

*John E. Stanojev, RFC, CSA*  
*Capital Insurance & Investment Planning*  
*44 E. Court St. Doylestown, PA 18901*  
*215-345-6961 Office / 215-893-5463 fax*

**ESTATE PLANNING QUESTIONNAIRE**

DATE \_\_\_\_\_

General Information

CLIENT:

NAME \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

SPOUSE (if applicable):

NAME \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

Family Profile

<u>NAME</u>	<u>MARITAL STATUS</u>	<u>NUMBER OF CHILDREN</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>	<u>SOCIAL SECURITY NUMBER</u>
HUSBAND					
WIFE					
CHILDREN					
and					
DECEASED					
CHILDREN					
(include					
address if					
other than					
yours, and					
note if child					
is deceased)					

You should include Grandchildren but designate as such

Assets

Note: Feel free to prepare supplementary schedules to provide further details with respect to any of the following categories.

	HUSBAND	WIFE	JOINT
CASH, BANK ACCOUNTS & MONEY MARKET FUNDS	_____	_____	_____
BONDS & BOND FUNDS	_____	_____	_____
LISTED STOCKS AND MUTUAL FUNDS	_____	_____	_____
LISTED PARTNERSHIPS	_____	_____	_____
RESIDENCE	_____	_____	_____
OTHER HOMES	_____	_____	_____
INVESTMENT REAL ESTATE	_____	_____	_____
PROFESSIONS OR BUSINESSES in which you are active (Sole Prop., Partnerships, or Corporation)	_____	_____	_____
RETIREMENT PLANS including IRAs (complete supplemental information)	_____	_____	_____
CLOSELY HELD INVESTMENTS (in which you are not active)	_____	_____	_____
LIFE INSURANCE (complete supplemental information)	_____	_____	_____

Assets Continued

ANNUITIES

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INTERESTS in ESTATES/TRUSTS

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HOME FURNISHINGS

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AUTOMOBILES

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COLLECTIONS

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OTHER PERSONAL EFFECTS

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MISCELLANEOUS ASSETS  
(identify if significant)

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TOTALS

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## Supplemental Information Regarding Retirement Plans:

	IRA	KEOGH	PENSION	PROFIT-SHARING
PARTICIPANT	_____	_____	_____	_____
BENEFICIARY	_____	_____	_____	_____
PRESENT VALUE	_____	_____	_____	_____

Liabilities

	Debt #1	Debt #2	Debt #3	Debt #4
CREDITOR	_____	_____	_____	_____
AMOUNT OF DEBT	_____	_____	_____	_____
ASSETS	_____	_____	_____	_____
ENCUMBERED (if any)	_____	_____	_____	_____

PERSONAL  
LIABILITY (indicate "yes" or "no" and husband (H), wife (W), or joint (J) if there is personal liability)

Advisors

	Name and Address	Telephone Number
Life Insurance Agent	_____	_____
Investment Advisor	_____	_____
Stock Broker	_____	_____
Attorney	_____	_____
Physician	_____	_____
Other Consultant or Advisor	_____	_____

If spouse uses different advisors, please note and provide the same information for spouse's advisors.

## LIFE INSURANCE

[illegible]

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**Worksheet**

Additional Information

1. Were you or your spouse married previously, indicate to whom, when and how marriage terminated, whether there were children of such marriage and whether there are any continuing rights obligations arising pursuant to any property settlement agreement or divorce decree.
2. Where and when did your current marriage occur?
3. In what states have you resided during your marriage?
4. Have you and your spouse entered into a pre-nuptial or post-nuptial agreement?
5. Has either spouse filed gift tax returns or made any gifts (outright or in trust) exceeding \$10,000 per year to any person?
6. Does either spouse have a power of appointment or other interest under a will or trust created by someone else? Does either spouse expect a significant inheritance?



7. Is either spouse a party to a buy-sell agreement, stock option plan, salary continuation plan or other deferred compensation plan other than a qualified pension or profit sharing plan?

8. In general, how do you want your estate distributed among your beneficiaries? (avoid making specific gifts where possible, as such items may not be in your possession at the time of your demise, additionally feel free to give contingent gifts, i.e. to my children equally, but if my children predecease me to my grandchildren equally). You may choose to leave your estate to whom ever you wish, including charities.

9. Do you want to control the way your assets pass after your spouse dies (assuming that you pass away first)

10. If a trust is established for the surviving spouse, to what extent should he or she be permitted to invade the principal? (if a credit shelter trust is established there are limitations as to the amount that can be invaded at the surviving spouse's discretion.)

11. Is there anyone other than your spouse and children for whom you are financially responsible or to whom you or your spouse wish to leave a part of your estate?

12. Do you wish to make any charitable gifts in your Wills?

13. Do you want any assets to pass to your children before the second spouse's death?

14. Do you want assets passing to your children or grandchildren to be held in trust until a specific age? (If so, at what ages should the trust require distribution of income or principal to your children? The Trustee can also be given discretion to make such distributions prior to such age for the health, education, and welfare of the child).

15. Should any special problems be considered or special allowances be made as to any person, for example, for physical or mental disability?

16. If a child is under 18 when both spouses die, who do you want to raise such child? (know that this request is not binding on the courts, but would give the court guidance)

17. Who do you and your spouse want the Executors of your estate to be? (Although you can choose more than one, it is usually easier to pick one person who can act independently. Additionally, indicate at least two others who you would want as Executors if your first choice is unwilling or unable to act as Executor at such time. Please give name, address and phone number of such individual.

18. Who do you and your spouse want to be the Trustees of any trusts established in your Wills? (For a credit shelter trust, you must pick an individual in addition to your spouse who independently has discretion to use principal for the health, welfare, and maintenance of your spouse. Please give name, address and phone number of such individuals.

19. If you or your children have adopted or do adopt a child, should the adopted child be treated the same as a natural child?

20. If a child dies while assets are in trust for him or her, do you want such child to be able to leave any of such assets to his or her spouse?

21. If neither you, and non of your lineal decedents survive, to whom do you want your assets to pass (i.e. siblings, nephews, nieces, or others)

22. Do you have any specific preference as to funeral, burial and/or anatomical bequests?

23. Do you or your spouse have a safe deposit box? If so, where is each located, and in what name or names is each maintained?

24. Where are your insurance policies kept, or are you wish not to disclose this information, who is the contact person, address, and phone number of the person who knows where such documents are kept?

25. Where are original wills or other important papers kept, or is you wish not to disclose this information, who is the contact person, address, and phone number of the person who knows where such documents are kept?