



GRIFFITH ROBINSON, PLC
ATTORNEYS AT LAW

Estate Planning Questionnaire

USING THIS QUESTIONNAIRE WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS
YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED QUESTIONNAIRE AND ANY SUPPORTING
DOCUMENTATION TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL, EMAIL, OR FAX.
DO NOT BE CONCERNED IF YOU ARE UNABLE TO ANSWER ALL THE QUESTIONS OR PROVIDE
ALL APPLICABLE DOCUMENTATION BEFORE OUR INITIAL CONSULTATION.

IF A QUESTION IS NOT APPLICABLE TO YOU, PLEASE INDICATE BY WRITING "N/A".

DATE: _____

NAME AND CONTACT INFORMATION

Full Name: _____
(first) (middle) (last)

Spouse/Partner Full Name: _____
(first) (middle) (last)

Home Address: _____

You

Spouse/Partner

Telephone Numbers: _____
(home) (home)

(cell) (cell)

Date of Birth: _____

Former/Maiden Names: _____

US Citizen?: [] Yes [] No [] Yes [] No

Social Security Number: _____

Military Service Info: _____

Employer _____

Retirement Date _____

Primary Contact E-mail Address _____

It is okay to communicate with me via my E-mail address.

Divorced Widowed Single Married Life Partners

Date of Marriage _____

Have either of you been previously been married? If yes, please give details:

INCOME

Monthly Income	You	Spouse/Partner	Joint
Employment	_____	_____	_____
Social Security	_____	_____	_____
Pensions	_____	_____	_____
VA benefits	_____	_____	_____
IRA's, Annuities Interest/Dividends	_____	_____	_____
IRA's, Annuities	_____	_____	_____
Trust Distribution	_____	_____	_____
Business Interests	_____	_____	_____
Rental Property	_____	_____	_____
Other	_____	_____	_____
Total Monthly Income:	_____	_____	_____

CHILDREN

List all children. Copy and attach additional pages, if needed.

Total number of children: _____

1. _____
(name of child) (date of birth)

Is Child from a previous marriage or current marriage?: You Spouse Both

(current address) (phone number)

Deceased _____ Yes No _____
(date of death) (child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

Spouse _____

Children of Child #1
Provide Names and Dates of Birth

2. _____
(name of child) (date of birth)

Is Child from a previous marriage or current marriage?: You Spouse Both

(current address) (phone number)

Deceased _____ Yes No _____
(date of death) (child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

Spouse _____

Children of Child #2
Provide Names and Dates of Birth

3. _____
(name of child) (date of birth)

Is Child from a previous marriage or current marriage?: You Spouse Both

(current address) (phone number)

Deceased _____ Yes No
(date of death) (child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities

Spouse _____

Children of Child #3
Provide Names and Dates of Birth

4. _____
(name of child) (date of birth)

Is Child from a previous marriage or current marriage?: You Spouse Both

(current address) (phone number)

Deceased _____ Yes No
(date of death) (child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities

Spouse _____

Children of Child #4
Provide Names and Dates of Birth

(Use additional pages, if needed)

(Please check "Yes" or "No" for your answer)	Yes	No
Are you or your spouse/partner receiving Social Security, disability, or other governmental benefits (Ex. Medicaid, Supplemental Security Income)? <i>Describe</i> _____		
Are you or your spouse/partner disabled or suffering from a serious medical condition?		
Do you or your spouse/partner have Medicare, private health insurance, disability and/or long term care insurance? <i>If so, please explain below.</i>		
Have you ever filed a federal gift tax return? <i>Please furnish copies of these returns</i>		
Have you or your spouse given gifts larger than \$14,000 in any one year to anyone? <i>If yes, explain below.</i>		
Have you or your spouse/partner previously completed a will, trust, or a power of attorney? <i>Please furnish copies of these documents</i>		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your family members have special educational, medical, or physical needs?		
Do any of your family members receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

Additional Information

PROPERTY/ASSET INFORMATION

This *Property Information* checklist is to help you list all the property/assets you or your spouse own and what it is worth. You probably won't own property under all the headings; if not, just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, attach extra sheets of paper to list your additional property.

For "owner", please indicate if that asset is individually or jointly held. If individually held, please indicate which of you owns the property. If the property is held jointly with your spouse, please indicate by writing "joint". If held jointly with someone other than your spouse, please name who the account is jointly held with you. (For example, if Jane owns the property with her son, write Jane and son, Joe).

Real Estate

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

**Please provide a copy of any deed.*

		Market	Loan
Address and purchase price	Owner	Value	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

Furniture and Personal Effects

TYPE: List separately only **major** personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
<u>Miscellaneous Furniture and Household Effects (Total)</u>	_____	_____
_____	_____	_____
		Total _____

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and debt:

Type or Description	Owner	Market Value
_____	_____	_____
_____	_____	_____
		Total _____

Bank Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRAs or 401(k)s here

Name of Institution and last four digits of account # Amount	Owner	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

Stocks and Bonds

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds or Investment Accounts	Type	Last 4 digits Acct. #	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total _____

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), cash surrender value, whose life is insured, who owns the policy, and the current beneficiaries.

Total Death Value _____	

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), Annuity, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, current current beneficiaries and any other pertinent information.

Total _____

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

***please provide a copy of the operating agreement**

Money Owed to You

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

Summary of Values

Assets	Amount*		
	Your Total Value	Spouse Total Value	Joint Total Value
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

Money You or Your Spouse Owe

TYPE: Mortgages, promissory notes, loans, etc. owed by you or your spouse

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

Do you or your spouse have any pre-nuptial, post-nuptial, separation agreements, or divorce decrees?

___ No ___ Yes **If yes, please describe:** _____

***If yes, please provide a copy.**

PERSONS TO ACT FOR YOU

If you were unable to make medical decisions for yourself, provide the name, relationship, and contact information for the persons whom you would want to act for you.

You:

Person Number One:

Person Number Two:

Spouse:

Person Number One:

Person Number Two:

If you were unable to make financial decisions for yourself, provide the name, relationship, and contact information for the persons whom you would want to act for you.

You:

Person Number One:

Person Number Two:

Spouse:

Person Number One:

Person Number Two:
