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Estate Planning Questionnaire

(Instructions: Please either (1) Fill in on Computer and Print, or (2) Print & Fill in by Hand)

I. CLIENT INFORMATION:

- A. Husband's full legal name:
B. Wife's full legal name:
C. Address: City, State, Zip:
D. Telephone: Home Phone, Husband's Cell, Office, Wife's Cell, Office
E. Email Addresses: Husband, Wife
F. Husband's Date & Place of Birth:
G. Wife's Date & Place of Birth:
H. Date and Place of Marriage:
I. Husband's Employer Name, Address, & Telephone:
J. Wife's Employer Name, Address, & Telephone:

II. FAMILY INFORMATION:

- A. Children: (Please use full legal names)
1. Name: Age: Phone: Address:
2. Name: Age: Phone: Address:
3. Name: Age: Phone: Address:
4. Name: Age: Phone: Address:
5. Name: Age: Phone: Address:
6. Name: Age: Phone: Address:
7. Name: Age: Phone: Address:
B. Names of Children with Special Needs (if any):

C. Names of other family members (if living):

1. **Husband's Parents:** _____
2. **Husband's Brothers and Sisters:** _____

3. **Wife's Parents:** _____
4. **Wife's Brothers and Sisters:** _____

III. GUARDIANS, PERSONAL REPRESENTATIVES, & TRUSTEES:

A. Personal Representatives: Whom do you desire to be the Personal Representative (Executor) of your probate estate?

1. **First Choice for Personal Representative (after your spouse):**
Name: _____
Address: _____
Telephone: _____ Relationship: _____
2. **Second Choice for Personal Representative:**
Name: _____
Address: _____
Telephone: _____ Relationship: _____
3. **Third Choice for Personal Representative:**
Name: _____
Address: _____
Telephone: _____ Relationship: _____

B. Guardians: If your children are still minors or are handicapped, whom would you desire to be their Guardians if both parents pass away before they become adults?

1. **First Choice for Guardian:**
Name: _____
Address: _____
Telephone: _____ Relationship: _____
2. **Second Choice for Guardian:**
Name: _____
Address: _____
Telephone: _____ Relationship: _____
3. **Third Choice for Guardian:**
Name: _____
Address: _____
Telephone: _____ Relationship: _____

C. Trustees: If you have minor children, or if you wish to have your estate held until your children are older before they receive their inheritance, whom do you desire to be the Successor Trustees of your estate:

1. First Choice for Successor Trustee:

Name: _____
 Address: _____
 Telephone: _____ Relationship: _____

2. Second Choice for Successor Trustee:

Name: _____
 Address: _____
 Telephone: _____ Relationship: _____

3. Third Choice for Successor Trustee:

Name: _____
 Address: _____
 Telephone: _____ Relationship: _____

IV. ASSETS:

A. Real Estate (including residence, investment, time share, and business real estate):

1. Address of Real Estate: _____
 Title in Name of: _____

2. Address of Real Estate: _____
 Title in Name of: _____

3. Address of Real Estate: _____
 Title in Name of: _____

4. Are any of these properties located in another state? ___ Yes ___ No

B. Bank / Savings & Loan / Credit Union Accounts:

1. Checking Accounts:

Name of Institution	Branch Location	<i>Approximate</i> Acct. Balance:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

2. Savings Accounts:

Name of Institution	Branch Location	Acct. Balance:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3. Individual Retirement Accounts (IRA's):

Owner/Employee's Name	Acct. Administrator	Acct. Balance:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

C. Stocks and Bonds:

Name of Brokerage Company: _____
Value of all Securities: \$ _____

Name of Brokerage Company: _____
Value of all Securities: \$ _____

D. Life Insurance Policies:

Name of Insurance Company: _____
Name of Insured Person: _____
Policy Number: _____ Amount of Policy: \$ _____
Beneficiary's Name(s): _____

Name of Insurance Company: _____
Name of Insured Person: _____
Policy Number: _____ Amount of Policy: \$ _____
Beneficiary's Name(s): _____

E. Annuities:

Name of Annuity Company: _____
Name of Person Receiving Annuity: _____
Policy Number: _____ Amount of Annuity: \$ _____
Beneficiary's Name(s): _____

F. Long Term Care Insurance:

Name of Insurance Company: _____
Policy Number: _____

G. Contracts Under Which You Are Receiving Payments:

Name of Person Making Payments: _____
Current Remaining Balance of Contract: _____

H. Automobiles:

Description (Model & Year) of Automobile #1:

Description (Model & Year) of Automobile #2:

Description (Model & Year) of Automobile #2:

I. Other Vehicles, Boats, Trailers, etc.

Description (Model & Year) of Vehicle #1:

Description (Model & Year) of Vehicle #2:

Description (Model & Year) of Vehicle #3:

J. Miscellaneous Items of Unusual Value (i.e. Antiques, Jewelry, Guns, etc.)

Describe items and estimated value: _____

Which of these items (a) were owned before you were married or (b) were inherited by either of you during the marriage: _____

_____.

K. Safe Deposit Box (if any):

Bank Name: _____ Branch: _____

V. MISCELLANEOUS INFORMATION:

A. Do you wish to have a Living Will (instructing your family and physicians regarding the medical care and other treatment that you wish to receive in the event you are in a coma)?

___ Yes ___ No ___ Have One Already

B. Do you wish to be buried or cremated?

_____ Buried _____ Cremated _____ Don't Care

Have you made burial or cremation arrangements? ___ Yes ___ No

If so, with whom: _____

C. Approximate total value of your entire estate (including life insurance) before deducting debts that you owe:

1. **Value of Total Estate:** \$ _____
2. Value of Husband's Share: \$ _____
3. Value of Wife's Share: \$ _____

D. Name, Address, and Telephone No. of your Accountant (if any):

E. How did you hear about this office's practice in the area of Wills & Trusts?

(Please check all that apply):

1. ___ I/we had other legal work done by Peters Patchin & Associates
2. ___ Saw website at *PPM-Law.com*
3. ___ *Yelp**
4. ___ Flyer in *Idaho Statesman*
5. ___ Referred by _____ (Name)
6. ___ Other: Please specify: _____

G. Please list any other questions or special circumstances that you wish to discuss:

_____.