

**LAW OFFICE OF T. RYAN WILSON
CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

THIS FORM WAS COMPLETED ON ___/___/___ BY: _____

CLIENT NAME

Your Full Name: _____

SPOUSES' NAME (if applicable)

Spouse's Full Name _____

IF APPLICABLE, HAVE YOU AND YOUR SPOUSE SIGNED A PRE OR POST NUPTIAL AGREEMENT? NO YES

MAILING AND PHONE INFORMATION

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

HOME PHONE _____ EMAIL ADDRESS _____

YOUR WORK PHONE _____ YOUR CELL PHONE _____

SPOUSES WORK PHONE _____ SPOUSE'S CELL PHONE _____

YOUR PERSONAL INFORMATION

DATE OF BIRTH _____ SSN (Necessary to open an estate) _____

DO YOU HAVE ANY SERIOUS HEALTH PROBLEMS? _____

WHERE ARE YOU EMPLOYED? _____

ARE YOU A U.S. CITIZEN? NO YES

YOUR SPOUSES PERSONAL INFORMATION (if applicable)

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DOES YOUR SPOUSE HAVE ANY SERIOUS HEALTH PROBLEMS? _____

WHERE IS YOUR SPOUSE EMPLOYED? _____

IS YOUR SPOUSE A U.S. CITIZEN? NO YES

YOUR ACCOUNTANT'S INFORMATION (if applicable)

NAME _____ ADDRESS _____

PHONE _____ EMAIL _____

YOUR FINANCIAL ADVISOR'S INFORMATION (if applicable)

NAME _____ ADDRESS _____

PHONE _____ EMAIL _____

YOUR INSURANCE AGENT'S INFORMATION (if applicable)

NAME _____ ADDRESS _____
 PHONE _____ EMAIL _____

CHILDREN INFORMATION

CHILDREN

PARENT IS	CHILD'S FULL NAME	MARRIED AND NAME OF SPOUSE	BIRTH DATE	SEX
ME MY SPOUSE BOTH		NO YES		M F
ME MY SPOUSE BOTH		NO YES		M F
ME MY SPOUSE BOTH		NO YES		M F
ME MY SPOUSE BOTH		NO YES		M F
ME MY SPOUSE BOTH		NO YES		M F

ARE ANY CHILDREN HANDICAPPED AND/OR RECEIVING GOV'T BENEFITS? NO YES (IF YES WHICH CHILD?)

DO YOU HAVE ANY PREDECEASED CHILDREN? NO YES

GRANDCHILDREN (IF APPLICABLE)

PARENT IS	GRANDCHILD'S FULL NAME AND AGE	PARENT IS	GRANDCHILD'S FULL NAME AND AGE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

INFORMATION FOR PARENTS AND SIBLINGS

PARENTS AND SIBLINGS

WHO'S RELATIVE?	RELATIVE'S FULL NAME	AGE	RELATIONSHIP
ME MY SPOUSE			FATHER MOTHER BROTHER SISTER
ME MY SPOUSE			FATHER MOTHER BROTHER SISTER
ME MY SPOUSE			FATHER MOTHER BROTHER SISTER
ME MY SPOUSE			FATHER MOTHER BROTHER SISTER
ME MY SPOUSE			FATHER MOTHER BROTHER SISTER
ME MY SPOUSE			FATHER MOTHER BROTHER SISTER
ME MY SPOUSE			FATHER MOTHER BROTHER SISTER

IF APPLICABLE, ARE YOU AND/OR YOUR SPOUSE EXPECTING TO RECEIVE AN INHERITANCE UPON THE DEATH OF A PARENT? NO YES

INCOME INFORMATION

RECIPIENT	SOURCE ON INCOME (Social Security, wages, pension)	AMOUNT (\$)/month	
ME MY SPOUSE			
ME MY SPOUSE			
ME MY SPOUSE			
ME MY SPOUSE			
ME MY SPOUSE			
ME MY SPOUSE			
ME MY SPOUSE			
ME MY SPOUSE			

LIABILITIES

WHO IS LIABLE?	TYPE OF LIABILITY (mortgage, credit cards, promissory loan)	CURRENT BALANCE OWED
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		

ASSET INFORMATION

REAL ESTATE (including timeshares, vacant lots, etc.)

OWNER IS (check one)	PURPOSE		MARKET VALUE	MORTGAGE OWED
	LOCATION OF REAL ESTATE	(residence vacation rental)		
ME MY SPOUSE JOINT TRUST L.L.C.				
ME MY SPOUSE JOINT TRUST L.L.C.				
ME MY SPOUSE JOINT TRUST L.L.C.				
ME MY SPOUSE JOINT TRUST L.L.C.				

BANK ACCOUNTS (including checking, savings, certificate of deposits, money markets, etc.)

