ____

City/State/Zip: ________________________________ Cell Phone: ____________________________

Email(s): ________________________________ Home Phone: ___________________________

Employer: ________________________________ Position: ______________________________

Business address:____

City/State/Zip: ________________________________ Bus Phone: _____________________________

☐ Married:_________ ☐ Divorced:_______ ☐ Widowed: ____________ ☐ Single

☐ ❑ U.S. Citizen ☐ Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

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Child # 1

Full Legal Name: ______________________________
Date of Birth: ______________ Social Security No.: ______________
Home address: ______________________________
City/State/Zip: ______________ Cell Phone: ______________
Email(s): ______________ Home Phone: ______________
Employer: ______________ Position: ______________
Business address: ______________________________
(or education if not employed) ______________________________
Parent ☐ Husband ☐ Wife ☐ Joint
Special Needs: ☐ Medical ☐ Educational ☐ Financial
☐ Married ☐ Divorced ☐ Widowed ☐ Single Spouse's Name: ______________

Grandchildren's Names	Parents	Ages	Special Needs
______________	______________	______	☐
______________	______________	______	☐
______________	______________	______	☐

Child # 2

Full Legal Name: ______________________________
Date of Birth: ______________ Social Security No.: ______________
Home address: ______________________________
City/State/Zip: ______________ Cell Phone: ______________
Email(s): ______________ Home Phone: ______________
Employer: ______________ Position: ______________
Business address: ______________________________
(or education if not employed) ______________________________
Parent ☐ Husband ☐ Wife ☐ Joint
Special Needs: ☐ Medical ☐ Educational ☐ Financial
☐ Married ☐ Divorced ☐ Widowed ☐ Single Spouse's Name: ______________

Grandchildren's Names	Parents	Ages	Special Needs
______________	______________	______	☐
______________	______________	______	☐
______________	______________	______	☐

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Child # 3

Full Legal Name: ______________________________
Date of Birth: ______________ Social Security No.: ______________
Home address: ______________________________
City/State/Zip: ______________ Cell Phone: ______________
Email(s): ______________ Home Phone: ______________
Employer: ______________ Position: ______________
Business address: ______________________________
(or education if not employed) ______________________________
Parent ☐ Husband ☐ Wife ☐ Joint
Special Needs: ☐ Medical ☐ Educational ☐ Financial
☐ Married ☐ Divorced ☐ Widowed ☐ Single Spouse's Name: ______________

Grandchildren's Names	**Parents**	**Ages**	**Special Needs**
______________	______________	______	☐
______________	______________	______	☐
______________	______________	______	☐

Child #4

Full Legal Name: ______________________________
Date of Birth: ______________ Social Security No.: ______________
Home address: ______________________________
City/State/Zip: ______________ Cell Phone: ______________
Email(s): ______________ Home Phone: ______________
Employer: ______________ Position: ______________
Business address: ______________________________
(or education if not employed) ______________________________
Parent ☐ Husband ☐ Wife ☐ Joint
Special Needs: ☐ Medical ☐ Educational ☐ Financial
☐ Married ☐ Divorced ☐ Widowed ☐ Single Spouse's Name: ______________

Grandchildren's Names	**Parents**	**Ages**	**Special Needs**
______________	______________	______	☐
______________	______________	______	☐
______________	______________	______	☐

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Dependent #1

Full Legal Name: ____

Relationship: ____________________

Date of Birth: ____________________ Social Security No.: ______________________________

Home address: ____

City/State/Zip: __________________________________ Cell Phone: ______________________________

Email(s): __________________________________ Home Phone: ______________________________

Employer: __________________________________ Position: ______________________________

Business address: ____

(or education if not employed) ____

Special Needs: ☐ Medical ☐ Educational ☐ Financial

☐ Married ☐ Divorced ☐ Widowed ☐ Single Spouse's Name: ______________________________

Dependent #1

Full Legal Name: ____

Relationship: ____________________

Date of Birth: ____________________ Social Security No.: ______________________________

Home address: ____

City/State/Zip: __________________________________ Cell Phone: ______________________________

Email(s): __________________________________ Home Phone: ______________________________

Employer: __________________________________ Position: ______________________________

Business address: ____

(or education if not employed) ____

Special Needs: ☐ Medical ☐ Educational ☐ Financial

☐ Married ☐ Divorced ☐ Widowed ☐ Single Spouse's Name: ______________________________

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PROFESSIONAL ADVISORS

CPA:

Name: ____________________

Company: ____________________

Address: ____________________

City: ____________________ State: ________ Zip: ________

Telephone: ____________________ Fax: ____________________

Email: ____________________

FINANCIAL ADVISER:

Name: ____________________

Company: ____________________

Address: ____________________

City: ____________________ State: ________ Zip: ________

Telephone: ____________________ Fax: ____________________

Email: ____________________

STOCK BROKER:

Name: ____________________

Company: ____________________

Address: ____________________

City: ____________________ State: ________ Zip: ________

Telephone: ____________________ Fax: ____________________

Email: ____________________

LIFE INSURANCE AGENT:

Name: ____________________

Company: ____________________

Address: ____________________

City: ____________________ State: ________ Zip: ________

Telephone: ____________________ Fax: ____________________

Email: ____________________

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IMPORTANT FAMILY AND HEALTH QUESTIONS

