

---

# ESTATE PLANNING QUESTIONNAIRE-MARRIED COUPLE

## CONFIDENTIAL

---

*Please LEGIBLY print your entries in the blank spaces. Check "Yes" or "No," or check the appropriate box. Please use "n/a" to indicate "not applicable." Do not be concerned if you cannot fill in all the spaces or answer all the questions, I will fill in the open spaces when we meet. Note, not all questions may apply to your situation. Please sign and date the form.*

### I. FAMILY FACTS AND PERSONAL INFORMATION

#### A. HUSBAND:

Husband's full name: \_\_\_\_\_

Husband's name as it appears on Driver's License and expiration date: \_\_\_\_\_

Any former names, or nicknames? Yes  No

If yes, include the full name(s): \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Are you a U. S. Citizen? Yes  No  Social Security No: \_\_\_\_\_

Husband's parents information:

Father's name and birth state: \_\_\_\_\_

Mother's name, maiden name and birth state: \_\_\_\_\_

#### B. WIFE:

Wife's full name: \_\_\_\_\_

Wife's name as it appears on Driver's License and expiration date: \_\_\_\_\_

Any former names, or nicknames? Yes  No

If yes, include the full name(s): \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Are you a U. S. Citizen? Yes  No  Social Security No: \_\_\_\_\_

Wife's parents information:

Father's name and birth state: \_\_\_\_\_

Mother's name, maiden name and birth state: \_\_\_\_\_

#### C. HUSBAND & WIFE ADDRESS AND TELEPHONE INFORMATION:

Home address: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Husband's business telephone number: \_\_\_\_\_ Husband's business email: \_\_\_\_\_

Husband's cell number: \_\_\_\_\_ Husband's home email address: \_\_\_\_\_

Wife's business telephone number: \_\_\_\_\_ Wife's business email: \_\_\_\_\_

Wife's cell number: \_\_\_\_\_ Wife's home email address: \_\_\_\_\_

#### D. MARRIAGE:

Date of marriage: \_\_\_\_\_

Place of marriage (city and state): \_\_\_\_\_

#### E. LIVING CHILDREN OF THIS MARRIAGE:

Do you have any living children of this marriage? Yes  No  If no, skip to Paragraph F of this Section. If yes, provide the following information about the living child(ren):

1. Full name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Gender: M  F  Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

2. Full name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Gender: M  F  Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

3. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Gender: M  F  Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
4. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Gender: M  F  Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**F. DECEASED CHILDREN OF THIS MARRIAGE:**

Do you have any deceased children of this marriage? Yes  No  If yes, provide the following information about the deceased child:

1. Full name: \_\_\_\_\_  
Date of death: \_\_\_\_\_ Any living issue of this child? Yes  No   
If yes, name(s) and date(s) of birth of each: \_\_\_\_\_  
\_\_\_\_\_

2. Full name: \_\_\_\_\_  
Date of death: \_\_\_\_\_ Any living issue of this child? Yes  No   
If yes, name(s) and date(s) of birth of each: \_\_\_\_\_  
\_\_\_\_\_

**G. HUSBAND'S INFORMATION REGARDING PREVIOUS MARRIAGE(S):**

If none check here  and skip to Paragraph H of this Section. If yes, provide the following information:

1. Name of former spouse: \_\_\_\_\_  
This marriage terminated because of:  
a.  Divorce Year of final decree: \_\_\_\_\_  
Any obligations from prior marriage: Yes  No  (If yes, bring copies with you at the time of your appointment.)  
Child support ; Spousal support ; Life Insurance ; Retirement Plan   
b.  Death Date of former spouse's death: \_\_\_\_\_  
c.  Annulment Year of final decree: \_\_\_\_\_

2. Name of former spouse: \_\_\_\_\_  
This marriage terminated because of:  
a.  Divorce Year of final decree: \_\_\_\_\_  
Any obligations from prior marriage: Yes  No  (If yes, bring copies with you at the time of your appointment.)  
Child support ; Spousal support ; Life Insurance ; Retirement Plan   
b.  Death Date of former spouse's death: \_\_\_\_\_  
c.  Annulment Year of final decree: \_\_\_\_\_

**H. WIFE'S INFORMATION REGARDING PREVIOUS MARRIAGE(S):**

If none check here  and skip to Paragraph I of this Section. If yes, provide the following information:

1. Name of former spouse: \_\_\_\_\_  
This marriage terminated because of:  
a.  Divorce Year of final decree: \_\_\_\_\_  
Any obligations from prior marriage: Yes  No  (If yes, bring copies with you at the time of your appointment.)  
Child support ; Spousal support ; Life Insurance ; Retirement Plan   
b.  Death Date of former spouse's death: \_\_\_\_\_  
c.  Annulment Year of final decree: \_\_\_\_\_

2. Name of former spouse: \_\_\_\_\_  
This marriage terminated because of:  
a.  Divorce Year of final decree: \_\_\_\_\_  
Any obligations from prior marriage: Yes  No  (If yes, bring copies with you at the time of your appointment.)  
Child support ; Spousal support ; Life Insurance ; Retirement Plan   
b.  Death Date of former spouse's death: \_\_\_\_\_  
c.  Annulment Year of final decree: \_\_\_\_\_

**I. HUSBAND'S CHILDREN NOT OF THIS MARRIAGE:**

Do you have living children not of the current marriage? Yes  No  If no, skip to Paragraph J of this Section. If yes, list all of your living children not of the current marriage. Provide the following information about the living child, if additional space is needed, use page 6:

1. Full name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Gender: M  F  Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Full name of child's mother: \_\_\_\_\_

2. Full name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Gender: M  F  Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Full name of child's mother: \_\_\_\_\_

**J. HUSBAND'S DECEASED CHILDREN NOT OF THIS MARRIAGE:**

Do you have any deceased children not of the current marriage? Yes  No  If no, skip to Paragraph K of this Section. If yes, provide the following information about the deceased child:

1. Full name: \_\_\_\_\_  
 Date of death: \_\_\_\_\_ Any living issue of this child? Yes  No   
 If yes, name(s) and date(s) of birth of each: \_\_\_\_\_  
 \_\_\_\_\_

2. Full name: \_\_\_\_\_  
 Date of death: \_\_\_\_\_ Any living issue of this child? Yes  No   
 If yes, name(s) and date(s) of birth of each: \_\_\_\_\_  
 \_\_\_\_\_

**K. WIFE'S CHILDREN NOT OF THIS MARRIAGE:**

Do you have living children not of the current marriage? Yes  No  If no, skip to Paragraph L of this Section. If yes, list all of your living children not of the current marriage. Provide the following information about the living child, if additional space is needed, use page 6:

1. Full name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Gender: M  F  Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Full name of child's father: \_\_\_\_\_

2. Full name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Gender: M  F  Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Full name of child's father: \_\_\_\_\_

**L. WIFE'S DECEASED CHILDREN NOT OF THIS MARRIAGE:**

Do you have any deceased children not of the current marriage? Yes  No  If no, skip to Section II. If yes, provide the following information about the deceased child:

1. Full name: \_\_\_\_\_  
 Date of death: \_\_\_\_\_ Any living issue of this child? Yes  No   
 If yes, name(s) and date(s) of birth of each: \_\_\_\_\_  
 \_\_\_\_\_

2. Full name: \_\_\_\_\_  
 Date of death: \_\_\_\_\_ Any living issue of this child? Yes  No   
 If yes, name(s) and date(s) of birth of each: \_\_\_\_\_  
 \_\_\_\_\_

**II. DOCUMENT DECISIONS AND INFORMATION**

**A. EXECUTORS/TRUSTEES (IN ORDER OF PREFERENCE):**

- 1.  Surviving Spouse
- 2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
- 3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
- 4. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Note: If the same order of persons indicated above are also desired as guardians, agents for financial management and healthcare, and conservators of estate and person, check here , and skip to Paragraph G of this Section. If different, complete Paragraphs B-F of this Section.

**B. GUARDIAN OF MINOR CHILD(REN) (IN ORDER OF PREFERENCE):**

- 1. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
- 2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
- 3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**C. HUSBAND'S AGENT FOR POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT AND CONSERVATOR OF ESTATE (IN ORDER OF PREFERENCE):**

- 1.  Spouse
- 2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
- 3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
- 4. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**D. WIFE'S AGENT FOR POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT AND CONSERVATOR OF ESTATE (IN ORDER OF PREFERENCE):**

- 1.  Spouse
- 2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
- 3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
- 4. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**E. HUSBAND'S AGENT FOR HEALTH CARE AND CONSERVATOR OF PERSON (IN ORDER OF PREFERENCE):**

