



Bean | Gentry | Wheeler | Peternell  
P.L.L.C.

## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

### PERSONAL INFORMATION

Name (list name as you want on your documents)

Home Telephone

Home Address

Business Telephone

Social Security Number

Birth Date

Mobile/Cell Telephone

Years lived in state of residence

E-mail Address

### OTHER INFORMATION

	Yes	No
Are you a U.S. Citizen? If no, what country?		
Have you ever been married? If yes, date of dissolution or death of spouse: _____		
If prior marriages are you paying spousal or child support?		
Have you made any gifts to an individual exceeding \$14,000 in one calendar year?		
Have you received an inheritance? If yes, please indicate the amount and year: _____		
Are you the beneficiary of a trust?		
Do you expect to receive any gifts or inheritances in the future?		
Do you own any real estate outside your state of residence? <b><i>If so, indicate state and county and include the property address on the attached net worth statement.</i></b>		
Do you own a business which has made an "S" election for income tax purposes?		
Do you have any dependents with special needs?		
Have any of your children received (or are likely to receive) any government assistance, such as SSI? If so, who:		
Has anyone in your family been adopted? <b><i>Please attach an explanation</i></b>		
Do you have any deceased children?		

<i>Do you have any of the following estate planning documents?</i>		
Revocable Living Trust		
Other Trust		
Will		
Power of Attorney – Financial		
Power of Attorney – Health Care		
Do you own a long-term care insurance policy?		
Have you ever served in the military? If so, rank: _____, Identification No.: _____		

*If yes, please provide copies of relevant documents*

**ADVISOR INFORMATION**

Accountant/Tax Preparer:

\_\_\_\_\_  
*Name* *Telephone*

\_\_\_\_\_  
*Address*

Investment Counselor:

\_\_\_\_\_  
*Name* *Telephone*

\_\_\_\_\_  
*Address*

## CHILDREN

*(List names as you want it on your documents)*

	First Child	Second Child
<b>Name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Name of Child's Spouse</b>		
<b>Parent (if from prior marriage)</b>		
	Third Child	Fourth Child
<b>Name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Name of Child's Spouse</b>		
<b>Parent (if from prior marriage)</b>		
	Fifth Child	Sixth Child
<b>Name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Name of Child's Spouse</b>		
<b>Parent (if from prior marriage)</b>		

## RETIREMENT PLAN INFORMATION

Please indicate the current account balance or monthly retirement benefit (not including SSI benefits): \$ \_\_\_\_\_

Please describe the retirement benefit plan which your employer maintains for its employees:

**Plan 1:** \_\_\_\_\_ Beneficiary(ies): \_\_\_\_\_

**Plan 2:** \_\_\_\_\_ Beneficiary(ies): \_\_\_\_\_

## LIFE INSURANCE INFORMATION

	Policy No. 1	Policy No. 1
<b>Company</b>		
<b>Face Amount</b>		
<b>Type</b> (variable, whole life, term)		
<b>Loans on Policy</b>		
<b>Owner of Policy</b>		
<b>Beneficiary(ies)</b>		
	Policy No. 3	Policy No. 4
<b>Company</b>		
<b>Face Amount</b>		
<b>Type</b> (variable, whole life, term)		
<b>Loans on Policy</b>		
<b>Owner of Policy</b>		
<b>Beneficiary(ies)</b>		

## FIDUCIARY CHOICES

### Executor/Personal Representative

*Your personal representative is responsible for settling the financial affairs of your estate, including investment of your assets, paying any final bills and distributing your assets in accordance with your Last Will.*

<b>Name of First Choice</b>	
Address	
Phone Number	
<b>Name of Alternate</b>	
Address	
Phone Number	
<b>Name of Second Alternate</b>	
Address	
Phone Number	
Comments	

### Trustee

*Your Trustee manages your assets for the benefit of your beneficiaries after your death. Trusts are often used to protect beneficiaries, such as young children, from making ill-advised investments and spending decisions or to protect assets from the beneficiary's creditors (including situations involving divorce). Trusts can last for many years. Please consider this when selecting your trustee.*

<b>Name of First Choice</b>	
Address	
Phone Number	
<b>Name of Alternate</b>	
Address	
Phone Number	
<b>Name of Second Alternate</b>	
Address	
Phone Number	
Comments	

**Guardian for Children**

*After your death, your guardian will be responsible for the care and upbringing of your children (or other dependents in your care) so long as they are minors or otherwise incapacitated.*

<b>Name of First Choice</b>	
Address	
Phone Number	
<b>Name of Alternate</b>	
Address	
Phone Number	
<b>Name of Second Alternate</b>	
Address	
Phone Number	
Comments:	

**Durable Power of Attorney**

*A Durable Power of Attorney is a document appointing another person (called the attorney-in-fact) to make financial and health care decisions for you if you become incapacitated or disabled.*

- A. Attorney-in-Fact (Financial). Powers include the purchase and sale of property; access to financial records and accounts; investment of assets; continuation of business interests; and tax and estate planning.

<b>Name of First Choice</b>	
Address	
Phone Number	
<b>Name of Alternate</b>	
Address	
Phone Number	
<b>Name of Second Alternate</b>	
Address	
Phone Number	
Comments:	

B. Attorney-in-Fact (Health Care). Powers include giving directions to health care providers regarding medical treatments and life sustaining procedures; access to medical records; and addressing your long-term care needs.

<b>Name of First Choice</b>	
Address	
Phone Number	
<b>Name of Alternate</b>	
Address	
Phone Number	
<b>Name of Second Alternate</b>	
Address	
Phone Number	
Comments:	

**PROPERTY DISTRIBUTION**

Briefly state how you prefer to have your property distributed upon your death.

**Contingent Beneficiary**

*In the event all immediate family does not survive you, provide names, addresses and phone numbers for contingent beneficiaries of your choice.*

## NET WORTH STATEMENT

### ASSETS

Real Estate	
Home	\$ _____
Vacation Home	\$ _____
Business	\$ _____
Other:	\$ _____
Personal Property	
Home Furnishings	\$ _____
Autos/Vehicles	\$ _____
Jewelry, etc.	\$ _____
Other:	\$ _____
Life Insurance	
Total Death Benefit	\$ _____
Cash in Bank	
Checking Account	\$ _____
Savings Account	\$ _____
Other Accounts	\$ _____
Retirement Plans	
IRA	\$ _____
401 (k)	\$ _____
Other Investments	
Stock	\$ _____
Bonds	\$ _____
Mutual Funds	\$ _____
Annuities	\$ _____
Other:	\$ _____
Trust Assets	\$ _____
Miscellaneous	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

### LIABILITIES

Mortgages/Contracts Owing	
Home	\$ _____
Vacation Home	\$ _____
Business	\$ _____
Other:	\$ _____
Loans	
Autos/Vehicles	\$ _____
Personal	\$ _____
Life Insurance	\$ _____
Other:	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
<b>TOTAL ASSETS</b>	<b>\$ _____</b>
<i>Less total liabilities</i>	\$ _____
<b>NET WORTH</b>	<b>\$ _____</b>