

# Farrell & Johnson PLLC Estate Planning Questionnaire

*Please do not try to convert this to Word. Open it in Adobe Acrobat and fill in the blanks,  
or print and complete in ink.*

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

Person supplying answers to these questions:  Client  Other (Relationship: \_\_\_\_\_)

If other than client, name:

<b>Name</b> (First, Middle & Last):	
<b>Date of Birth:</b>	<b>Social Security No.:</b>
<b>Home Address:</b>	
<b>Email:</b>	<b>Fax:</b>
<b>Phone (Home):</b>	<b>Phone (Mobile):</b>
<b>Home County:</b>	<b>Phone (Work):</b>
<b>Mailing address (if different from above):</b>	
<b>Living Arrangements:</b> <input type="checkbox"/> Own Home <input type="checkbox"/> Rent-House/Apt. <input type="checkbox"/> Rent-Assisted Living <input type="checkbox"/> No Rent-Home of _____ <input type="checkbox"/> Nursing Home: _____ <b>Who else lives there (if not Nursing Home or Assisted Living):</b>  	
<b>Citizenship:</b> <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither	
<b>Marital History</b> <input type="checkbox"/> Never married <input type="checkbox"/> Previously married -- Name of most recent spouse _____ Date of Marriage _____ Marriage ended in <input type="checkbox"/> Divorce Date _____ County _____ <input type="checkbox"/> Death Date of Death _____	

## Your Family

Do you have one or more living children?  Yes  No

Do you have any grandchildren who are children of a deceased child of yours?  Yes  No

Do you help support anyone other than a child of yours under age 18?  Yes  No

If so, name: \_\_\_\_\_ Relationship if any: \_\_\_\_\_

**List below your children. If a child of yours has died, also list his or her children (your grandchildren):**

Full Name	Address	Phones	Disabled? <sup>2</sup>	Age	Auth'd
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Yes <input type="checkbox"/> No
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Yes <input type="checkbox"/> No
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Yes <input type="checkbox"/> No
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Yes <input type="checkbox"/> No
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Yes <input type="checkbox"/> No
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Yes <input type="checkbox"/> No
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Yes <input type="checkbox"/> No

*Attorney use only:*

Notes re family and other sources of support, conflict or difficulty

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<sup>2</sup> A person is “disabled” for this purpose if he or she is unable, due to physical or mental disability, to engage in substantial gainful employment that exists in significant numbers in the national economy. If the person is presently receiving Social Security Disability, Supplemental Security Income (SSI), or Medicaid assistance for long term care, he or she does meet this requirement.

**Information concerning your residence, if owned by you:**

**Deed is in the name of** \_\_\_\_\_

**Location:**  Address already entered on page 1. If not, street address: \_\_\_\_\_

**Ownership:**  You alone (100% ownership)  
 You and \_\_\_\_\_, and you own \_\_\_\_\_% of the residence. Relationship, if any, of co-owner(s): \_\_\_\_\_

**Property tax "fair market value" \$** \_\_\_\_\_

**Amount owed on the mortgage:**  Nothing (paid off)  Presently owe \$ \_\_\_\_\_

**Monthly payment if any:** \$ \_\_\_\_\_  Principal & Interest Only  Includes Property Tax & Insurance

***Your Other Assets***

<b>Resource Description</b>	<b>Value</b>	<b>Beneficiary at Death (if any)</b>
Most Valuable Vehicle <sup>1</sup> :		
Vehicle 2:		
Vehicle 3:		
Gravesite/Markers(s) (Name of Cemetery):		
Prepaid Funeral Contracts:		
Household Goods:		
Bank and Credit Union Accounts <i>not</i> in IRA's or other retirement accounts (Name(s) of Bank or CU and type of account):		

<sup>1</sup> Enter year, make, model for all vehicles. Include any motorcycles, boats, trailers or RVs.

<b>Stocks/Bonds <u>not</u> in IRA's (Brokerage or Security Name):</b>		<b>Value</b>	<b>Beneficiary at Death (if any)</b>
Untaxed Retirement Accounts (such as 401k's, IRA's & "Qualified" Annuities) Company Name:			
Nonqualified Annuity Contracts (not in untaxed retirement accounts) Company Name:			
Safe Deposit Box: Who else has access?			
Bank Location & Contents:			
Life Insurance:			
Company Name	Death Benefit	Cash Value	Beneficiary at Death (if any)
Notes Receivable:		Value	
Real Estate (Other Than Residence):			
Mineral Rights <input type="checkbox"/> Tax-Appraised Value if any or <input type="checkbox"/> 40X Avg. Monthly Income County:			
Other (Describe):			
<i>Attorney use only</i>			
<i>Total assets:</i>			

***Your Debts***

<b>Description:</b>	<b>Amount</b>
Homestead Debt:	
Other Secured Debt:	
Unsecured Debt:	
Unsecured Debt:	
<i>Attorney Use Only:</i>	
<i>Total Debts:</i>	

***Military Service***

Have you, a spouse or deceased child(ren) ever been in the U. S. armed forces?  YES  NO

If so, is the veteran deceased, of service related cause(s)?  YES  NO

Does the veteran now have any service-related disability?  YES  NO

If so, is the disability 100%?  YES  NO If so, number of years it has been 100%: \_\_\_\_\_

<b>Veteran's Name</b>	<b>Service Branch</b>	<b>Dates on Active Duty<sup>1</sup></b>	<b>Type of Discharge*</b>
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>

*\* H=Honorable G=General D=Dishonorable*

<sup>1</sup> Do not include Active Duty for Training. Do include active duty of a reservist or National Guard member when "called up" (activated).

***Your Income***

***Please indicate monthly income:***

<b>FIXED INCOME</b>	<b>Monthly Amount</b>
<b>Source:</b>	
Social Sec. Net Monthly Payment	
Medicare Premium(s)	
Pension Gross Monthly Payment:	
Pension Gross Monthly Payment:	
VA Gross Monthly Payment:	
Other Gross Monthly Payment:	
<i>Attorney use only:</i>	
<i>Total Fixed</i>	

<b>VARIABLE INCOME:</b>	<b>Monthly Amount</b>
Interest	
Dividends	
Salary	
Rent/Note	
Oil & Gas	
Partnership, LLC or other business	
Other	
<i>Attorney use only:</i>	
<i>Total variable:</i>	
<i>Total income:</i>	

### *Other questions concerning your assets*

<b>Are you beneficiary of a trust?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Transferred assets to a trust?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Anticipate an inheritance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Received an inheritance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, be sure anything you still own is listed among your other assets above.)</i>

### *Questions concerning legal documents*

<b>Document</b>	Do you have this document?	<i>Attorney use only: Document Adequate?</i>
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Durable Power of Attorney (Financial)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Medical Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Directive to Physicians (Living Will)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Declaration of Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Designation of Agent for Remains	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Living (Revocable) Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Documents funding Living Trust (deeds, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
<i>Attorney Notes:</i>		