ELVILLE
AND ASSOCIATES

Planning for Life, Planning for Legacies

ESTATE PLANNING QUESTIONNAIRE

CLIENT #1 Date Completed:_____

Full Legal Name: _____ Pronoun _____

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: _____ Pronoun _____

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: _____ Pronoun _____

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: ☐ Client #1 ☐ Client #2 ☐ Joint

Special Needs: ☐ Medical ☐ Educational ☐ Financial

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

Grandchildren's Names		**Parents**	**Ages**	**Special Needs**
_____	Pronoun _____	_____	_____	☐
_____	Pronoun _____	_____	_____	☐
_____	Pronoun _____	_____	_____	☐

Child # 2

Full Legal Name: _____ Pronoun _____

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: ☐ Client #1 ☐ Client #2 ☐ Joint

Special Needs: ☐ Medical ☐ Educational ☐ Financial

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

Grandchildren's Names		**Parents**	**Ages**	**Special Needs**
_____	Pronoun _____	_____	_____	☐
_____	Pronoun _____	_____	_____	☐
_____	Pronoun _____	_____	_____	☐

Child # 3

Full Legal Name: _____ Pronoun _____
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: ☐ Client #1 ☐ Client #2 ☐ Joint
Special Needs: ☐ Medical ☐ Educational ☐ Financial
☐ Married ☐ Divorced ☐ Widowed ☐ Single Spouse's Name: _____

Grandchildren's Names		**Parents**	**Ages**	**Special Needs**
_____	Pronoun _____	_____	_____	☐
_____	Pronoun _____	_____	_____	☐
_____	Pronoun _____	_____	_____	☐

Child #4

Full Legal Name: _____ Pronoun _____
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: ☐ Client #1 ☐ Client #2 ☐ Joint
Special Needs: ☐ Medical ☐ Educational ☐ Financial
☐ Married ☐ Divorced ☐ Widowed ☐ Single Spouse's Name: _____

Grandchildren's Names		**Parents**	**Ages**	**Special Needs**
_____	Pronoun _____	_____	_____	☐
_____	Pronoun _____	_____	_____	☐
_____	Pronoun _____	_____	_____	☐

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Dependent #1

Full Legal Name: _____ Pronoun _____

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 #2

Full Legal Name: _____ Pronoun _____

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	Client #1	Client #2
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? **If you answered "NO," are either you or your spouse a resident or a non-resident alien?	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No

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HEALTH CARE AGENT INFORMATION - CLIENT #1

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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HEALTH CARE AGENT INFORMATION - CLIENT #2

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 - CLIENT #1

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 - CLIENT #2

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

LIABILITIES	CLIENT #1 AMOUNT	CLIENT #2
Loans Payable		
Accounts Payable		
Real Estate Mortgages Payable		
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.*