

A stylized white outline of a house with a gabled roof and a chimney on the left side, set against a light blue background.

Confidential

ESTATE PLANNING QUESTIONNAIRE

for Couples

MEYER
CAPEL

®

A PROFESSIONAL
CORPORATION

For best results, please save this questionnaire to your computer and open the questionnaire separately in Adobe Reader before typing information.

PART 1: FAMILY INFORMATION

	CLIENT 1	CLIENT 2
Full Legal Name (First, Middle, Last) (include former names)		
Address		
Telephone Number		
Email Address		
Birthdate		
Social Security Number		
Occupation		
Employer		
Citizenship		

MARRIAGE INFORMATION:

Date, county and state of marriage: _____ Premarital agreement? _____ (*provide copy*)

List prior marriages, date ended, and reason (death or divorce). *Please provide copies of any marital settlement agreement(s).* _____

CHILDREN (IF ANY):

Child of Client 1 and 2	Child of Client 1	Child of Client 2	Other Relationship	Full Name (First, Middle, Last)	Address	Date of Birth

Guardian of Minor Children

If any of your children are minors, who would you like to name as their guardian(s)?

Guardian: _____ Relationship: _____
Successor Guardian: _____ Relationship: _____

GRANDCHILDREN (IF ANY):

Full Name (First, Middle, Last)	Birthdate	Parents' Names

PART 2: ESTATE PLANNING

PREVIOUS ESTATE PLANNING:

Do you have current wills or trusts in effect? ____ Yes ____ No If yes, please provide a copy.

PRESENT ESTATE PLANNING:

Executor

Who would you like to serve as Executor and Successor Executor of your estate?

	CLIENT 1 <input type="checkbox"/> Spouse/partner as first Executor, then:	CLIENT 2 <input type="checkbox"/> Spouse/partner as first Executor, then:
Executor:		
Address		
City, State, Zip		
Telephone Number		
Email Address		
Successor Executor:		
Address		
City, State, Zip		
Telephone Number		
Email Address		

Agent of Power of Attorney for Property

Who would you like to name as agent of your power of attorney for property?

	CLIENT 1 <input type="checkbox"/> Spouse/partner as primary Agent, then:	CLIENT 2 <input type="checkbox"/> Spouse/partner as primary Agent, then:
Agent:		
Address		
City, State, Zip		
Telephone Number		
Email Address		
Successor Agent:		
Address		
City, State, Zip		
Telephone Number		
Email Address		

Agent of Power of Attorney for Healthcare

Who would you like to name as agent of your power of attorney for healthcare?

	CLIENT 1 <input type="checkbox"/> Spouse/partner as primary Agent, then:	CLIENT 2 <input type="checkbox"/> Spouse/partner as primary Agent, then:
Agent:		
Address		
City, State, Zip		
Telephone Number		
Email Address		
Successor Agent:		
Address		
City, State, Zip		
Telephone Number		
Email Address		

PART 3: PERSONAL AGENT DATA

Location of safety deposit box and names on account: _____

Name(s) of financial planner(s): _____

Name of accountant: _____

Name(s) of life insurance agent(s): _____

List any long term care policy info: _____

PART 4: ASSETS/FINANCIAL INFORMATION

EXPECTED INHERITANCES:

	CLIENT 1	CLIENT 2
From Whom?		
Value		
From Whom?		
Value		
From Whom?		
Value		

BANK ACCOUNTS: (Do NOT include investments or IRAs)

Name of Institution	Type of Account (savings, checking, money market, CD)	Account Owner	Average Balance
Total:			

If any account has a payable on death designation, please add an asterisk (*) and provide details here:

REAL ESTATE:

Type of Real Estate (residence, farm, timeshare, etc.)	Real Estate Address or Location	Owner	Fair Market Value	Mortgage(s) Balance Due

RETIREMENT PLANS: IRAs/Keoghs, pension plans, 401k plans, profit-sharing plans, etc.

Plan/Administrator/Custodian	Type of Plan	Plan Owner	Value	Primary and Contingent Beneficiaries

SECURITIES:

Brokerage Accounts and Mutual Funds (Do NOT list closely-held corporate stock here)

Institution or Firm	Type of Account	Account Owner	Value

If any account has a transfer on death designation, please add an asterisk (*) and provide details here:

Individually Held Stocks and Bonds (Those held in certificated or direct registration form)

Name of Company or Bond	Account Owner	Number of Shares	Value

BUSINESS INTERESTS: partnership, joint venture, closely held corporation, proprietorship, limited liability company, etc.

Type of Interest/Name of Business	Interest Owner	% of Ownership or Number of Shares	Value

LIFE INSURANCE:

Insurer	Insured	Policy Owner	Primary & Contingent Beneficiaries	Face Amount	Cash Value (whole life)

ADDITIONAL/MISCELLANEOUS ASSETS: Below, please list any additional assets of value. Please include assets such as automobiles, boats, trailers, campers, mobile homes, intellectual property (e.g. patents or copyrights), savings bonds, royalty or mineral interests, extremely valuable collections (e.g. artwork, coins, firearms), frequent flyer miles, valuable credit card benefits, electronic assets (e.g. Bitcoin or other cryptocurrency), and any other valuable assets not listed elsewhere.

Description of Asset	Asset Owner	Value	Comments

LOANS AND NOTES: (other than mortgages listed on Page 6)

Financial Institution	Debtor	Date Due	Balance
Total:			

PART 5: ADDITIONAL INFORMATION

Have you ever lived in a community property state? Yes No

If so, which state? AZ CA ID LA NV NM TX WA WI

Have you ever made gifts totaling over \$10,000 to any one person in any one year? Yes No

If so, were gift tax returns ever filed? Yes No

Are you or any member of your family a beneficiary of a trust? Yes No

If yes, please provide copies.

Do you own any property for your child(ren) in a custodial or other account (e.g. college savings program, etc.)? Yes No If yes, please provide details in Part 7.

Who referred you to Meyer Capel? _____

PART 6: BEQUESTS

CHARITABLE BEQUESTS: Below, please list any charitable organizations you would like to include in your estate plan.

Client	Organization	Contact Information	Description of Gift (property, assets, cash, etc.)

SPECIFIC BEQUESTS: Below, please list any specific gifts you know you would like to include in your estate plan.

Client	Recipient	Description of Gift (property, assets, cash, etc.)

PART 7: FURTHER INFORMATION (Please provide any further information you want me to know.)

Client 1 Signature: _____

Client 2 Signature: _____

Date of Completion of Questionnaire: _____