

**DEFUR VORAN LLP**  
ESTATE PLANNING QUESTIONNAIRE

**A. GENERAL INFORMATION**

1. Date: \_\_\_\_\_
2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. Address of Permanent Residence: \_\_\_\_\_  
\_\_\_\_\_
5. Telephone Number(s): \_\_\_\_\_
6. Business or Occupation: \_\_\_\_\_
7. Business Address: \_\_\_\_\_
8. Business Telephone Number: \_\_\_\_\_
9. Spouse's Business or Occupation: \_\_\_\_\_
10. Spouse's Business Address: \_\_\_\_\_
11. Spouse's Business Telephone Number: \_\_\_\_\_
12. Social Security Number: \_\_\_\_\_
13. Spouse's Social Security Number: \_\_\_\_\_
14. Children and other Dependents:

	Name	Age	Relationship	Residence
(a)	_____			
(b)	_____			
(c)	_____			
(d)	_____			
(e)	_____			
(f)	_____			

15. Name, relationship and address of person or persons you wish to serve as Guardian for minor children if both you and spouse not living: \_\_\_\_\_

\_\_\_\_\_  
Alternate: \_\_\_\_\_

16. Other Family Members:

	Name	Age	Relationship	Residence
(a)	_____			
(b)	_____			
(c)	_____			
(d)	_____			
(e)	_____			

17. Name and Address of Accountant: \_\_\_\_\_

18. Name and Address of Life Insurance Agent: \_\_\_\_\_

19. Bank: \_\_\_\_\_

20. Location of Safe Deposit Box: \_\_\_\_\_

**B. ASSETS**

1.	Real Estate Description	Location Title	Current Value	Purchase Price Or Other Basis
(a)	_____			
(b)	_____			
(c)	_____			
(d)	_____			
(e)	_____			

2. Marketable Stocks, Bonds, Money Market Funds, Mutual Funds and Other Securities

	<u>Company</u>	<u>Description</u>	<u>No. of Shares or Face Value</u>	<u>Title</u>	<u>Current Value</u>	<u>Purchase Price or Other Basis</u>
(a)	_____	_____	_____	_____	_____	_____
(b)	_____	_____	_____	_____	_____	_____
(c)	_____	_____	_____	_____	_____	_____
(d)	_____	_____	_____	_____	_____	_____
(e)	_____	_____	_____	_____	_____	_____

3. Family or Closely Held Business:

- (a) Name of business: \_\_\_\_\_
- (b) Type of Entity (Proprietorship, partnership, or professional corporation): \_\_\_\_\_
- (c) Percent of Ownership: \_\_\_\_\_
- (d) Buy Sell Agreement Yes \_\_\_\_\_ or No \_\_\_\_\_
- (e) Current Value: \_\_\_\_\_
- (f) Purchase Price or other basis: \_\_\_\_\_

4. Professional Practice:

- (a) Name of Business or Practice: \_\_\_\_\_
- (b) Type of Business or Practice: \_\_\_\_\_
- (c) Type of Entity (Proprietorship, partnership, or professional corporation): \_\_\_\_\_
- (d) Percent of Ownership: \_\_\_\_\_
- (e) Current Value of Interest: \_\_\_\_\_

5. Cash, Bank Accounts, Certificates of Deposit:

	<u>Bank, S&amp;L or Credit Union</u>	<u>Type of Account</u>	<u>Title</u>	<u>Current Balance</u>
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____
(c)	_____	_____	_____	_____

(d) \_\_\_\_\_

(e) \_\_\_\_\_

6. Tangible Personal Property:

Description                      Title                      Current Value

(a) Autos \_\_\_\_\_

\_\_\_\_\_

(b) Boats \_\_\_\_\_

(c) Household Goods \_\_\_\_\_

(d) Antiques \_\_\_\_\_

(e) Works of Art \_\_\_\_\_

(f) Other \_\_\_\_\_

7. Life Insurance

Company                      Whole Life                      Face  
or Term                      Policy No.                      Value    Beneficiary                      Owner

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

8. Employee Benefits: (retirement plans, IRAs, Deferred Comp, Options, etc)

Bank, S&L or Credit Union                      Type of Account                      Title                      Current Balance  
(which spouse)

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

(f) \_\_\_\_\_

9. Other Assets: (e.g. notes, receivables. Describe and give current value and ownership).

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

**C. LIABILITIES**

1. Mortgages on Real Estate:

<u>Property</u>	<u>Lender</u>	<u>Current Balance</u>
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(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

2. Other Liens on Property (real or personal):

<u>Property</u>	<u>Lender</u>	<u>Current Balance</u>
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(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

3. Unsecured Debts:

<u>Lender</u>	<u>Current Balance</u>
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(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

4. Other Liabilities (including contingent liabilities):

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

**D. PRIOR ESTATE PLANNING**

1. Wills and Codicils:

(a) Date of Last Will or Codicil: \_\_\_\_\_

(b) Prepared by: \_\_\_\_\_

(c) Location of Original: \_\_\_\_\_

2. Spouse's Will and Codicils:

(a) Date of Last Will or Codicil: \_\_\_\_\_

(b) Prepared by: \_\_\_\_\_

(c) Location of Original: \_\_\_\_\_

3. Trust Agreements (self or spouse):

(a) Date: \_\_\_\_\_

(b) Prepared by: \_\_\_\_\_

(c) Trustee: \_\_\_\_\_

(d) Revocable or Irrevocable: \_\_\_\_\_

4. Gifts Made (self or spouse):

(a) Dates: \_\_\_\_\_

(b) Donees: \_\_\_\_\_

(c) Amounts: \_\_\_\_\_

5. Are you or your spouse the beneficiaries of any Trust? \_\_\_\_\_

If so, describe: \_\_\_\_\_

6. Do you or your spouse possess any powers of appointment? \_\_\_\_\_

If so, describe: \_\_\_\_\_

7. Do you or your spouse expect to inherit any significant property or sum of money? \_\_\_\_\_

\_\_\_\_\_

If so, describe: \_\_\_\_\_

**E. PERSONAL REPRESENTATIVE, POWER OF ATTORNEY, HEALTH CARE REPRESENTATIVE**

1. Name, address and telephone number of the persons you want to name as your Power of Attorney: \_\_\_\_\_

\_\_\_\_\_

Alternate: \_\_\_\_\_

\_\_\_\_\_

2. Name, address and telephone number of the persons you want to name as your Health Care Representative: \_\_\_\_\_

\_\_\_\_\_

Alternate: \_\_\_\_\_

\_\_\_\_\_

3. Name of person you want to name as the Personal Representative of your Estate: \_\_\_\_\_

\_\_\_\_\_

Alternate: \_\_\_\_\_

\_\_\_\_\_

4. Living Will Declaration: ( ) Yes; or ( ) No

**F. ESTATE PLANNING GOALS**

Please describe the goals you hope to accomplish through estate planning: (e.g. who will be the beneficiaries of your estate, are there any assets you would not want sold, are there any beneficiaries who are under a disability, how important are tax saving considerations?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_