

# Drost, Kivlahan, McMahon & O'Connor LLC

## ESTATE PLANNING QUESTIONNAIRE

NAME #1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_

NAME #2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Car: \_\_\_\_\_ Pager: \_\_\_\_\_

NAME #1: Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

NAME #2: Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

WorkAddress: \_\_\_\_\_

Referred By: \_\_\_\_\_

Current Banking Relation(s): \_\_\_\_\_

Safe Deposit Box (No. & Location): \_\_\_\_\_

Current Estate Plan & Documents: \_\_\_\_\_

Goals: \_\_\_\_\_

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Drost, Kivlahan & McMahon, Ltd 2001.

**CHILDREN**

Full Name	Birth Date	Spouse	Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER DEPENDENTS**

Full Name	Birth Date	Spouse	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ADVISORS**

Accountant: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Physician: \_\_\_\_\_

**ASSET INFORMATION**  
(you may supply personal financial statements or summaries)

**Real Estate:**

Address:	Owner(s)	Value:	Mortgage:
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**Savings Accounts/CD's:**

Bank:	Owner(s):	Account No.:	Value:
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**Checking Accounts:**

Bank:	Owner(s):	Account No.:	Value:
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**Brokerage Accounts:**

Institution:	Owner(s):	Account No.:	Value:
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**Stocks in Your Possession (certificates or book entry):**

Company:                      Owner(s):                      No. of shares:                      Value:

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**IRA's, Retirement Accounts, Pensions & Profit Sharing:**

Institution:                      Owner(s):                      Beneficiary:                      Value:

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**Life Insurance Policies:**

Company                      Insured:                      Beneficiary:                      Amount:                      Cash Value:

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**Personal Property & Other Assets:**

Description:    Owner(s):    Value:

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**APPROXIMATE VALUE OF ESTATE:** \_\_\_\_\_

**IMPORTANT QUESTIONS**

- |  |            |           |
|--|------------|-----------|
| Do you or your spouse currently have a will?                                   | <b>Yes</b> | <b>No</b> |
| Do you or your spouse currently have a trust?                                  | <b>Yes</b> | <b>No</b> |
| Are both you and your spouse U.S. Citizens?                                    | <b>Yes</b> | <b>No</b> |
| Does any family member have a mental or physical disability?                   | <b>Yes</b> | <b>No</b> |
| Have you or your spouse ever signed a pre- or post-marital agreement?          | <b>Yes</b> | <b>No</b> |
| Do you or your spouse have children from a previous marriage?                  | <b>Yes</b> | <b>No</b> |
| Did you or your spouse have substantial assets before you were married?        | <b>Yes</b> | <b>No</b> |
| Are you supporting your adult children?  | <b>Yes</b> | <b>No</b> |
| Are either you or your spouse making payments pursuant to a divorce agreement? | <b>Yes</b> | <b>No</b> |
| Do you own or operate a family business?                                       | <b>Yes</b> | <b>No</b> |
| Have you ever signed a corporate shareholder or buy-sell agreement?            | <b>Yes</b> | <b>No</b> |
| Have you or your spouse ever filed a gift tax return?                          | <b>Yes</b> | <b>No</b> |
| Have you ever been involved in any probate court proceeding?                   | <b>Yes</b> | <b>No</b> |

What are your favorite charities or charitable causes? \_\_\_\_\_

\_\_\_\_\_

Who do you wish to nominate as guardian of any minor children? \_\_\_\_\_

\_\_\_\_\_

At what age(s) do you think your children or grandchildren should receive their share of your estate? \_\_\_\_\_

What restrictions or limitations should be placed on the funds? \_\_\_\_\_

\_\_\_\_\_

If it became necessary or advisable for a financial institution to help manage your assets, which bank or trust company would you choose? \_\_\_\_\_

Other Information/Special Considerations: \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT DECISIONS**

**SPECIFIC BEQUESTS** - Describe specific items, personal property, or monetary gifts to be left to specific individuals or institutions:

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**TRUST/ESTATE BALANCE** - How the remainder of your trust or estate should be distributed:

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**TRUSTEE/EXECUTOR** - If you and your spouse both become disabled or die, who should be in charge of managing or distributing your assets?

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

**HEALTH CARE DECISIONS** - Who would you want to make health care decisions for you if you were unable to do so?

**YOU:**

**YOUR SPOUSE:**

1st \_\_\_\_\_

1st \_\_\_\_\_

2nd \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

3rd \_\_\_\_\_

**ADDITIONAL NOTES/QUESTIONS:**

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