

# ESTATE PLANNING QUESTIONNAIRE

## STRANDBERG LAW OFFICE, P.C.

### GENERAL INFORMATION

Please provide the following information and bring it with you to our initial meeting. The more complete the information, the better I will be able to advise you and it will save significant time at our initial consultation. This information will be treated confidentially. If you decided not to hire me as your attorney for estate planning, or I decline to take you as clients, this questionnaire will be destroyed. Thank you.

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

### PART I – FAMILY INFORMATION

**Client One**, full name: \_\_\_\_\_

Print any “also known as” names: \_\_\_\_\_

Preferred legal name for documents: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

U.S. Citizen? \_\_\_\_ YES \_\_\_\_ NO Social Security number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  It is okay to communicate with me via e-mail

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

Ex-Spouse Name: \_\_\_\_\_

*(If divorced, widowed or single, skip to next page)*

**Client Two**, full name: \_\_\_\_\_

Print any “also known as” names: \_\_\_\_\_

Preferred legal name for documents: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

U.S. Citizen? \_\_\_\_ YES \_\_\_\_ NO Social Security number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  It is okay to communicate with me via e-mail

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

Ex-Spouse Name: \_\_\_\_\_

**Children:**

**Note: If a child is deceased, please indicate after child's name.**

1. Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

Is child from Prior Spouse?  Yes  No

2. Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

Is child from Prior Spouse?  Yes  No

3. Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

Is child from Prior Spouse?  Yes  No

4. Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

Is child from Prior Spouse?  Yes  No

5. Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

Is child from Prior Spouse?  Yes  No

**Age(s) for outright distributions to children who are now minors:** \_\_\_\_\_

**Grandchildren:**

**Note: If a grandchild is deceased, please indicate after grandchild's name.**

1. Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

4. Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

5. Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

6. Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

**Other-intended heirs:**

(step-children and other intended heirs such as children of a deceased child, if any)

1. Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_
2. Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_
3. Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_
4. Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

**Other persons or Charitable Institutions who might receive a gift from you at death:**

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gift: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gift: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gift: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gift: \_\_\_\_\_

Do you have any children or heirs with special needs or disabilities?  Yes  No

If yes, name: \_\_\_\_\_

Disability type: \_\_\_\_\_

## PART II – PREVIOUS ESTATE PLANNING

Have you previously planned your estate?  Yes  No

If yes, do you have any of the following documents?

Simple Will, dated \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_

Will with testamentary trust, dated \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_

Revocable trust, dated \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_

Irrevocable trust, dated \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_

Powers of attorney (medical/financial), dated \_\_\_\_\_

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Living Will (Advance Directive), dated \_\_\_\_\_

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Please bring photocopies of your documents to our initial meeting

## PART III – CURRENT ESTATE PLANNING

**Personal Representative (aka Executor).** The person who will collect your assets, pay your bills and make distributions to the beneficiaries of your estate. List the persons in the order in which they should serve, their relationship to you, addresses and telephone numbers.

### Client One:

1. \_\_\_\_\_

2. \_\_\_\_\_

### Client Two:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Guardians.** This person will take care of your minor children. The primary guardian, by default, is nearly always the children's other parent. The person(s) you name as guardians below would be the backups in the event you both died. List in the order in which these guardians should serve, their names, relationship to you, addresses and telephone numbers.

1. \_\_\_\_\_

2. \_\_\_\_\_

**Trustees.** This person will manage your assets and make distributions to the beneficiaries of any trusts you establish (for example, yourself, minor children, or adults who need creditor protection or have disabilities). List the names of those persons who should serve as trustees once you are deceased or incapacitated, relationship to you, addresses and phone number.

1. \_\_\_\_\_

2. \_\_\_\_\_

**Financial Agent.** Identify the person (and a back-up) to manage and access your non-trust assets via a Power of Attorney in the event you become incapacitated. List in order the persons who should serve, their names, relationship to you, addresses and telephone numbers.

**Client One:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Client Two:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Medical Agent.** Identify the person (and a back-up) to make decisions regarding your medical care in the event you become incapacitated. List in order the persons who should serve, their names, relationship to you, addresses and telephone numbers.

**Client One:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Client Two:**

1. \_\_\_\_\_

2. \_\_\_\_\_

## **PART IV – FINANCIAL STATEMENT**

### **INCOME/ASSETS/LIABILITY INFORMATION**

Please list the value of the following items. It is not necessary to provide the exact value of each asset; an approximation or average balance is sufficient. If you have any questions about the information requested below, please feel free to make a note and I will discuss it with you in detail when we meet.

**INCOME**

**Earned Income**

<b>Source</b>	<b>Average Amount Per Month – HUSBAND</b>	<b>Average Amount Per Month – WIFE</b>
Social Security	_____	_____
Retirement	_____	_____
Other	_____	_____

**Unearned Income**

<b>Source</b>	<b>Average Amount Per Month – HUSBAND</b>	<b>Average Amount Per Month – WIFE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Tot. Avg. Income per Month</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>ASSET</b>	<b>CURRENT VALUE</b>	<b>OWNER(S)</b>
Personal Residence	_____	_____
Other Real Estate (County) _____		
Outside of CO? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Personal & Household (cars, jewelry, furniture)	_____	_____
Checking/Savings Accts.	_____	_____
Investment Accounts	_____	_____
Money market funds	_____	_____
CDs	_____	_____
Stocks/Mutual funds	_____	_____
Bonds or Bond funds	_____	_____
Other securities	_____	_____
Stock Certificates held in own name	_____	_____
Business Interest (FMV) Limited or Family Partnerships (FMV)	_____	_____
Other Non-marketable	_____	_____

Assets (ex: promissory notes) \_\_\_\_\_

Life Insurance (death benefit amt) \_\_\_\_\_

Retirement Plans (ex: IRAs,  
401Ks, 403bs) \_\_\_\_\_

Annuities \_\_\_\_\_

Pensions \_\_\_\_\_

Do you have Long Term Care Insurance?     Yes     No

Has someone given you a "General Power Of Appointment" to direct property?     Yes     No

**TOTAL ASSETS:**                    \$ \_\_\_\_\_

<b>LIABILITIES</b>	<b>AMOUNT OWED</b>
Credit Card Debt	_____
Home Mortgage	_____
Other real estate Mortgage	_____
Auto Loans	_____
Business Loans	_____
Other Debt	_____
<b>TOTAL LIABILITIES:</b>	<b>\$ _____</b>
<b>NET WORTH (Total Assets Less Total Liabilities):</b>	<b>\$ _____</b>

The information provided above is true, accurate, and, to the best of my/our knowledge, an accurate representation of my/our assets and liabilities to be used for the purposes of estate planning.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

Date \_\_\_\_\_

Date \_\_\_\_\_



**Strandberg Law Office, P.C.  
Attorney and Counselor at Law**

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