

DUBOIS, COOKSEY & BISCHOFF, P.A.

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ESTATE PLANNING QUESTIONNAIRE

This confidential Estate Planning Questionnaire is designed to provide DUBOIS, COOKSEY & BISCHOFF, P.A. with the pertinent information and data necessary to complete your Living Trust or Will.

Please fill in all spaces provided in the following pages. If a particular question is not applicable, please so indicate. Do not hesitate to add additional information.

A. PERSONAL DATA

HUSBAND

Full Name: _____

Birth Date: _____ Birth Place: _____

Social Security No.: _____

Residence Address: _____

Residence Telephone No.: () _____

Occupation and/or Title: _____

Company Name: _____

Company Address: _____

Company Telephone No.: () _____ Extension: _____

WIFE

Full Name: _____

Birth Date: _____ Birth Place: _____

Social Security No.: _____

Residence Address: _____

Residence Telephone No.: _____

Occupation and/or Title: _____

Company Name: _____

Company Address: _____

Company Telephone No.: () _____ Extension: _____

Date of Marriage: _____ Place of Marriage _____

SIZE OF YOUR ESTATE (Net Worth):

Over \$1,000,000 Yes G No G
Under \$1,000,000 Yes G No G

CHILDREN OF THIS MARRIAGE

Children's Names	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

PRIOR MARRIAGES

Husband's Spouse: _____

Wife's Former Spouse: _____

Date and Place of Death: _____

Date and Place of Divorce: _____

Children of Prior Marriage:

Full Name	Birth Date
_____	_____
_____	_____
_____	_____

B. DESIGN DATA

1. Who do you wish to name as your successor trustee?

1st. Choice: _____

2nd. Choice: _____

3rd. Choice: _____

2. Distribution of personal property upon death of both Husband and Wife or upon death of a single person. Upon your death, to whom do you desire to leave your furniture, furnishings, jewelry, art,

automobiles, etc?

- Option 1. Outright to children equally. Yes **G** No **G**
Option 2. Other beneficiaries. Yes **G** No **G**

(Please Describe)

3. Cash Gifts.

Do you desire to leave cash to specific beneficiaries? Yes **G** No **G**

Name _____ Amount \$ _____

Name _____ Amount \$ _____

Name _____ Amount \$ _____

4. Specific Gifts.

Are there any special assets which you desire to give to specific beneficiaries? Yes **G** No **G**

(Please Describe)

Name _____ Asset _____

Name _____ Asset _____

5. Residue of the Estate.

After the above referenced distribution is made, to whom do you desire to leave the remaining balance of your estate?

Option 1. Outright equally to living children and then to grandchildren upon children's deaths? Yes **G** No **G**

Option 2. Outright to the following individuals in the following percentages? Yes **G** No **G**

Name

Percentage

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Option 3. Assets to be held in trust for children until they reach older ages? Yes **G** No **G**

Age _____ Receives _____ % of balance

Age _____ Receives _____ % of balance

Age _____ Received balance of inheritance

Option 4. Any other distribution of your choice. *(Please Describe)*

6. Alternate Beneficiaries.

In the event that all of your children and other beneficiaries named in paragraph 5 above were to predecease you, then to whom do you desire that your assets be distributed.

Husband's Assets to: _____

Wife's Assets to: _____

C. FINANCIAL DATA (Optional)

ASSETS

	Address/Location	How Title Held	Market Value
1. Real Property a.	_____	_____	\$ _____
b.	_____	_____	\$ _____
c.	_____	_____	\$ _____
2. Secured Notes a.	_____	_____	\$ _____
b.	_____	_____	\$ _____

☐☐☐ PLEASE BRING COPIES OF ALL DEEDS AND COPIES OF ANY SECURED NOTE AND MORTGAGES TO YOUR APPOINTMENT

	Description	How Title Held	Market Value
3. Limited Partnerships	_____	_____	_____

4. Securities _____ \$ _____
 (stocks, bonds, _____ \$ _____
 certificates of _____ \$ _____
 deposit, unsecured _____ \$ _____
 notes) _____ \$ _____

5. Cash Accounts _____ \$ _____
 (cash, savings, _____ \$ _____
 checking accounts) _____ \$ _____

6. Name of business owned: _____

Partnership Corporation Sole Proprietorship \$ _____

7. Retirement Plan: Beneficiary: _____ \$ _____
 Spouse's Beneficiary: _____ \$ _____

8. Life Insurance:

Company	Owner	Beneficiary	Death Benefit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(indicate whether whole or term insurance)

9. Other Assets: (attach schedule) \$ _____

GROSS ESTATE (TOTAL OF ALL VALUES): \$ _____

LIABILITIES

Description	Whose Liability (Husband/Wife/Both)	Amount
Notes _____	_____	\$ _____
Mortgages _____	_____	\$ _____
Judgments _____	_____	\$ _____
TOTAL DEBTS.....		\$ _____

NET TAXABLE ESTATE.....

ANTICIPATED INHERITANCES:

Husband: From Whom: _____ \$ _____

Wife: From Whom: _____ \$ _____

ANTICIPATED GIFTS:

Husband: From Whom: _____ \$ _____

Wife: From Whom: _____ \$ _____