

# ESTATE PLANNING QUESTIONNAIRE

ESPECIALLY FOR \_\_\_\_\_

---

**PLEASE BRING A \$1 BILL TO “FUND” YOUR TRUST  
TO YOUR SIGNING APPOINTMENT**



**MUSIAL LAW FIRM, LLC  
COUNSELORS AT LAW**

ALL INFORMATION PROVIDED IN THIS  
QUESTIONNAIRE WILL BE CONSIDERED  
AND TREATED AS CONFIDENTIAL

Fill out all parts of this questionnaire as appropriate and to the best of your ability and bring it with you to your appointment. Be sure to bring a copy of the following documents to your appointment: Deeds for any real estate; Buy-Sell Agreements or other restrictions on your business or partnership; Pre-Nuptial Agreement, Separation Agreements or Divorce Decree if you were previously married; Estate Planning Documents, such as: Existing Wills, Trusts, Financial and Health Care Powers of Attorney and Living Wills.

Your name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
(As it appears on ID)

Previously married? Yes \_\_\_ No \_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_ Country \_\_\_\_\_  
Social Security # \_\_\_\_\_ Veteran? Yes \_\_\_ No \_\_\_ Service Dates: \_\_\_\_\_  
Wedding Anniversary: \_\_\_\_\_ If previously married, date of Divorce: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
(As it appears on ID)

Significant Other's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(As it appears on ID)

Previously married? Yes \_\_\_ No \_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_ Country \_\_\_\_\_  
Social Security # \_\_\_\_\_ Veteran? Yes \_\_\_ No \_\_\_ Service Dates: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all the above-named children a result of current marriage? Yes \_\_\_ No \_\_\_  
(If "No", then indicate which children belong to whom.)

Do you have a Prepaid Funeral Arrangement? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

Service Preference: \_\_\_\_\_ Service Location: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

What are your goals and objectives?

\_\_\_\_\_

List any questions you may have on wills, trusts, estate taxes or the probate process.

\_\_\_\_\_  
State, generally, to whom (and how much) you wish to be the recipient of your property on your death and/or your spouse's death.

\_\_\_\_\_  
\_\_\_\_\_

Have you made any gifts of money or property having a value of \$10,000.00 or more in any of the last three (3) years? (State to whom and how much.)

\_\_\_\_\_  
\_\_\_\_\_

List any special items of personal property and the name and relationship of the individual you desire as the recipient.

\_\_\_\_\_  
\_\_\_\_\_

**GUARDIAN(s)** if spouse also dies (only if any child is under the age of eighteen). Have they been contacted?

Yes \_\_\_ No \_\_\_. Provide name, age, and relationship.

First: \_\_\_\_\_

Second: \_\_\_\_\_

**PERSONAL REPRESENTATIVE(s)** if spouse also dies (only if any child is under the age of eighteen). Have they been contacted? Yes \_\_\_ No \_\_\_. Provide name, age, and relationship.\*

First: \_\_\_\_\_

Second: \_\_\_\_\_

Have either you or your spouse lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Ohio, Texas, Wisconsin or Washington? Yes \_\_\_ No \_\_\_

Is any business or partnership involved? Yes \_\_\_ No \_\_\_ If so, do you have a purchase agreement form or buy-sell agreement with the other partners or investors? Yes \_\_\_ No \_\_\_

What kind of title in real estate do you have?:

Do you have a Title Insurance Policy Yes \_\_\_ No \_\_\_ or, Not Sure \_\_\_

If so, where is it located and how is it titled? \_\_\_\_\_

**MEDICAID:** Have either you, a current or former spouse been a Medicaid recipient? Yes \_\_\_ No \_\_\_

*\*See page 5 for additional required information.*

**ESTATE ASSETS**

Please use the following letters to mark ownership of the items listed below;

**H** = Husband owns solely; **H&W** = Husband and Wife owns jointly; **W** = Wife owns solely; **O** = Other

A. Real Estate	Property Address	Ownership
1. Residence	_____	_____
2. Vacation Home	_____	_____
3. Other	_____	_____
B. Automobiles	_____	_____
C. Jewelry/Heirlooms	_____	_____
D. Mutual Funds	_____	_____
1. Where? Broker?	_____	_____
E. Stocks/Bonds	_____	_____
F. Brokerage Accounts	_____	_____
G. Checking Accounts	_____	_____
H. Savings Accounts	_____	_____
I. Certificates of Deposit	_____	_____
J. Pension Plans:		
1. Company	_____	_____
2. IRA	_____	_____
i. RMD	Yes ___ No ___	
3. Roth	_____	_____
K. Life Insurance	_____	_____
L. Annuities	_____	_____
M. Your Business	_____	_____
N. Other Assets	_____	_____
<b>GROSS ASSETS TOTALS</b>	<b>H \$</b> _____ <b>H&amp;W \$</b> _____ <b>W \$</b> _____ <b>O \$</b> _____	

**Estate Liabilities**

A. Real Estate Mortgages	_____	_____
B. Other Personal Debts	_____	_____
C. Guaranteed Business Debts	_____	_____
<b>GROSS LIABILITES TOTALS</b>	<b>H \$</b> _____ <b>H&amp;W \$</b> _____ <b>W \$</b> _____ <b>O \$</b> _____	

**How did you hear about us?**

\_\_\_\_\_

---

**LIST OF AGENTS**

Please list all Children and any Agents (include Personal Representative) you would like to serve on your behalf.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_