

**ESTATE PLANNING QUESTIONNAIRE (SINGLE)**

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Please bring this information to the appointment.

Date: \_\_\_\_\_ File Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**A. PERSONAL DATA**Full Name: \_\_\_\_\_  
(print name as shown on your checks)

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

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

Birth Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

U.S. Citizen?  Yes  NoIf widowed, please list **name of spouse** and **date of death**: \_\_\_\_\_Was your former spouse a Veteran?  Yes  No If yes, please provide information!If you or your former spouse is or was a Veteran, are you receiving Tricare?  Yes  No**B. REFERRAL**

Who referred you to our office?

Full Name: \_\_\_\_\_

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

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

Home Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Referral is:  Attorney  Financial Planner  Previous Client of Anderson Elder Law  
 Doctor  Social Worker  Other: \_\_\_\_\_Have you visited our Website at **www.AndersonElderLaw.com**?  Yes  No

Do you have any ideas for improving our Website? If so, please discuss.

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

**C. CHILDREN** (if applicable)Name of Child: \_\_\_\_\_ Male  Female 

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

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

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Husband:  Natural child  Adopted  Stepchild  Child born out of wedlockRelationship to Wife:  Natural child  Adopted  Stepchild  Child born out of wedlockName of Child: \_\_\_\_\_ Male  Female 

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

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

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Husband:  Natural child  Adopted  Stepchild  Child born out of wedlockRelationship to Wife:  Natural child  Adopted  Stepchild  Child born out of wedlockName of Child: \_\_\_\_\_ Male  Female 

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

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

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Husband:  Natural child  Adopted  Stepchild  Child born out of wedlockRelationship to Wife:  Natural child  Adopted  Stepchild  Child born out of wedlock

Name of Child: \_\_\_\_\_ Male  Female 

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

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

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Husband:  Natural child  Adopted  Stepchild  Child born out of wedlockRelationship to Wife:  Natural child  Adopted  Stepchild  Child born out of wedlockAre all your children in good health?  Yes  NoAre any of your children blind?  Yes  NoAre any of your children disabled?  Yes  NoAre any of your children receiving SSI  
or other form of government entitlement?  Yes  No

If yes, how much is the child's monthly payment? \$ \_\_\_\_\_

Is the child receiving Medicaid or Medicare  Medicaid  Medicare

Do any of your family members have any problems with:

AIDS?  Yes  NoDrug Addiction?  Yes  NoAlcoholism?  Yes  NoSpendthrift?  Yes  NoMarital Difficulty?  Yes  NoDo any of your children live with you in your home?  Yes  No

If yes, name of child(ren): \_\_\_\_\_

Does a sibling live with you in your home?  Yes  No

If yes, name of sibling: \_\_\_\_\_

Are you a contributor to a 529 Plan?  Yes  No

If yes, please attach a statement of the 529 account.

**D. GRANDCHILDREN** (if applicable)**Name of Grandchild:** \_\_\_\_\_ Male  Female 

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

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

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

**Name of Grandchild:** \_\_\_\_\_ Male  Female 

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

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

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

**Name of Grandchild:** \_\_\_\_\_ Male  Female 

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

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

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

**Name of Grandchild:** \_\_\_\_\_ Male  Female 

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

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

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

**E. DISPOSITIVE INTENTIONS****1. Children**If you have children, do you wish to treat all of your children equally?  Yes  No

If not, why not? \_\_\_\_\_

After your death, at what age do you want distribution to your children? \_\_\_\_\_

**(e.g., a typical plan provides for one-third (1/3) at age 25, one-third (1/3) at age 30, and one-third (1/3) at age 35, or immediate.)****2. Grandchildren**If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren?  Yes  NoDo you wish to treat all of your grandchildren equally?  Yes  No

If not, why not? \_\_\_\_\_

How much do you want to leave your grandchildren? \_\_\_\_\_

At what age do you want distributions to your grandchildren? \_\_\_\_\_

**(e.g., a typical plan provides for one-third (1/3) at age 25, one-third (1/3) at age 30, and one-third (1/3) at age 35, or immediate.)**

### 3. Charity

Do you want to leave a specific amount of money or other assets to any charity?  Yes  No

If yes, please list:

**Name of Charity:** \_\_\_\_\_

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

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

Dollar Amount: \_\_\_\_\_

**Name of Charity:** \_\_\_\_\_

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

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

Dollar Amount: \_\_\_\_\_

**Name of Charity:** \_\_\_\_\_

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

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

Dollar Amount: \_\_\_\_\_

### 4. Other Beneficiaries

Do you want your Will to benefit anyone other than children, grandchildren, or a charity?  Yes  No

