

ESTATE PLANNING QUESTIONNAIRE- UNMARRIED

Contact Information

Full Name: (as your assets are titled)	(First)	(Middle)	(Last)
Home Address: (include County)			
Home Telephone:			
Mobile/Cellular:			
Email Address:			
Nickname or Preferred Name:			

Personal Information

Birth Date			
U.S. Citizen: (If no, list country of residence)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Occupation:			

RELEASE OF DOCUMENTS: Before/after the death of either or both spouses, to whom may information or documentation from your file be released: _____.

Family Information

State pre-marital or post marital agreements in effect:			
Have you received or do you expect to receive a significant inheritance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Children

FIRST CHILD:

Full Name:	(First)	(Middle)	(Last)
Home Address: (include county)			
Telephone	Home -	Cell -	
Date of Birth:		Date of Death (if applicable):	
Was this child adopted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of other Parent:		Marriage ended by:	<input type="checkbox"/> Divorce <input type="checkbox"/> Death

SECOND CHILD:

Full Name:	(First)	(Middle)	(Last)
Home Address: (include county)			
Telephone	Home -	Cell -	
Date of Birth:		Date of Death (if applicable):	
Was this child adopted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of other Parent:		Marriage ended by:	<input type="checkbox"/> Divorce <input type="checkbox"/> Death

THIRD CHILD:

Full Name:	(First)	(Middle)	(Last)
Home Address: (include county)			
Telephone	Home -	Cell -	
Date of Birth:		Date of Death (if applicable):	
Was this child adopted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of other Parent:		Marriage ended by:	<input type="checkbox"/> Divorce <input type="checkbox"/> Death

Total:

IRAs, 401(k)s, and Other Retirement Plans

Company/Custodian	Type of Plan	Participant	Beneficiary	Vested Amount	Death Benefit

Total:

What Are Your Estate Planning Objectives?

Describe in general terms how you wish to leave your property at death to your family, friends and charities.

Do you have any beneficiaries with special needs? *(Parent, child, etc.)*

Parties to be Appointed

Please provide the names, addresses and cell phone numbers of persons (if not already provided above) you are at least considering appointing to serve in any capacity or to receive property on your death). The attorney will review and discuss these decisions with you in full at the time of your conference.

Full Name (first, middle, last)	Address	Cell Phone Number	Birth Date/Age	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

