

GINNIE
VAN KESTEREN
Attorney at Law

ESTATE PLANNING QUESTIONNAIRE

GENERAL INFORMATION

Marital Status: Married Unmarried, with long-term partner (domestic partner)

Are you Registered Domestic Partners? Yes No Don't Know

Client Name Information

First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____ Alias Name (if any): _____

Gender: Male Female SS#: _____ DOB: _____

U.S. Citizen? Yes No

If No, specify citizenship: _____

Health: Excellent Reasonably good Poor Serious Adverse Condition

Legally blind? Yes No Disabled? Yes No

Spouse/Partner Name Information

First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____ Alias Name (if any): _____

Gender: Male Female SS#: _____ DOB: _____

U.S. Citizen? Yes No

If No, specify citizenship: _____

Health: Excellent Reasonably good Poor Serious Adverse Condition

Legally blind? Yes No Disabled? Yes No

Contact Information

	Client	Spouse/Partner
Home Phone		
Home Fax		
Personal email		

Cell Phone		
Business Phone		
Business Fax		
Business email		

Referral Informaton

By whom were you referred to this office?

Name	Address	City	State	Zip

CHILDREN (if applicable)

	Name	Living	Gender	Date of Birth	Child of Both	Child of Client only	Child of Spouse only
Child 1		Y / N	M/F		Y / N	Y / N	Y / N
Child 2		Y / N	M/F		Y / N	Y / N	Y / N
Child 3		Y / N	M/F		Y / N	Y / N	Y / N
Child 4		Y / N	M/F		Y / N	Y / N	Y / N
Child 5		Y / N	M/F		Y / N	Y / N	Y / N
Child 6		Y / N	M/F		Y / N	Y / N	Y / N

	Address (if not living with client and spouse/partner)	Legally Blind	Disabled	Receives SSI	Completed Education
Child 1		Y / N	Y / N	Y / N	Y / N
Child 2		Y / N	Y / N	Y / N	Y / N
Child 3		Y / N	Y / N	Y / N	Y / N
Child 4		Y / N	Y / N	Y / N	Y / N
Child 5		Y / N	Y / N	Y / N	Y / N
Child 6		Y / N	Y / N	Y / N	Y / N

Guardian(s) for minor or disabled children (if applicable):

Initial Guardians/Conservators

Name	Address

Successor Guardians/Conservators

Name	Address

CLIENT'S DISPOSITIVE PROVISIONS

Cash Gifts (cash and cash-equivalent gifts)

Name of Recipient	Relationship	Amount

Gifts of Real Estate

Name of Recipient	Relationship	Description of property

Gift of Tangible Property (autos/jewelry/art/etc.)

Name of Recipient	Relationship	Description of property

Gift of Intangibles (stock/bonds/annuities/etc.)

Name of Recipient	Relationship	Description of property

SPOUSE'S DISPOSITIVE PROVISIONS

Cash Gifts (cash and cash-equivalent gifts)

Name of Recipient	Relationship	Amount

Gifts of Real Estate

Name of Recipient	Relationship	Description of property

Gift of Tangible Property (autos/jewelry/art/etc.)

Name of Recipient	Relationship	Description of property

Gift of Intangibles (stock/bonds/annuities/etc.)

Name of Recipient	Relationship	Description of property

CLIENT'S RESIDUAL GIFTS (after specific gifts, above)

Spouse/Partner

Want to provide primarily for your Spouse/Partner (and then secondarily for children/descendants, if any)? Yes No

If Yes, prefer gift to Spouse/Partner to be given: Outright In a Trust

Children/Descendants

Prefer gift to children (if any) to be given: Outright In a Trust

Do you wish to treat children equally? Yes No

Prefer gift to grandchildren (if any) to be given: Outright In a Trust

Do you wish to treat grandchildren equally? Yes No

Other Beneficiaries

Specify gift to other beneficiary(ies):

SPOUSE'S RESIDUAL GIFTS (after specific gifts, above)

Spouse/Partner

Want to provide primarily for your Spouse/Partner (and then secondarily for children/descendants, if any)? Yes No

If Yes, prefer gift to Spouse/Partner to be given: Outright In a Trust

Children/Descendants

Prefer gift to children to be given: Outright In a Trust

Do you wish to treat children equally? Yes No

Prefer gift to grandchildren to be given: Outright In a Trust

Do you wish to treat descendants equally? Yes No

Other Beneficiaries

Specify gift to other beneficiary(ies):

PERSONAL REPRESENTATIVES(for Wills)

CLIENT'S PERSONAL REPRESENTATIVES

Initial Personal Representatives Under Client's Will (will serve concurrently)