If yes, please list:

**Name of Beneficiary:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

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

Dollar Amount: \_\_\_\_\_

**Name of Beneficiary:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

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

Dollar Amount: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Dollar Amount: \_\_\_\_\_

**F. EXECUTOR****Whom do you wish to serve as your Executor?**

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

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

**G. TRUSTEE****Whom do you want to serve as your Trustee?**

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

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

**H. GUARDIAN****If you have minor or disabled child/children, whom do you want to act as Guardian?**

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

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

**I. LIVING WILL****Do you want your Living Will to provide for withdrawal of artificial food and fluid?**  Yes  No**Do you want to donate your body to science? Any organs?**  Yes  No**Do you want your Health Care Agent to consult with anyone else prior to acting?**  Yes  No

If yes, with whom? \_\_\_\_\_

**Name of Proposed Health Care Agent:** \_\_\_\_\_

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

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

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

**Name of Proposed Alternate Health Care Agent:** \_\_\_\_\_

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

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

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

**PRIMARY CARE PHYSICIAN**

Full Name of Physician: \_\_\_\_\_

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

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

**J. FINANCIAL POWER OF ATTORNEY (ALSO CALLED GENERAL DURABLE POWER OF ATTORNEY)**

Name of Proposed Financial Agent: \_\_\_\_\_

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

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

Name of Proposed Alternate Financial Agent: \_\_\_\_\_

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

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

**K. MISCELLANEOUS**Do you have any other legal issues I should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Where do you store your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box?  Yes  No

If yes, please indicate the name and address of the location:

\_\_\_\_\_

Have you ever made gifts to any one person in excess of \$12,000 in any one year?  Yes  NoHave you ever filed a Federal Gift Tax Return?  Yes  No

**L. FINANCIAL SUMMARY**

ASSET/LIABILITY	ASSET TOTAL	LIABILITY TOTAL
<b>CHECKING(attach copies of statements)</b>		
<b>SAVINGS (attach copies of statements)</b>		
<b>MONEY MARKET (attach copies of statements)</b>		
<b>CERTIFICATE OF DEPOSIT (attach copies of statements)</b>		
<b>RESIDENCE (attach copy of deed)</b>		
<b>OTHER REAL ESTATE (attach copies of deed)</b>		
<b>Street Address:</b>		
<b>Street Address:</b>		
<b>BROKERAGE ACCOUNT (attach copies of statements)</b>		
<b>MUTUAL FUNDS (attach copies of statements)</b>		
<b>STOCKS NOT HELD BY BROKER (attach copies of certificates)</b>		
<b>BONDS: NON-MUTUAL FUNDS HELD BY BROKER (attach copies of statements)</b>		

ASSET/LIABILITY	ASSET TOTAL	LIABILITY TOTAL
<b>BONDS: NON-MUTUAL FUNDS NOT HELD BY BROKER (attach copies of bonds)</b>		
<b>NOTES &amp; MORTGAGES RECEIVABLE (attach copies of Notes &amp; Mortgages)</b>		
<b>BUSINESS INTERESTS (attach copies of stock certificates, partnership agreements and/or other documentation)</b>		
Name of Business:		
Name of Business:		
<b>NON-IRA TAX QUALIFIED RETIREMENT PLAN (attach copies of statements)</b>		
<b>TRADITIONAL IRA PLAN (attach copies of statements)</b>		
<b>ROTH IRA (attach copies of statements)</b>		
<b>ANNUITIES (attach copies of all contracts)</b>		
<b>LIFE INSURANCE (attach copies of the front page of all policies)</b>		
<b>INHERITANCE, ETC.</b>		
<b>AUTOMOBILES</b>		
<b>JEWELRY COLLECTIONS</b>		
<b>OTHER ASSET (attach copies of documentation pertaining to such assets)</b>		
Description:		
Description:		
Description:		
<b>TOTALS</b>		



**Are you a contributor to a 529 Plan?**  Yes  No

If yes, please attach a statement of the 529 account.

**Personal Residence:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Folio Number: \_\_\_\_\_ (Can be obtained from Tax Bill)

**Addresses of real property other than personal residence:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Folio Number: \_\_\_\_\_ (Can be obtained from Tax Bill)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Folio Number: \_\_\_\_\_ (Can be obtained from Tax Bill)

**M. CERTIFICATION**

The undersigned hereby represents to Anderson Elder Law that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

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Signature of Client or Client Representative

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Date