Please Check "Yes" or "No" for Your Answer and Explain	Husband	Wife
Does anyone in your family have a learning disability? *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Does anyone in your family receive governmental support or benefits? *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Do you have any adopted children? *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Does anyone in your family have special education, medical, or physical needs? *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Is anyone in your family institutionalized? *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Are you or your spouse receiving social security, disability, or other governmental benefits? *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Do you provide primary or other major financial support to adult children? *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.) *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.) *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.) *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.) *If so, please explain: ____________	☐ Yes ☐ No	☐ Yes ☐ No
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? *If yes, please list the dates and please furnish executed copies	☐ Yes ☐ No	☐ Yes ☐ No
Have you or your spouse completed previous wills, trusts, or estate planning? *If yes, please furnish executed copies.	☐ Yes ☐ No	☐ Yes ☐ No
Are you and your spouse United States citizens?	☐ Yes ☐ No	☐ Yes ☐ No
**If you answered "NO," are either you or your spouse a resident or a non-resident alien?	☐ Yes ☐ No	☐ Yes ☐ No

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HEALTH CARE AGENT INFORMATION - <u>HUSBAND</u>

If you are unable to make decisions with regard to your <u>HEALTH CARE DECISIONS</u>, please list, in the order of priority, the individuals you would want to make these decisions for you:

<u>FIRST</u>

Name: ____

Relationship: ____

Address: ____

City: ______________________________ State: ________ Zip: __________

Telephone #s: ______________________________ ______________________________

Email: ____

<u>SECOND</u>

Name: ____

Relationship: ____

Address: ____

City: ______________________________ State: ________ Zip: __________

Telephone #s: ______________________________ ______________________________

Email: ____

<u>THIRD</u>

Name: ____

Relationship: ____

Address: ____

City: ______________________________ State: ________ Zip: __________

Telephone #s: ______________________________ ______________________________

Email: ____

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HEALTH CARE AGENT INFORMATION - WIFE

If you are unable to make decisions with regard to your HEALTH CARE DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name: ______________________________

Relationship: ______________________________

Address: ______________________________

City: ______________________ State: ________ Zip: __________

Telephone #s: ______________________ ______________________

Email: ______________________________

SECOND

Name: ______________________________

Relationship: ______________________________

Address: ______________________________

City: ______________________ State: ________ Zip: __________

Telephone #s: ______________________ ______________________

Email: ______________________________

THIRD

Name: ______________________________

Relationship: ______________________________

Address: ______________________________

City: ______________________ State: ________ Zip: __________

Telephone #s: ______________________ ______________________

Email: ______________________________

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FINANCIAL AGENT INFORMATION - HUSBAND

If you are unable to make decisions with regard to your FINANCIAL DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name: ______________________________

Relationship: ______________________________

Address: ______________________________

City: ____________________ State: ________ Zip: __________

Telephone #s: ____________________ ____________________

Email: ______________________________

SECOND

Name: ______________________________

Relationship: ______________________________

Address: ______________________________

City: ____________________ State: ________ Zip: __________

Telephone #s: ____________________ ____________________

Email: ______________________________

THIRD

Name: ______________________________

Relationship: ______________________________

Address: ______________________________

City: ____________________ State: ________ Zip: __________

Telephone #s: ____________________ ____________________

Email: ______________________________

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FINANCIAL AGENT INFORMATION - WIFE

If you are unable to make decisions with regard to your FINANCIAL DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name: ____________________

Relationship: ____________________

Address: ____________________

City: ____________________ State: ________ Zip: __________

Telephone #s: ____________________ ____________________

Email: ____________________

SECOND

Name: ____________________

Relationship: ____________________

Address: ____________________

City: ____________________ State: ________ Zip: __________

Telephone #s: ____________________ ____________________

Email: ____________________

THIRD

Name: ____________________

Relationship: ____________________

Address: ____________________

City: ____________________ State: ________ Zip: __________

Telephone #s: ____________________ ____________________

Email: ____________________

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PREFERRED GUARDIAN(S) MINOR CHILDREN

Please list, in the order of priority, the individuals you would want to be the guardian(s) of your minor children:

<u>FIRST</u>

Name: ______________________________

Relationship: ______________________________

Address: ______________________________

City: ______________________ State: ________ Zip: __________

Telephone #s: ______________________ ______________________

Email: ______________________________

<u>SECOND</u>

Name: ______________________________

Relationship: ______________________________

Address: ______________________________

City: ______________________ State: ________ Zip: __________

Telephone #s: ______________________ ______________________

Email: ______________________________

<u>THIRD</u>

Name: ______________________________

Relationship: ______________________________

Address: ______________________________

City: ______________________ State: ________ Zip: __________

Telephone #s: ______________________ ______________________

Email: ______________________________

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ASSETS*	CLIENT #1	CLIENT # 2
	AMOUNT	
Cash Accounts		
Investment Accounts		
Stocks		
Personal Effects		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Partnership & LLC's Interests		
Corporate Business Interests		
Sole Proprietorship Interests		
Anticipated Inheritance, Gift, or Judgment		
Oil, Gas, and Mineral Interests		
Other Assets		
Real Property		
TOTAL ASSETS		

LIABILITIES	CLIENT #1	CLIENT # 2
	AMOUNT	
Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		
NET ESTATE		
ANNUAL INCOME		

** The value of assets owned in co-ownership with a spouse should be divided equally between the two columns. If an asset is owned in co-ownership with someone other than a spouse, the full value of that asset should be reported under that client's column.*