

## ***Estate Planning Questionnaire***

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

### **SECTION I: PERSONAL INFORMATION**

<b>1. HUSBAND INFORMATION</b>		
First Name:	Middle Initial:	Last Name:
Date of Birth:	Place of Birth:	SSN:
U.S. Citizen    Yes    No    (If No, please fill out last page addendum)		
Other Names Known by:		
Are you presently employed?    Yes    No    If Yes, for how long?		
Occupation (former if retired):		
Employer:		
Business Address:		
Office Phone:		Email Addr:
Cell Phone:		Fax No.:

<b>2. WIFE INFORMATION</b>		
First Name:	Middle Initial:	Last Name:
Date of Birth:	Place of Birth:	SSN:
U.S. Citizen    Yes    No    (If No, please fill out last page addendum)		
Other Names Known by:		
Are you presently employed?    Yes    No    If Yes, for how long?		
Occupation (former if retired):		
Employer:		
Business Address:		
Office Phone:		Email Addr:
Cell Phone:		Fax No.:







**SECTION III: BENEFICIARY INFORMATION**

**Names of living children as they are to appear in your documents** (attach additional pages if necessary)

1.	Name of Child:	Date of Birth:	Phone:
	Child of:    Both    Husband    Wife	Address:	Gender of child:    Male    Female
		Nationality of child:	
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No        If Yes, please provide name of child's spouse:			
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No        If Yes, please provide names and ages below:			
Names:		Ages:	

2.	Name of Child:	Date of Birth:	Phone:
	Child of:    Both    Husband    Wife	Address:	Gender of child:    Male    Female
		Nationality of child:	
Married?        Yes        No        If Yes, please provide name of child's spouse:			
Grandchildren? Yes        No        If Yes, please provide names and ages below:			
Names:		Ages:	

3.	Name of Child:	Date of Birth:	Phone:
	Child of:    Both    Husband    Wife	Address:	Gender of child:    Male    Female
		Nationality of child:	
Married?        Yes        No        If Yes, please provide name of child's spouse:			
Grandchildren? Yes        No        If Yes, please provide names and ages below:			
Names:		Ages:	

<b>Do you have any children who have predeceased you?    Yes    No</b> If yes, list information below:				
Name of deceased child:	Child of:	Both	Husband	Wife
Married at death?	Yes	No	If Yes, please provide name:	
Grandchildren?	Yes	No	If Yes, please provide names and ages below:	
Names:		Ages:		

<b>Do you have any children or grandchildren who are adopted?    Yes    No</b>
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**Other Persons or Institutions to be Named in Your Documents (and not listed above):**

	Names as you would like them to appear on your documents	City and State/Country	Relationship (if any);
1.			
2.			
3.			
4.			
5.			
6.			



**SECTION IV: PROFESSIONAL ADVISORS**

ADVISOR	NAME AND FIRM	ADDRESS / PHONE NUMBER
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Trust Officer		
Other		

Do we have your permission to discuss your plan and personal information with these advisors?		
Yes	No	Ask Us First

**Husband's Signature**

**Wife's Signature**

## Addendum for Noncitizen Clients

Please fill out this section only if you are not a US citizen

<b>HUSBAND INFORMATION</b>		
First Name:	Middle Initial:	Last Name:
Country of Citizenship		
Other Nationalities		
Residency/Visa Status	Permanent Resident	Other
If you have a green card, when was it obtained?		When does it expire?
Have you ever expatriated from the U.S., i.e., were you ever a US citizen or long term green card holder (8 out of 15 years)      Yes      No		
Have you purchased any property after 1981 and before July 14, 1988?      Yes      No		

<b>WIFE INFORMATION</b>		
First Name:	Middle Initial:	Last Name:
Country of Citizenship		
Other Nationalities		
Residency/Visa Status	Permanent Resident	Other
If you have a green card, when was it obtained?		When does it expire?
Have you ever expatriated from the U.S., i.e., were you ever a US citizen or long term green card holder (8 out of 15 years)      Yes      No		
Have you purchased any property after 1981 and before July 14, 1988?      Yes      No		