

# Estate Planning Questionnaire

Wills and Trusts

(Married)

This form will help you to gather your information to assist our office in designing an Estate Plan that meets your goals. Please complete with as much information as you have currently available.

You may complete the form electronically and e-mail it to our office. Otherwise, please print it so that you can fill in the information.

It is helpful if you can return this prior to your appointment. Otherwise, bring the completed questionnaire to our first meeting to discuss your estate planning. Please call if you have any questions.

All information provided is strictly confidential

*The information we have provided in this document is true and correct, to the best of our knowledge. We understand that Studenberg Law is relying on this information for the advice it gives us, and if there is any material change in our asset composition, values, or other personal data during the course of representation, we will notify Studenberg Law.*

*If prepared electronically, the check next to our printed names indicates acknowledgement of the above declaration.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
 Husband's printed name

\_\_\_\_\_  
 Wife's printed name

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

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



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**Personal information** Please provide requested information.

<b>Husband's Legal Name</b>					
Other names used to title property and accounts					
Prefer to be called					
Date of Marriage					
Home Address					
City		State		Zip	
Birth Date					
Social Security #				U.S. Citizen? <input type="checkbox"/>	
Home Telephone		Cell Phone		Business Telephone	
E-mail Address					
Employer			Position		
Business Address					
City		State		Zip	

<b>Wife's Legal Name</b>					
Other names used to title property and accounts					
Prefer to be called					
Home Address		Same as Husband's			
City		State		Zip	
Birth Date					
Social Security #				U.S. Citizen? <input type="checkbox"/>	
Home Telephone		Cell Phone		Business Telephone	
E-mail Address					
Employer			Position		
Business Address					
City		State		Zip	

**Contact and Other Information**

Please in list order of preference the means for contacting you (mail, e-mail or telephone number(s)).

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Please list in order of preference the method of receiving correspondence (mail, e-mail, or both).

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How were you referred to our office?

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**Children** Please list all children. If not currently living with you, please provide contact information.

<b>1. Child's Legal Name</b>			
Home Address			
City			
State		Zip	
Birth Date		E-mail	
Social Security #		U.S. Citizen? <input type="checkbox"/>	
Husband and Wife Both Parents? <input type="checkbox"/>		Husband Parent Only? <input type="checkbox"/>	Wife Parent Only? <input type="checkbox"/>
Additional Information			

<b>2. Child's Legal Name</b>			
Home Address			
City			
State		Zip	
Birth Date		E-mail	
Social Security #		U.S. Citizen? <input type="checkbox"/>	
Husband and Wife Both Parents? <input type="checkbox"/>		Husband Parent Only? <input type="checkbox"/>	Wife Parent Only? <input type="checkbox"/>
Additional Information			

<b>3. Child's Legal Name</b>			
Home Address			
City			
State		Zip	
Birth Date		E-mail	
Social Security #		U.S. Citizen? <input type="checkbox"/>	
Husband and Wife Both Parents? <input type="checkbox"/>		Husband Parent Only? <input type="checkbox"/>	Wife Parent Only? <input type="checkbox"/>
Additional Information			

<b>4. Child's Legal Name</b>			
Home Address			
City			
State		Zip	
Birth Date		E-mail	
Social Security #		U.S. Citizen? <input type="checkbox"/>	
Husband and Wife Both Parents? <input type="checkbox"/>		Husband Parent Only? <input type="checkbox"/>	Wife Parent Only? <input type="checkbox"/>
Additional Information			

**Others** Please list other family members or individuals that may be included in your planning.

<b>1. Legal Name</b>			
Home Address			
City			
State		Zip	
Relationship		E-mail	
Social Security #		U.S. Citizen? <input type="checkbox"/>	
Telephone			
Additional Information			

<b>2. Legal Name</b>			
Home Address			
City			
State		Zip	
Relationship		E-mail	
Social Security #		U.S. Citizen? <input type="checkbox"/>	
Telephone			
Additional Information			

## Your Concerns

Please rate the following as to how important they are to you:

H - high concern, S - some concern, L - low concern, N - no concern or not applicable.

Description	Level of Concern	
	Husband	Wife
Get affairs in order and create a comprehensive plan to manage affairs in case of death or disability		
Providing for and protecting a spouse		
Providing for an protecting children		
Disinheriting a family member		
Providing for charities at the time of death		
Plan for transfer and survival of a family business		
Avoiding or reducing your estate taxes		
Avoiding probate		
Reduce administration costs at time of your death		
Avoiding guardianship in case of incapacity		
Avoiding will contests or other disputes upon death		
Protecting assets from lawsuits or creditors		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers		
Plan for a child with disabilities or special needs, such as medical or learning disabilities		
Protecting children's inheritance in the event of a surviving spouse's remarriage		
Please list any other concerns:		

## Important Family Questions

Please check Yes or No for your answer.

Question	Yes	No
Are either of you receiving Social Security, disability, or other governmental benefits? <i>If yes, please describe:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are either of you making payments pursuant to a divorce or property settlement order? <i>If yes, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you and your spouse signed a pre-marriage or post-marriage agreement? <i>If yes, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have either of you ever been widowed? <i>If a federal estate tax return Form 706 or a state death tax return was filed, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have either of you ever filed federal (Form 709) or state gift tax returns? <i>If yes, please furnish copies of these returns</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have either of you completed previous will, trust, or estate planning? <i>If yes, please furnish copies of these documents before our first meeting, if possible.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you support any charitable organizations now that you wish to make provisions for at the time of your deaths? <i>If so, please explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other charitable organizations you wish to make provisions for at the time of your deaths? <i>If yes, please explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have either of you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are either of you currently the beneficiary of anyone else's trust? <i>If yes, please explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other major financial support to adult children or others?	<input type="checkbox"/>	<input type="checkbox"/>
Are either of you currently involved in any litigation or know of any pending litigation?	<input type="checkbox"/>	<input type="checkbox"/>
Have either of you been injured in the last year?	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

**Advisors** Please list any advisors.

<b>Attorney's Name</b>				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>

<b>Accountant's Name</b>				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>

<b>Financial Advisor's Name</b>				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>

<b>Life Insurance Agent's Name</b>				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>









**Retirement Plans** **Type:** Pension, Profit Sharing, IRA, Roth IRA, SEP, 401(k), etc. **Additional Information:** Plan name and any other pertinent information. Who is the beneficiary. **Primary Owner:** Husband or Wife.

Type and Additional Information	Primary Owner	Amount
	<i>Total</i>	

**Business Interests** **Type:** General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **Additional Information:** Give a description of the interests and percentage owned. **Owner:** Husband, Wife, or Joint ownership. **Value:** Net proceeds if business interest was sold.

Type and Additional Information	Owner	Value
	<i>Total</i>	

**Money Owed to You** **Type:** Mortgage or promissory notes payable to you, or other moneys owed to you. **Owed to:** Husband, Wife or Joint ownership.

Type and Name of Debtor	Date of Note (MM/YYYY)	Maturity Date (MM/YYYY)	Owed to	Balance
			<i>Total</i>	

**Anticipated Inheritance, Gifts, or Lawsuit Judgment** **Type:** Gifts or inheritances that you expect to receive in the future or moneys that you anticipate receiving through a judgment in a lawsuit. Describe in appropriate detail. **Recipient:** Husband or Wife or Joint.

Type and Additional Information	Recipient	Value
	<i>Total</i>	

**Other Assets** List any other property that does not fit into any of the previously listed categories.

Type or Description	Owner	Value
	<i>Total</i>	

## Summary

Summarize all values from the prior sections. For Assets not jointly owned, list value in **Husband's** or **Wife's** column, otherwise leave these columns blank.

<b>Assets</b>	<b>Husband</b>	<b>Wife</b>	<b>Value</b>
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RVs			
Bank Accounts			
Stocks, Bonds, and Brokerage Trust Accounts			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance			
Other Assets			
<i>Total Assets</i>			

**Guardian for Minor Children** If you have any children under the age of 18, list in order of preference those persons whom you wish to be the guardian for your children.

<b>Guardians</b>							
1. Name				Relationship			
Address			City			State	Zip
2. Name				Relationship			
Address			City			State	Zip
3. Name				Relationship			
Address			City			State	Zip

**Successor Trustee(s)** A trust maybe part of your estate plan with you serving as the initial trustee. Please list in order of preference your successor trustees.

<b>Husband's Successor Trustee(s)</b>							
1. Name				Relationship			
Address			City			State	Zip
2. Name				Relationship			
Address			City			State	Zip
3. Name				Relationship			
Address			City			State	Zip

<b>Wife's Successor Trustee(s)</b>							
<input type="checkbox"/> Check if designations are the same as Husband's, otherwise please complete below.							
1. Name				Relationship			
Address			City			State	Zip
2. Name				Relationship			
Address			City			State	Zip
3. Name				Relationship			
Address			City			State	Zip

**Power of Attorney** If you are unable to make financial decisions for yourself, whom do you want to make those decisions for you? Please enter the primary and successor agents in order of preference.

**Husband's Power of Attorney**

1. Name				Relationship			
Address		City		State		Zip	
2. Name				Relationship			
Address		City		State		Zip	
3. Name				Relationship			
Address		City		State		Zip	

**Wife's Power of Attorney**

Check if designations are the same as Husband's, otherwise please complete below.

1. Name				Relationship			
Address		City		State		Zip	
2. Name				Relationship			
Address		City		State		Zip	
3. Name				Relationship			
Address		City		State		Zip	

**Health Care** If you are unable to make decisions for yourself, whom do you want to make decisions for you with regard to your medical treatment? Please enter the primary and any successor agents in order of preference.

Health Care Decisions for Husband							
1. Name				Relationship			
Address			City			State	Zip
2. Name				Relationship			
Address			City			State	Zip
3. Name				Relationship			
Address			City			State	Zip

Health Care Decisions for Wife							
<input type="checkbox"/> Check if designations are the same as Husband's, otherwise please complete below.							
1. Name				Relationship			
Address			City			State	Zip
2. Name				Relationship			
Address			City			State	Zip
3. Name				Relationship			
Address			City			State	Zip

**Living Will** Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

Husband		Wife	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



