

ESTATE ANALYSIS QUESTIONNAIRE
(Single Person)

Client's Full Name: _____ **SS#** _____

Address: _____

Phone: Home: (____) _____ **Work:** (____) _____

Employer: _____

Birth Date: _____ **Citizenship:** _____

Children/ Name: _____ **D/O/B:** _____

Step Children: Address: _____

Name: _____ **D/O/B:** _____

Address: _____

Name: _____ **D/O/B:** _____

Address: _____

Name: _____ **D/O/B:** _____

Address: _____

Grandchildren/ Name: _____ **D/O/B:** _____

Step Grandchildren: Name: _____ **D/O/B:** _____

Name: _____ **D/O/B:** _____

Name: _____ **D/O/B:** _____

Executor: Name: _____

Address: _____

**Successor
Executor:** Name: _____

Address: _____

Second Successor Name: _____

Executor: Address: _____

Trustee: Name: _____

Address: _____

Successor Name: _____

Trustee: Address: _____

Second Successor Name: _____

Trustee: Address: _____

**Guardian of
Minor Children:** Name: _____

Address: _____

Special Bequests: _____

(Individual items you may wish to bequeath to an heir)

Balance of Estate: _____

Indicate the individuals you wish to inherit your assets and the order in which they are to inherit (ie, my spouse, and if my spouse does not survive me, then to my children, if no children survive me, then to my sister)

Other persons for whom Client wishes to provide:

Name: _____

Relationship: _____

Age: _____

Provisions desired (indicate direct or contingent): _____

Obtain COPIES of the following documents and information relating thereto:

Prior Wills _____

Location of originals: _____

Prior Trusts created by Client: _____

Schedule of trust assets: _____