Name
Check if Spouse/Partner is first choice <input type="checkbox"/>

Successor Personal Representatives Under Client's Will (serve at death/disability of Initial Personal Representatives)

Name

SPOUSE/PARTNER'S PERSONAL REPRESENTATIVES

Initial Personal Representatives Under Spouse/Partner's Will (will serve concurrently)

Name
Check if Spouse/Partner is first choice <input type="checkbox"/>

Successor Personal Representatives Under Spouse/Partner's Will (serve at death/disability of Initial Personal Representatives)

Name

TRUSTEES (if applicable)

CLIENT'S TRUSTEES

Initial Trustees for Client (applicable if trusts being considered)

Name

Successor Trustees for Client (applicable if trusts being considered)

Name

SPOUSE/PARTNER'S TRUSTEES

Initial Trustees for Spouse/Partner (applicable if trusts being considered)

Name

Successor Trustees for Spouse/Partner (applicable if trusts being considered)

Name

CLIENT'S HEALTH CARE DIRECTIVES

Do you have a current Living Will? Yes No If yes, date: _____

Do you have a current Health Care Directive (also called Health Care Power of Attorneys)? Yes No. If yes, date: _____

Do you have a HIPAA Authorization? Yes No. If yes, date: _____

IF YOU DO NOT HAVE A LIVING WILL OR HEALTH CARE DIRECTIVE OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:

In preparing a Living Will or Health Care Directive, how would you want to provide for continued nutrition/hydration (food/water) if your death was imminent? Yes No

Do you wish to become an organ donor? Yes No

Primary Health Care Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Health Care Agent(s)

Name	Address	City	State	Zip	Phone

Name of Primary Care Physician

Name	Address	City	State	Zip	Phone

CLIENT'S DURABLE POWER OF ATTORNEY

Primary Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Agent(s)

Name	Address	City	State	Zip	Phone

SPOUSE'S DURABLE POWER OF ATTORNEY

Primary Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Agent(s)

Name	Address	City	State	Zip	Phone

ASSETS AND LIABILITIES

Personal Net Worth (combined): \$ _____

Client Annual Income: \$ _____

Spouse Annual Income: \$ _____

Client has interest in qualified pension plan(s)? Yes No

Spouse/Partner has interest in qualified pension plan(s)? Yes No

Please bring a list of all life insurance policies on each of your life and your spouse/partner's life showing the face value, policy loans, the owner and beneficiary of each policy.

FINANCIAL SUMMARY

	Description	ASSETS			LIABILITIES
		Husband	Wife	Joint	
Cash/Liquid					
	Savings				
	Checking				
	Money Market				
	Other				
Real Estate					
	Primary				
	Secondary				
	Other				
Personal Property					
	Automobiles				
	Jewelry				
	Art or Other Collections				
	Boats				
	Other				
Intangibles					
	Bonds				
	Stock				
	Mutual Funds				
	Note & Mortgages				
	Receivables				
	Future Inheritance				
	Interests in Trusts				
	Annuities				
	Other				
Retirement Benefits					
	IRAs				
	401K				
	Keough Plan				
	SEP				
	Other				
Life Insurance	Cash Value of all policies				

OTHER PLANNING ISSUES

	Client	Spouse/Partner
Want to benefit Charity?	Y / N	Y / N
Ownership in farm or ranch?	Y / N	Y / N
Ownership in Closely held business?	Y / N	Y / N
Ownership in Closely held business?	Y / N	Y / N
Own stock is SubChapter S corporation?	Y / N	Y / N
Ownership in a Medical, Dental or Veterinarian Practice?	Y / N	Y / N
Own a valuable collection? (e.g., art, stamp collections)	Y / N	Y / N
Owns interest in gas/oil?	Y / N	Y / N
Own a Primary Residence?	Y / N	Y / N
Own a Secondary Residence?	Y / N	Y / N
Own other significant interests in real estate?	Y / N	Y / N

MISCELLANEOUS

Do you have a safe-deposit box? Yes No

Location of safe-deposit box: _____

Location of important papers: _____

Has Client made gifts to any one person exceeding \$11,000 in any one calendar year? Yes No

Has Spouse/Partner made gifts to any one person exceeding \$11,000 in any one calendar year? Yes No

Has Client ever filed a Federal Gift Tax Return? Yes No

If Yes, Years of Returns filed: _____

Has Spouse/Partner ever filed a Federal Gift Tax Return? Yes No

If Yes, Years of Returns filed: _____

Do you have any other legal issues of which I should be aware? Yes No

If Yes, please describe:
