ESTATE PLANNING QUESTIONNAIRE

NAME:

COUNTRY OF RESIDENCE.

(IF MARRIED) NAME OF SPOUSE:

ADMINSIATRATION INFORMATION

Information regarding the name of the person that you would like to administer your estate in accordance with your will.

NAME OF PERSON APPOINTED TO ADMINSITRATE YOUR ESTATE:

ADDRESS OF ADMINISTRATOR:

ALTERNATE ADMINISTRATOR:

ADDRESS OF ALTERNATE:

HEIR INFORMATION

If you have children, please provide the following for each child. Simply put N/A if not applicable. If Please provide any special circumstances or needs please provide that information in the “Special Needs” box. You may also use that space if you have additional children.

NAME:

BIRTH DATE:

DECEASED:

NAME:

BIRTHDATE:

DECEASED:

NAME:

BIRTHDATE:

DECEASED:

SPECIAL NEEDS:

If you have under age children, please specify the name of the guardian you wish to appoint until the child is eighteen.

NAME:

ADDRESS:

HEALTH CARE

List the name and address of a person you wish to make health care decisions on your behalf should you be unable.

FIRST CHOICE NAME:

ADDRESS:

ALTERNATE NAME:

ALTERNATE ADDRESS:

POWER OF ATTORNEY

List the name and address of a person you wish to designate as your power of attorney should you be unable.

FIRST CHOICE NAME:

ADDRESS:

ALTERNATE NAME:

ALTERNATE ADDRESS:

ESTATE CONTENTS:

Please list the contents of your estate including bank accounts, stocks, IRA’s, real estate, motor vehicles, life insurance, and any other asset that you may own (individually or shared with another person) and each asset’s estimated monetary worth.

If your estate is less than 5 million dollars, you may leave this section blank.

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| ASSET TYPE | ESTIMATED WORTH |
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List any personal or real property that you would love to go to a particular person.

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| --- | --- |
| ASSET | RECIPIENT |
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List the names of people or the organizations that you would like to receive all, or part, of your estate. Please include percentages.

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| --- | --- |
| RECIPIENT | PERCENTAGE |
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If you have any additional special requests, or you were unable to complete any of the forms above, please use the space provided to do so

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SPECIAL REQUESTS: