



# GIVENS LAW FIRM

*A Professional Corporation*

BUSINESS LAW | ELDER LAW | REAL ESTATE | TRUSTS | WILLS | PROBATE

## ESTATE PLANNING QUESTIONNAIRE (MARRIED PERSON)

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

County of Residence: \_\_\_\_\_

### **A. PERSONAL DATA**

Husband's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Primary Occupation: \_\_\_\_\_

Business: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Wife's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birthdate: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Primary Occupation: \_\_\_\_\_

Business: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_ No \_\_\_ Safe Deposit Box: Yes \_\_\_ No \_\_\_

If yes, where? \_\_\_\_\_ Box #: \_\_\_\_\_

### **B. REFERRAL By whom were you referred to this office?**

Name/Business: \_\_\_\_\_

**C. CHILDREN** (If any child is adopted or not a child of your present marriage, please place an asterick\* beside that child's name)

	<u>Name</u>	<u>Birthdate</u>
Oldest Child	_____	_____
Second Child	_____	_____
Third Child	_____	_____
Fourth Child	_____	_____

1. Does the Husband have any children by a previous marriage?      Yes \_\_\_ No \_\_\_
2. Does the Wife have any children by a previous marriage?      Yes \_\_\_ No \_\_\_
3. Are all of the children in good health?      Yes \_\_\_ No \_\_\_
4. Are any of the children blind?      Yes \_\_\_ No \_\_\_
5. Are any of the children disabled?      Yes \_\_\_ No \_\_\_
6. Are any of the children receiving SSI or  
other forms of government entitlement?      Yes \_\_\_ No \_\_\_

**D. GRANDCHILDREN/OTHER DEPENDENTS**

	<u>Name</u>	<u>Birthdate</u>
First Grandchild/ Dependent	_____	_____
Second Grandchild/ Dependent	_____	_____
Third Grandchild/ Dependent	_____	_____
Fourth Grandchild/ Dependent	_____	_____

**E. DISPOSITION INTENTIONS**

**1. Spouse and Children**

Do you wish to provide primarily for your spouse and secondarily for your children? Yes\_\_\_ No \_\_\_

Do you wish to treat all of your children equally? Yes \_\_\_\_\_ No \_\_\_\_\_

After your spouse's death, at what or ages do you want distribution(s) to your children? \_\_\_\_\_

**2. Grandchildren**

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to treat all of your grandchildren equally? Yes \_\_\_\_\_ No \_\_\_\_\_

At what age(s) do you want distribution(s) to your grandchildren? \_\_\_\_\_

**F. WILL NOMINATIONS** (Select in order of preference who you wish to serve in the following capacities. Select Guardians only if you have minor children.)

Husband's Personal Representative 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Trustee 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Guardian 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Wife's Personal Representative 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Trustee 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**G. POWER OF ATTORNEY NOMINATIONS** (Select in order of preference who you wish to serve as your Agent.)

Husband's Agent 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Wife's Agent 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**H. HEALTH CARE PROXY NOMINATIONS** (Select in order of preference who you wish to serve as your Health Care Proxy to make decisions for you when you are unable to communicate your wishes.)

Husband's Proxy 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Wife's Proxy 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**(PLEASE WRITE THE ADDRESS OF YOUR HEALTH CARE PROXIES ON THE BACK OF THIS PAGE.)**

**I. PROFESSIONAL ADVISERS**

Accountant: \_\_\_\_\_  
(Name) (Address) (Phone Number)

Financial Adviser: \_\_\_\_\_  
(Name) (Address) (Phone Number)

Insurance Agent: \_\_\_\_\_  
(Name) (Address) (Phone Number)

**J. INSURANCE POLICIES**

<u>Insured's Name</u>	<u>Company Name and Policy Number</u>	<u>Face Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**K. RETIREMENT BENEFITS**

<u>Account Owner</u>	<u>Company Name and Type of Account</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**L. ANNUAL INCOME**

Husband \$ \_\_\_\_\_

Wife \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Other Income/Inheritance: \_\_\_\_\_  
\_\_\_\_\_

**M. ASSET/LIABILITY SUMMARY** (List total for each category. If more than one piece of property or account, list each individual item on back.)

<u>ASSETS</u>	<u>JOINT</u>	<u>HUSBAND</u>	<u>WIFE</u>
Home- Value	\$ _____	\$ _____	\$ _____
Personal Effects	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Bank Accounts	\$ _____	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____	\$ _____
Marketable Securities	\$ _____	\$ _____	\$ _____
Non-Marketable Securities	\$ _____	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Cash	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS</b>	\$ _____	\$ _____	\$ _____
 <u>LIABILITIES</u>			
Mortgages Payable	\$ _____	\$ _____	\$ _____
Credit Card Debt	\$ _____	\$ _____	\$ _____
Vehicle Loans	\$ _____	\$ _____	\$ _____
Bank Loans	\$ _____	\$ _____	\$ _____
IRS Debt	\$ _____	\$ _____	\$ _____
Other Debts	\$ _____	\$ _____	\$ _____
<b>TOTAL LIABILITIES</b>	\$ _____	\$ _____	\$ _____
 <b>ASSETS-LIABILITIES= TOTAL EQUITY</b>	 \$ _____	 \$ _____	 \$ _____