



## 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**

Full Legal Name of Spouse 1 \_\_\_\_\_

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.

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

Full Legal Name of Spouse 2 \_\_\_\_\_

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.

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

*Please use full legal names. For your children, please use "JT" if both spouses are the parents, "1" if spouse 1 is the parent, and "2" if spouse 2 is the parent.*

<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: \_\_\_\_\_

\_\_\_\_\_

3. _____	_____	_____
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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: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

9. \_\_\_\_\_

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

10. \_\_\_\_\_

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	
	Spouse 1	Spouse 2
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
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.		
Protect children’s inheritance in the event of a surviving spouse’s remarriage.		
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 check "Yes" or "No" for your answer)	Yes/No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>If so, please explain below.</i>	
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>If so, please furnish a copy.</i>	
Have you and your spouse signed a pre- or post-marriage contract? <i>If so, please furnish a copy.</i>	
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>	
Have you (or your spouse) ever filed federal or state gift tax returns? <i>If so, please furnish copies of these returns.</i>	
Have you (or your spouse) completed a previous will, trust, or estate planning? <i>If so, please furnish copies of these documents.</i>	
Do you (or your spouse) 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 (or your spouse) wish to make provisions for at the time of your death? <i>If so, please explain below.</i>	
Have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>	
Are you (or your spouse) 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 helps you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section 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. When doing so, please use the following abbreviations:

Owner of Property	Use
Spouse 1’s name alone, with no other person	1
Spouse 2’s name alone, with no other person	2
Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

**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)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse’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

Assets	Amount*		Total Value
	Spouse 1	Spouse 2	
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>			

\* *For Joint Property values, enter 1/2 in spouse 1's column and 1/2 in spouse 2's column.*