



## Estate Planning Questionnaire

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Lawton Legacy Planning, PLLC  
Estate and Trust Planning and Administration

This questionnaire is a tool designed to help you take stock of your assets and define your estate planning goals. You may not be able to answer every question, and you may wish to discuss certain topics at our initial meeting. All information provided will be kept strictly confidential.

**Reminder: Please do not send us any confidential information until you have requested us to represent you, we have agreed to do so, and a fee agreement has been signed.**

We look forward to working with you.

**Part I**  
**Personal Information**

Your Full Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SSN# (last four) \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Telephone Number \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

It is okay to communicate with me via my E-mail address.

Legal Status:  Divorced  Widowed  Single

If Widowed: Name of Deceased Spouse \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Date of Death \_\_\_\_\_

**Your Children, Your Parents and Other Family Members**

*Use full legal names:*

<b>Name</b>	<b>Date of Birth/Date of Death</b>	<b>Relationship</b>
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1. _____	_____	_____
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Address, Best Phone & Disability Status: \_\_\_\_\_

2. _____	_____	_____
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Address, Best Phone & Disability Status: \_\_\_\_\_

<b>Name</b>	<b>Date of Birth/Date of Death</b>	<b>Relationship</b>
3. _____	_____	_____

Address, Best Phone & Disability Status: \_\_\_\_\_  
 \_\_\_\_\_

4. _____	_____	_____
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Address, Best Phone & Disability Status: \_\_\_\_\_  
 \_\_\_\_\_

5. _____	_____	_____
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Address, Best Phone & Disability Status: \_\_\_\_\_  
 \_\_\_\_\_

6. _____	_____	_____
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Address, Best Phone & Disability Status: \_\_\_\_\_  
 \_\_\_\_\_

**Advisors**

**Name and Address**

**Telephone**

Personal Attorney _____	_____
_____	_____

Accountant _____	_____
_____	_____

Financial Advisor _____	_____
_____	_____

Life Insurance Agent _____	_____
_____	_____

### Your Concerns

Please rate the following as to how important they are to you:

*H* - high concern, *S* - some concern, *L* - low concern, *N/A* - no concern or not applicable

Description	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	
Providing for and protecting children.	
Providing for and protecting grandchildren.	
Disinheriting a family member.	
Providing for charities at the time of death.	
Plan for the transfer and survival of a family business.	
Avoiding or reducing your estate taxes.	
Avoiding probate.	
Reduce administration costs at time of your death.	
Avoiding a conservatorship (“living probate”) in case of a disability.	
Avoiding will contests or other disputes upon death.	
Protecting assets from lawsuits or creditors.	
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	
Protecting children’s inheritance from the possibility of failed marriages.	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	

Other Concerns (Please list below):

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### Important Family Questions

Please answer "Yes" or "No"	Yes/No
Are you receiving Social Security, disability, or other governmental benefits? <i>If so, please explain below.</i>	
Are you making payments pursuant to a divorce or property settlement order? <i>If so, please furnish a copy.</i>	
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>	
Have you ever filed federal or state gift tax returns? <i>If so, please furnish copies of these returns.</i>	
Have you completed a previous will, trust, or estate planning? <i>If so, please furnish copies of these documents.</i>	
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>	
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>	
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	
Do any of your children have special educational, medical, or physical needs? <i>If so, please explain below.</i>	
Do any of your children receive governmental support or benefits? <i>If so, please explain below.</i>	
Do you provide primary or other major financial support to adult children or others? <i>If so, please explain below.</i>	

### Additional Information

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## Part II

### Property Information

#### Instructions for Completing the Property Information Checklist:

#### General Headings

This *Property Information* checklist is to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, attach **extra sheets** of paper to list your additional property.

#### Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

#### “Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled using the following abbreviations:

Owner of Property	Use
If own property in your name only	I
Joint Tenancy with someone, i.e. a child, parent, etc. The title of the property will tell you.	JTO
Tenants-in-Common with someone. The title of the property will tell you.	TIC
If you cannot determine how the property is owned	?

**Real Property**

**TYPE:** Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<b>Total</b>	_____	_____

**Furniture and Personal Effects**

**TYPE:** List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property. *(Please indicate type below and give a lump sum value for miscellaneous, less valuable items.)*

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<b>Total</b>	_____

**Automobiles, Boats, and RVs**

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

\_\_\_\_\_

\_\_\_\_\_

**Bank Accounts**

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" *(indicate type below). Do not include IRAs or 401(k)s here*

Name of Institution and Account Number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<b>Total</b>	_____

Note: If Account is in your name (or another's name) for the benefit of a minor, please specify and give minor's name.





**Business Interests**

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

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*Total* \_\_\_\_\_

**Money Owed to You**

**TYPE:** Mortgages or promissory notes payable **to you**, or other monies owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**Anticipated Inheritance, Gift, or Lawsuit Judgment**

**TYPE:** Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

**Description** \_\_\_\_\_

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*Total estimated value* \_\_\_\_\_

**Other Assets**

**TYPE:** Other property is any property that you have that does not fit into any listed category (guns, digital assets, etc.).

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

**Summary of Values**

<b>Assets</b>	<b>Amount*</b>		<b>Total Value</b>
	<b>Client</b>	<b>Other(s)</b>	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RVs	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money Owed to You	_____	_____	_____
Anticipated Inheritance, etc.	_____	_____	_____
Other Assets	_____	_____	_____
Guns	_____	_____	_____
Digital Assets	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____

\* *Values for property owned with other(s): please note your percentage in the “Client” column and the percentage owned by other(s) in “Other(s)” column.*