



ELVILLE
AND ASSOCIATES

Planning for Life, Planning for Legacies

ELVILLE SELF DIRECT 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 _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>

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 _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>



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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 _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>

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 _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>



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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: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your family receive governmental support or benefits? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any adopted children? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your family have special education, medical, or physical needs? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your family institutionalized? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your spouse receiving social security, disability, or other governmental benefits? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide primary or other major financial support to adult children? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse completed previous wills, trusts, or estate planning? *If yes, please furnish executed copies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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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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:

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	CLIENT #2
	AMOUNT	
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	CLIENT #2
	AMOUNT	
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.*