



Estate Planning Questionnaire

How did you hear about us?	
I. GENERAL INFORMATION	
	About You
Full name	
Other names known by	
Date of birth	
Social Security number	
Home telephone number	
Mobile telephone number	
Work telephone number	
Home mailing address	
County of Residence	
E-mail address	
Have you made a will, signed a trust, powers of attorney, or other estate planning document before?*	
Have you entered into a pre- or postnuptial agreement?*	
Are you married?	
Have you been married before?	
Do you anticipate receiving an inheritance?	
Approximate size?	
Are you a trust beneficiary?*	
Do you own property located in another state?*	
Would you like your executed documents to be maintained in the Grissom Law, LLC safe?	
* If you answered "yes" to any of these questions, please bring a copy of the prior will, nuptial agreement, separation agreement, decree of dissolution, trust agreement, or other applicable document with you to our initial meeting.	

Children Full Names	Sex (Male/Female)	Date of Birth	H/W/Both

II. BENEFICIARIES

When we meet to discuss your estate planning, I will review with you in detail the various ways property can be distributed upon your death. For now, however, please list the names of the person, groups of persons, or entities (including charitable organizations) that you would like to benefit from your estate upon your death.

Who do you wish to leave your estate to?

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Specific beneficiaries. List the persons or entities to which you wish to make gifts of cash or real property upon your death. (We will include a memo provision for personal property.)

Name	Gift

Residuary beneficiaries. List the persons or entities to which you wish to leave the remainder of your estate after specific bequests are made.

Name	Portion of your Estate to leave to this individual

III. FIDUCIARIES

In the course of your estate planning, you will be required to select fiduciaries, which are individuals or entities entrusted to act on your behalf in some capacity, such as to administer assets of your estate upon your death, to administer trust assets on behalf of beneficiaries, to make health decisions for you if you are unable to make those decisions yourself, or to take care of your minor children in the event that you are unable to do so. Below, I have asked you to supply names and addresses for the persons whom you have selected for such fiduciary positions. In addition, please list the appointed fiduciary's relationship to you. When choosing a fiduciary, please note that it is often appropriate for a surviving spouse to act in such capacity and that you can name more than one person to act as a fiduciary. If you are having trouble choosing fiduciaries, feel free to skip over this section. I will go over each fiduciary position in detail when we meet to discuss your estate planning.

Personal representative: Often called an "executor," a personal representative has broad powers to administer and distribute your property after your death. Please list their names and City/State.

	Name, Address, Phone Number
Personal Representative	
Successor Personal Representative	
Second Successor Personal Representative	

Trustee: A trustee is a person or entity who administers and distributes property held in a trust. A trust may be established under your will for a variety of purposes such as for tax purposes or for the purpose of administering property that would otherwise pass outright to minor children. Please list their names and City/State.

	Name, Address, Phone Number
Trustee	
Successor Trustee	

Guardian: A guardian is a court approved individual who makes decisions regarding a minor child's support, care, education, health, and welfare. Please list their names and City/State.

Guardian Name:

Address:

Successor Guardian Name:

Address:

Agent with financial power of attorney : An agent with financial power of attorney is a person authorized to make financial decisions for you during your life. The power of attorney document can authorize your agent to assist you in making those decisions for yourself while you have capacity or to make those decisions for you in the event that you are incapacitated.

Agent	Name: Address: Phone:
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Successor Agent	Name: Address: Phone:
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Agent with medical power of attorney: An agent with medical power of attorney is a person authorized to make medical and healthcare decisions for you during your life. The power of attorney document can authorize your agent to assist you in making those decisions for you in the event that you are incapacitated.

Agent	Name: Address: Home Phone: Work Phone: Mobile Phone:
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Successor Agent	Name: Address: Home Phone: Work Phone: Mobile Phone:
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2 nd Successor Agent	Name: Address: Home Phone: Work Phone: Mobile Phone:
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IV. ASSETS

Please list the value of the following assets owned by you, by your partner, or jointly. It is not necessary to provide the exact value of each asset; an approximation or average balance is sufficient. If you have any questions about the information requested below, please feel free to make a note and I will discuss it with you in detail when we meet.

	Value	JOINT with anyone or NAMED Beneficiary?
Cash		
Checking Accounts		
Savings Accounts		
CD's		
Money Market Funds		
Stocks and Stock Funds		
Taxable Bonds / Bond Funds		
Retirement Funds Beneficiaries		
401K Plan Beneficiaries		
IRA's Beneficiaries		
Keoghs Beneficiaries		
Annuities Beneficiaries		
Primary Residence		
Secondary Residence		
Other Real Estate		
Copyrights, Royalties, Patents, Trademarks, and other Tangible Rights		
Life Insurance Beneficiaries		
Long Term Care Insurance		
Motor Vehicles		
Boats		
Aircrafts		
Sports and Hobby Equipment		
Household Possessions (Antique, artwork, jewelry, collections, etc.)		

Interests in Trusts		
Family Business		
Other Business Interests		
Property subject to a power of appointment		
Other		
TOTAL ASSETS		
V. Liabilities		
Real Estate Mortgage		
Auto Loans		
Business Loans		
Educational Loans		
Other Long Term Debt		
Personal Loans		
Other Short-term debt		

Questions for Attorney: