



GENE D. ROBINSON III  
ATTORNEY AT LAW

## Estate Planning Questionnaire

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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**

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

**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**

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**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.*

		<b>Market</b>	<b>Loan</b>
<b>Address and purchase price</b>	<b>Owner</b>	<b>Value</b>	<b>Balance</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			<b>Total</b> _____

**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.*).

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

**Automobiles, Boats, and RVs**

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

<b>Type or Description</b>	<b>Owner</b>	<b>Market Value</b>
_____	_____	_____
_____	_____	_____
		<b>Total</b> _____

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<b>Total</b> _____

**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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				<b>Total</b> _____

**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.

_____	
_____	
_____	
_____	
_____	
_____	
<b>Total Death Value</b> _____	



**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.

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*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.

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**\*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** \_\_\_\_\_

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*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
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<b>Total</b> _____

**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	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____

**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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<b>Total</b>	_____

**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:

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Person Number Two:

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**Spouse:**

Person Number One:

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Person Number Two:

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**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:

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Person Number Two:

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**Spouse:**

Person Number One:

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Person Number Two:

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**OTHER ITEMS TO INCLUDE OR DISCUSS:** Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

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**How did you hear about our firm?** \_\_\_\_\_

**\*This information is true and accurate to the best of my knowledge and belief.**

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_