



THE WAGG BUILDING  
215 SOUTH OLIVE AVENUE, SUITE 400  
WEST PALM BEACH, FLORIDA 33401  
MAIN 561.833.5553 FACSIMILE 561.833.5628  
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## ESTATE PLANNING QUESTIONNAIRE

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

1. Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security No. \_\_\_\_\_ U.S. Citizen: Yes  No   
Other Names known by: \_\_\_\_\_  
Are you a widow or widower? Yes  No   
If 'yes,' do you wish to be referred to as a widow or widower in the documents? Yes  No   
Name of deceased spouse: \_\_\_\_\_  
Are you presently employed? Yes  No  For how long? \_\_\_\_\_  
Occupation (former if retired): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Office Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mobile Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_
2. Home Address: \_\_\_\_\_ Resident Since: \_\_\_\_\_  
Street Address/P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_  
Other Residences: \_\_\_\_\_
3. Advisors:  
Accountant: \_\_\_\_\_  
Trust Officer: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Investment Advisor: \_\_\_\_\_
4. Prior Marriages: Yes  No
5. Names of children, whether natural or adopted;  
A. \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

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

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

B. \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

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

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

C. \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

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

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

6. Do you have any other relatives dependent upon you for support? Yes  No

(If yes, give names and relationships): \_\_\_\_\_

\_\_\_\_\_

7. Names and addresses of other or alternate persons to receive property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please list any specific items or amounts that you wish to give to any individuals or organizations:

NAME

GIFT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: (check one)
- Children equally
- Other (specify): \_\_\_\_\_
10. Do you have a present Will: Yes  No  (If yes, attach a copy)
11. Have you ever created a trust? Yes  No
- If yes, attach a copy and list approximate value: \$ \_\_\_\_\_
12. Do you have any obligations under a divorce decree from a prior marriage? Yes  No
- (If yes, attach a copy)
13. Have you ever received a substantial amount by inheritance? Yes  No
- If yes, when? \_\_\_\_\_ Approximate Amount: \$ \_\_\_\_\_
14. Are you a beneficiary of a trust that was created by someone else? Yes  No
- If yes, attach a copy and list approximate value: \$ \_\_\_\_\_
15. Do you anticipate receiving an inheritance? Yes  No
- If yes, give approximate amount: \$ \_\_\_\_\_
16. Have you given away more than \$3,000 in money or property to any person in any single year after 1976 (or \$10,000 in 1982 or later)? Yes  No  (If yes, list amounts by years below or on the reverse side)
- Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
17. Are you receiving or will you receive an annuity? Yes  No
- If yes, to who will the payments be made? \_\_\_\_\_
- Is this a Life Annuity? Yes  No
- Will the amounts continue after your death? Yes  No
- For how long? \_\_\_\_\_ What will the amount of each payment be? \_\_\_\_\_
- 18.a. Do you now or have you ever participated in a plan maintained by an employer that will provide benefits in the event of your retirement and/or death?
- Yes  No  Not sure
- b. If yes, have you made any elections with respect to beneficiary designations, survivor benefits, spousal rights, waivers, or forms of payment under your employer's plan(s)?
- Yes  No
19. Do you presently have, or were you ever a participant in a Qualified Plan or an IRA?
- Yes  No
20. Please attach copies of your designation of beneficiary form and your most recent IRA and/or retirement plan benefit statements.
21. Who will serve as your personal representative? (Indicate relationship to you.)
- \_\_\_\_\_
- Alternate (if above person(s) unable to serve): \_\_\_\_\_
- \_\_\_\_\_

22. Your choice to act as guardian of your minor children (if applicable): \_\_\_\_\_

\_\_\_\_\_  
City and state of residence: \_\_\_\_\_

Alternate(s): \_\_\_\_\_

City and state of residence: \_\_\_\_\_

23. Do you have a safe deposit box?      Yes     No

If yes, where is it located: \_\_\_\_\_

Name(s) deposit box is listed under: \_\_\_\_\_

24. Please circle any of the following states in which you have lived or acquired property while married:

- |            |            |            |
|------------|------------|------------|
| Arizona    | Louisiana  | Texas      |
| California | Nevada     | Washington |
| Idaho      | New Mexico | Wisconsin  |
| None       |            |            |

25. Do you own any property in a foreign country?      Yes     No

26. Are you concerned that one or more of your children or grandchildren will not behave responsibly with money that you give them?

Yes     No

27. Are any of your children or grandchildren attending private school, college, or graduate school?

Yes     No

28. Do you have any relative who regularly incurs significant medical bills?    Yes     No



**BONDS AND MUTUAL FUNDS**

Bonds:

issuer, face value, interest rate, and maturity date.

Mutual Funds:

name of fund, fund group, and number of units:

**BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY  
MARKET FUNDS, ETC.**

Please give name of bank or institution, type of account, and  
approximate balance or value:

Approximate Values

**MORTGAGES, NOTES, OR DEBTS**

(owed to you by someone else)

Please list debtor's name, date acquired, and approximate balance remaining:

**OTHER BUSINESS INTERESTS (NON-CORPORATE)**

Name of Partnership, Limited Liability Company, or sole proprietorship, percentage of ownership interest in business, and number of other partners or members in business

**RETIREMENT ACCOUNTS**

(list balances)

IRAs

Pension or Profit Sharing

Other

(indicate type)

**ANNUITIES**

(Value to be filled in by attorney)

Please list debtor's name, date acquired, and approximate balance remaining:

Approximate Values

**MISCELLANEOUS PROPERTY**

Motor vehicles (including boats, etc.)  
List total value:

Jewelry and Art:

Other valuable items (describe):

**DEBTS**

List any mortgages or other substantial debts owed by you that are not shown above:

Approximate Values

Life Insurance

Company	Policy Number	Type*	Issue or Effective Date	Face Value	Cash Value	Person Insured	Policy Owner	Beneficiary	Annual Premium	Loan Against Policy

\* Type means: Individual, Group, etc.