- 1.  Spouse
- 2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
- 3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
- 4. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**F. WIFE'S AGENT FOR HEALTH CARE AND CONSERVATOR OF PERSON (IN ORDER OF PREFERENCE):**

- 1.  Spouse
- 2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_
- 3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_
- 4. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

**G. HUSBAND'S AND WIFE'S CHOICES FOR ADVANCE HEALTH CARE DIRECTIVE:**

<b>HUSBAND</b>	<b>WIFE</b>
<p>1. Statement of desires concerning life-sustaining treatment and special provisions:</p> <p>a. <input type="checkbox"/> prolong life; <b>OR</b> <input type="checkbox"/> do not prolong life</p> <p>b. <input type="checkbox"/> continue nutrition and hydration; <b>OR</b> <input type="checkbox"/> do not continue nutrition and hydration; <b>OR</b> <input type="checkbox"/> no artificial nutrition and hydration except for treatment of temporary condition; <b>OR</b> <input type="checkbox"/> no artificial nutrition and hydration except for comfort or to alleviate pain</p> <p>c. Alzheimer's Disease - noninvasive life-prolonging treatments as long as I have the ability to meaningfully interact with family and am physically independent; but no highly intrusive treatments such as CPR, mechanical ventilation, or kidney dialysis: yes <input type="checkbox"/> no <input type="checkbox"/></p>	<p>1. Statement of desires concerning life-sustaining treatment and special provisions:</p> <p>a. <input type="checkbox"/> prolong life; <b>OR</b> <input type="checkbox"/> do not prolong life</p> <p>b. <input type="checkbox"/> continue nutrition and hydration; <b>OR</b> <input type="checkbox"/> do not continue nutrition and hydration; <b>OR</b> <input type="checkbox"/> no artificial nutrition and hydration except for treatment of temporary condition; <b>OR</b> <input type="checkbox"/> no artificial nutrition and hydration except for comfort or to alleviate pain</p> <p>c. Alzheimer's Disease - noninvasive life-prolonging treatments as long as I have the ability to meaningfully interact with family and am physically independent; but no highly intrusive treatments such as CPR, mechanical ventilation, or kidney dialysis: yes <input type="checkbox"/> no <input type="checkbox"/></p>
<p>2. Authority for agent to (<b>check all that apply</b>):</p> <p>a. <input type="checkbox"/> authorize donation of organs at death for <input type="checkbox"/> transplant <input type="checkbox"/> therapy <input type="checkbox"/> research <input type="checkbox"/> education; <b>OR</b> <input type="checkbox"/> authorize donation of specific organs at death (specify): _____ for <input type="checkbox"/> transplant <input type="checkbox"/> therapy <input type="checkbox"/> research <input type="checkbox"/> education; <b>OR</b> <input type="checkbox"/> no organ donation</p> <p>b. Disposition of remains: burial <input type="checkbox"/> cremation <input type="checkbox"/></p> <p>c. Authorize autopsy: yes <input type="checkbox"/> no <input type="checkbox"/></p>	<p>2. Authority for agent to (<b>check all that apply</b>):</p> <p>a. <input type="checkbox"/> authorize donation of organs at death for <input type="checkbox"/> transplant <input type="checkbox"/> therapy <input type="checkbox"/> research <input type="checkbox"/> education; <b>OR</b> <input type="checkbox"/> authorize donation of specific organs at death (specify): _____ for <input type="checkbox"/> transplant <input type="checkbox"/> therapy <input type="checkbox"/> research <input type="checkbox"/> education; <b>OR</b> <input type="checkbox"/> no organ donation</p> <p>b. Disposition of remains: burial <input type="checkbox"/> cremation <input type="checkbox"/></p> <p>c. Authorize autopsy: yes <input type="checkbox"/> no <input type="checkbox"/></p>

**III. KEY ADVISORS**

- Other Attorney: \_\_\_\_\_
- Address and telephone number: \_\_\_\_\_
- Securities Broker: \_\_\_\_\_
- Address and telephone number: \_\_\_\_\_

Investment Counselor: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Life: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Casualty: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

**IV. ADDITIONAL INFORMATION/COMMENTS:**

Do you currently have a will? Yes  No  (If yes, please bring copies with you at the time of your appointment.)

Do you expect to inherit something from parents or other, or has either previously inherited anything?

Husband: Yes  No       Wife: Yes  No

Do you expect to receive gifts from parents or others?

