

SHORT FORM ESTATE QUESTIONNAIRE

I. PERSONAL INFORMATION

- a. Full Legal Name: _____
- b. Citizenship: _____
- c. Social Security #: _____
- d. Place of Birth: _____
- e. Date of Birth: _____
- f. Home Address: _____
- g. Home Telephone: _____
- h. Email Address: _____
- i. Fax Number: _____
- j. Cell Phone Number: _____
- k. Employer/Business: _____
- l. Business Telephone: _____
- m. Occupation: _____
- n. Annual Income: _____

II. SPOUSE INFORMATION

- a. Full Legal Name: _____
- b. Citizenship: _____
- c. Social Security #: _____
- d. Place of Birth: _____
- e. Date of Birth: _____
- f. Cell Phone Number: _____
- g. Employer/Business: _____
- h. Business Telephone: _____
- i. Occupation: _____
- j. Annual Income: _____

III. MARITAL INFORMATION

a. Prior Marriages, Name of Spouse(s) and Dates of Divorce(s)

i. Husband: _____

ii. Wife: _____

b. Wife's Maiden Name: _____

IV. CHILDREN

a. Child #1

i. Full Legal Name: _____

ii. Address: _____

iii. City, State Zip: _____

iv. Date of Birth: _____

v. Name of Spouse: _____

vi. Children with Date of Birth: _____

b. Child #2

i. Full Legal Name: _____

ii. Address: _____

iii. City, State Zip: _____

iv. Date of Birth: _____

v. Name of Spouse: _____

vi. Children with Date of Birth: _____

c. Child #3

i. Full Legal Name: _____

ii. Address: _____

iii. City, State Zip: _____

iv. Date of Birth: _____

v. Name of Spouse: _____

vi. Children with Date of Birth: _____

d. Other Dependents

If you have other dependents besides your minor children, please name them, describe your relationship and the degree of dependency.

V. **PARENTS** *(if deceased, please write "(D)" after their name)*

a. Your Father's Full Name: _____

b. Your Mother's Full Name: _____

c. Spouse's Father's Name: _____

d. Spouse's Mother's Name: _____

VI. **SIBLINGS** *(if deceased, please write "(D)" after their name)*

a. Sibling #1

i. Your Sibling's Full Name: _____

ii. Address: _____

iii. City, State, Zip: _____

b. Sibling #2

i. Your Sibling's Full Name: _____

ii. Address: _____

iii. City, State, Zip: _____

c. Sibling #3

i. Your Sibling's Full Name: _____

ii. Address: _____

iii. City, State, Zip: _____

d. Sibling #4

i. Your Sibling's Full Name: _____

ii. Address: _____

iii. City, State, Zip: _____

VII. SPOUSE SIBLINGS *(if deceased, please write "(D)" after their name)*

a. Spouse Sibling #1

i. Your Sibling's Full Name: _____

ii. Address: _____

iii. City, State, Zip: _____

b. Spouse Sibling #2

i. Your Sibling's Full Name: _____

ii. Address: _____

iii. City, State, Zip: _____

c. Spouse Sibling #3

i. Your Sibling's Full Name: _____

ii. Address: _____

iii. City, State, Zip: _____

d. Spouse Sibling #4

i. Your Sibling's Full Name: _____

ii. Address: _____

iii. City, State, Zip: _____

VIII. OTHER INTENDED BENEFICIARIES

If you have other individuals or entities, including charitable organizations, you wish to benefit from your estate, please give the pertinent information below.

- i. Full Name: _____
Relationship: _____
Address: _____
City, State Zip: _____
- ii. Full Name: _____
Relationship: _____
Address: _____
City, State Zip: _____

IX. NAMED INDIVIDUALS

In this section give the names of other individuals not previously mentioned whom you will rely on to handle, either as a primary or successor person, your estate, including probating your will, health care proxies and handling any trusts and power of attorney.

- a. Name #1: _____
Address: _____
City St Zip: _____
- b. Name #2: _____
Address: _____
City St Zip: _____

X. ASSETS & LIABILITIES

- a. Primary Residence (Value and Mortgage): _____
- b. Other Real Estate (Combined Value and Mtg): _____
- c. Number of Closely Held Corps, S-Corps or LLC: _____
- d. Combined value of above answer: _____
- e. Value of jewelry, cars and other collectibles: _____
- f. Combined value of money in Checking Accts: _____
- g. Combined value of money in Sav/Other Accts: _____

- h. Value in Stock or Mutual Funds:
- i. Value of Whole or Variable Life Ins:
- j. Value in Term Life Ins:
- k. Value in Retirement Funds

You	Spouse

XI. HEALTH CARE

In this section, we will discuss your wishes for health care in the instance you can't make them for yourself.

- 1. Whom do you want to name as your "health care proxy" after ? _____
- 2. Whom do you want to name as your "successor health care proxy"? _____
- 3. If you cannot make decisions yourself, do you want your proxy to make all of the decisions? _____
(If your answer is yes, go to Question 6)
- 4. Do you want life support (artificial respiration, hydration and nutrition) if known that you will die?__
- 5. Do you want life support (artificial respiration, hydration and nutrition)if you are brain dead? _____
- 6. Do you want to be cremated?_____ 7. Do you want to donate organs? _____

IF AVAILABLE, PLEASE FURNISH A COPY OF YOUR EXISTING WILLS AND/OR CODICILS AND ANY TRUST AGREEMENTS OF ANY TRUSTS IN WHICH YOU MAY HAVE AN INTEREST AS BENEFICIARY, EXECUTOR, ADMINISTRATOR, TRUSTEE, ETC.

If there is not enough room in the questionnaire for your responses, do not hesitate to add attachments.