OWNER IS (check one)	NAME OF BANK	TYPE OF ACCOUNT (check one)	CURRENT BALANCE
ME MY SPOUSE JOINT		CHECKING	\$ _____
		SAVINGS	\$ _____
		MONEY MARKET	\$ _____
ME MY SPOUSE JOINT		CHECKING	\$ _____
		SAVINGS	\$ _____
		MONEY MARKET	\$ _____
ME MY SPOUSE JOINT		CHECKING	\$ _____
		SAVINGS	\$ _____
		MONEY MARKET	\$ _____
ME MY SPOUSE JOINT		CHECKING	\$ _____
		SAVINGS	\$ _____
		MONEY MARKET	\$ _____
ME MY SPOUSE JOINT		CHECKING	\$ _____
		SAVINGS	\$ _____
		MONEY MARKET	\$ _____
ME MY SPOUSE JOINT		CHECKING	\$ _____
		SAVINGS	\$ _____
		MONEY MARKET	\$ _____
ME MY SPOUSE JOINT		CHECKING	\$ _____
		SAVINGS	\$ _____
		MONEY MARKET	\$ _____

RETIREMENT PLAN ACCOUNTS (IRA, 401(K), 403(B), TSP, etc.)

OWNER IS (circle one)	NAME OF BROKERAGE ACCOUNT OR COMPANY	BENEFICIARY		MARKET VALUE
		Primary	Secondary	
ME MY SPOUSE				
ME MY SPOUSE				
ME MY SPOUSE				

ME MY SPOUSE			
ME MY SPOUSE			

STOCKS AND BONDS NOT IN RETIREMENT PLAN ACCOUNT (including brokerage accounts, stock options, etc.)

OWNER IS (check one)	NAME OF BROKERAGE COMPANY OR STOCK	MARKET VALUE
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		
ME MY SPOUSE JOINT		

ANNUITIES

OWNER IS (check one)	NAME OF COMPANY	BENEFICIARY	MARKET VALUE
ME MY SPOUSE JOINT			
ME MY SPOUSE JOINT			
ME MY SPOUSE JOINT			
ME MY SPOUSE JOINT			
ME MY SPOUSE JOINT			
ME MY SPOUSE JOINT			
ME MY SPOUSE JOINT			
ME MY SPOUSE JOINT			
ME MY SPOUSE JOINT			

BUSINESS INTERESTS (including S Corps, C Corps, LLCs, Partnerships, etc.)

TYPE OF INTEREST	NAME (e.g., Smith Land, Inc.; Smith Land, LLC)	NAME OF OWNERS & EACH OWNERS'S SHARE	MARKET VALUE
S Corp LLC C Corp Partnership Other	How many employees?		
	Do you have a written agreement with the other owners? NO YES		
S Corp LLC C Corp Partnership Other	How many employees?		
	Do you have a written agreement with the other owners? NO YES		

S Corp LLC C Corp Partnership Other	How many employees?		
	Do you have a written agreement with the other owners? NO YES		

LIFE INSURANCE

OWNER IS (check one)	NAME OF LIFE INSURANCE COMPANY	BENEFICIARY		DEATH BENEFIT
		Primary	Secondary	
1. 1. ME MY SPOUSE OTHER	Term Whole Life/Universal/Variable Group Plan			
	Is the owner also the insured? NO YES			
2. 2. ME MY SPOUSE OTHER	Term Whole Life/Universal/Variable Group Plan			
	Is the owner also the insured? NO YES			
3. 3. ME MY SPOUSE OTHER	Term Whole Life/Universal/Variable Group Plan			
	Is the owner also the insured? NO YES			
4. 4. ME MY SPOUSE OTHER	Term Whole Life/Universal/Variable Group Plan			
	Is the owner also the insured? NO YES			
5. 5. ME MY SPOUSE OTHER	Term Whole Life/Universal/Variable Group Plan			
	Is the owner also the insured? NO YES			
6. 6. ME MY SPOUSE OTHER	Term Whole Life/Universal/Variable Group Plan			
	Is the owner also the insured? NO YES			
7. 7. ME MY SPOUSE OTHER	Term Whole Life/Universal/Variable Group Plan			
	Is the owner also the insured? NO YES			

MISCELLANEOUS

			NOTES
1.	Are you the beneficiary of any trust, whether or not you are presently receiving any income from the trust?	NO YES	

2.	If applicable, is your spouse the beneficiary of any trust, whether or not you are presently receiving any income from the trust?	NO YES	
3.	Have you made any gifts exceeding \$13,000 in any one calendar year?	NO YES	
4.	If applicable, has your spouse made any gifts exceeding \$13,000 in any one calendar year?	NO YES	
5.	Do you have long term care insurance coverage?	NO YES	
6.	If applicable, does your spouse have long term care insurance coverage?	NO YES	