

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 an unmarried individual

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

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

CHILDREN (IF ANY):

Full Name (First, Middle, Last)	Birthdate	Address

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 a current will and/or trust in effect? ____ Yes ____ No
If so, please provide a copy.

PRESENT ESTATE PLANNING:

Executor

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

	CLIENT
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
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
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(es): _____

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

Name of tax preparer: _____

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

List any long term care policy info: _____

PART 4: ASSETS/FINANCIAL INFORMATION

EXPECTED INHERITANCES:

CLIENT	
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 (please note if owned jointly with any other individual)	Average Balance
Total:			

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

REAL ESTATE:

Type of Real Estate (residence, farm, timeshare, etc.)	Real Estate Address or Location	How do you hold title? (please note if you hold title jointly with any other individual)	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 & Contingent Beneficiaries

SECURITIES:

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

Institution or Firm	Type of Account	Account Owner (please note if owned jointly with any other individual)	Value

If any account has a transfer on death designation, 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 (please note if owned jointly with any other individual)	Number of Shares	Value

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

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

Type of Interest/Name of Business	Interest Owner (please note if owned jointly with any other individual)	% 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 (please note if owned jointly with any other individual)	Value	Comments

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

Financial Institution	Debtor (please note if you owe jointly with any other individual)	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.

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.

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

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

Signature: _____

Date of Completion of Questionnaire: _____