Husband: Yes  No       Wife: Yes  No

Are you the beneficiary of a trust  established by you?  established by someone other than you? (Please bring copies with you at the time of your appointment.)

To your knowledge, do you hold the power to appoint assets presently subject to a trust? Yes  No

Are you the trustee of a trust for someone else? Yes  No

Special family considerations: Yes  No  (If yes, attach separate sheet and enter details.)

Spouse ; Child ; Grandchild ; Parent ; Prior marriage

"Child and issue" to include adopted persons? Yes  No  Step-child(ren)? Yes  No

Do you have a child with a learning disability? Yes  No

Do any of your children receive governmental support or benefits? Yes  No

Do any of your children have special education, medical, or physical needs? Yes  No

Are either of you receiving social security, disability, or other governmental benefits? Yes  No

Do you provide primary or other major financial support to adult children? Yes  No

Any hostility now or later? Spouse and children-this marriage ? Spouse and prior marriage children ? Beneficiaries v. executor or trustee ?

Location of safe deposit box: \_\_\_\_\_

Who has access to safe deposit box: \_\_\_\_\_

**DO YOU OWN ANY GUNS?** Yes  No

Any marriage agreements? Before marriage? Yes  No  After marriage? Yes  No  (If yes, please bring copies with you at the time of your appointment.)

**V. ADDITIONAL INFORMATION**

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**VI. ASSET INFORMATION:**

**A. REAL PROPERTY:**

Address and Assessor's Parcel Number	Title (✓)			Present Gross Value	Cost	Description of Property
	SP <sup>1</sup>	CP <sup>2</sup>	JT <sup>3</sup>			
			4	\$	\$	
			5	\$	\$	
			6	\$	\$	

<sup>1</sup> Separate Property

<sup>2</sup> Community Property

<sup>3</sup> Joint Tenancy

<sup>4</sup> Co-Owner(s): \_\_\_\_\_

<sup>5</sup> Co-Owner(s): \_\_\_\_\_

<sup>6</sup> Co-Owner(s): \_\_\_\_\_

**B. STOCKS**

Number of Shares	Company	Title (✓)			Present Value
		SP	CP	JT	
				7	\$
				8	\$
				9	\$

**C. BONDS:**

Value	Description	Title (✓)			Yield	Maturity Date
		SP	CP	JT		
\$				10	%	/ /
\$				11	%	/ /
\$				12	%	/ /

<sup>7</sup> Co-Owner(s): \_\_\_\_\_

<sup>8</sup> Co-Owner(s): \_\_\_\_\_

<sup>9</sup> Co-Owner(s): \_\_\_\_\_

<sup>10</sup> Co-Owner(s): \_\_\_\_\_

<sup>11</sup> Co-Owner(s): \_\_\_\_\_

<sup>12</sup> Co-Owner(s): \_\_\_\_\_



**D. BANK ACCOUNTS:**

Account Number	Type (✓)		Bank Name and Address	Balance	Name(s) on Account
	C/A <sup>13</sup>	S/A <sup>14</sup>			
				\$	
				\$	
				\$	

**E. PROMISSORY NOTES:**

Balance Due	Debtor	Date Due	Face Amount	Date Signed
\$			\$	/ /
\$			\$	/ /
\$			\$	/ /

**F. LIFE INSURANCE:**

Policy Number	Insurance Company	Insured	Beneficiary	Face Value
				\$
				\$
				\$

**G. TANGIBLE PERSONAL PROPERTY (INCLUDING VEHICLES):**

Description	Present Value
Furniture and furnishings	\$
Personal effects	\$
	\$

**H. EMPLOYEE BENEFITS (DEFERRED COMPENSATION):**

Type of Plan: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Payment: Lump sum  Annuity

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>13</sup>Checking account

<sup>14</sup>Savings account

I. IRAs:

Bank/Brokerage Firm	Account No.	Description	Value
			\$
			\$
			\$
			\$

J. OTHER ASSETS:

Partnerships, corporations, notes receivable, mineral/oil/gas rights, timeshares, etc. Please provide (1) description, (2) owners, and (3) approximate value:

---

---

---

---

**CERTIFICATION OF INFORMATION**

We, the undersigned, do hereby certify that the information provided above is true and correct to the best of our knowledge. We understand that all of the estate planning issues we discuss with the staff of the **Law Office of Theresa L. McConville**, will be based upon the information we have provided in this Estate Planning Questionnaire.

Dated: \_\_\_\_\_

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