

**Moses & Moses, P.C.**  
3500 Blue Lake Drive, Suite 495  
Birmingham, AL 35243  
(205) 967-0901  
[www.mosespc.com](http://www.mosespc.com)

**ESTATE PLANNING QUESTIONNAIRE**  
(Married)

To help you plan for your later years and pass along your property to your heirs effectively, we need a good understanding of your wishes, your family, and your finances. All of the information you provide is kept in strictest confidence. It may take some time for you to gather all the information requested, but it will give you a good picture of your financial situation and allow us to create a plan best suited to your needs. Please bring this completed form with you to your consultation.

**PLEASE NOTE:** The information supplied will provide the basis for the planning advice to be given. Please answer each item as completely as possible and add any additional information you feel is pertinent. Failure to provide sufficient information could result in a plan that does not take maximum advantage of the opportunities available. **Please read and sign the statement at the end.**

Date: \_\_\_\_\_

**PART I: YOU & YOUR FAMILY**

A. You and Your Spouse

Full Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

U.S. Citizen? \_\_\_Yes\_\_\_No Place of Birth: \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

County: \_\_\_\_\_

Business  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

FAX: \_\_\_\_\_

Health: (1 is bad; 10 is good) \_\_\_\_\_

Memory: (1 is bad; 10 is good) \_\_\_\_\_

Full Name of  
Spouse \_\_\_\_\_

Birth  
Date \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_

U.S. Citizen? \_\_\_Yes\_\_\_No

Place of Birth: \_\_\_\_\_

Spouse's Residence  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Spouse's Business  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

FAX: \_\_\_\_\_

Health: (1 is bad; 10 is good) \_\_\_\_\_

Memory: (1 is bad; 10 is good) \_\_\_\_\_

Do you have a prenuptial agreement (also called an antenuptial agreement)? \_\_\_ Yes \_\_\_ No

If so, please provide a copy.

Place of Marriage: \_\_\_\_\_ Date: \_\_\_\_\_

Have you and your spouse ever lived in a community property state? \_\_\_Yes\_\_\_No  
(LA, AR, CA, TX, WA, ID, NH, NV)

	Annual Salary	Taxable Income	Income Tax Bracket
Your Occupation/Employer _____	_____	_____	_____
	Annual	Taxable	Income Tax

Spouse's Occupation/Employer \_\_\_\_\_ Salary \_\_\_\_\_ Income \_\_\_\_\_ Bracket \_\_\_\_\_

Did either of you have any previous marriages? \_\_\_\_ Yes \_\_\_\_ No

Previous Spouse's Name	Date & Place of Marriage	Date & Place of Divorce or Death	Divorce or Death	Children of Marriage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Spouse's Name	Date & Place of Marriage	Date & Place of Divorce or Death	Divorce or Death	Children of Marriage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**B. Your Parents and Siblings**

Names of Husband's Living Parents	Age	City & State Address	Health (1-bad 10- good)	Inheritance ?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names of Wife's Living Parents	Age	City & State Address	Health (1-bad 10- good)	Inheritance ?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names of Husband's	City & State	Health
_____	_____	_____

Living Siblings	Age	Address	(1-bad) 10- good)	Inheritance ?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names of Wife's Living Siblings	Age	City & State Address	Health (1-bad) 10- good)	Inheritance ?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**C. Children**

Full Names & Addresses of Children (Living or Deceased)	Age	Tel. #	Marital Status	Their Children
_____	_____	_____	S _ M _ D _	_____
_____				_____
_____				_____
_____	_____	_____	S _ M _ D _	_____
_____				_____
_____				_____
_____	_____	_____	S _ M _ D _	_____
_____				_____
_____				_____

If adopted, please add "A" after the name.

Full Names & Addresses of Children (Living or Deceased)	Age	Tel. #	Marital Status	Their Children
_____	___	_____	S _ M _ D _	_____
_____				_____
_____				_____
_____	___	_____	S _ M _ D _	_____
_____				_____
_____				_____

If adopted, please add "A" after the name.

**D. Extended Family**

If you are not married with surviving offspring, give full names of closest relatives and their close relatives (because, in many cases where remote relatives are heirs, court procedures require an "affidavit of kinship" - something like a "family tree").

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Advisors**

Do you have a financial planner? (name): \_\_\_\_\_

Do you have a banker? (name): \_\_\_\_\_

Do you have an accountant? (name): \_\_\_\_\_

Do you have an insurance agent? (name): \_\_\_\_\_

Do you provide support for any relatives? If so, for whom and how much on a monthly basis?

---

**PART II: ASSETS**

**Bank Accounts:**

Bank Name	Branch Location	Checking/Savings	Balance	Title
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J

**Real Estate:** (Include residence and other parcels of land in which you have an interest in this state and other states.) (Provide copies of deeds.)

Description & When Purchased	Present Fair Market Value	Purchase Price	Mortgage	Title
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J

**Partnership Interest:**

Name	Limited or General	Percentage Held	Value of Partnership	Title
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J

Interest In Closely Held Corporations:

Name	Number of Shares	Percentage of Stock	Value Per Share	Title
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J

Stocks & Bonds: (List approximate value of listed stocks as a total. List special stock holdings separately; for example, closely held corporation or sub-chapter S corporate stock. Include Mutual Funds.)

Stocks & Bonds	When Acquired	Present Fair Market Value	Purchase Price	Title
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J
_____	_____	_____	_____	H W J

Identify Cash or Liquid Asset Holdings                      Total Amount                      Title

_____	_____	H W J
_____	_____	H W J
_____	_____	H W J
_____	_____	H W J
_____	_____	H W J
_____	_____	H W J

Are you the custodian of gifts made to your children under the Uniform Transfers to Minors Act (UTMA) of UGMA?       Yes       No

Miscellaneous Assets	Total Value	Title
Expected Inheritance:	_____	H W J
_____	_____	H W J
_____	_____	H W J
_____	_____	H W J
_____	_____	H W J

Life Insurance or Annuity Contracts: (This includes all company group policies and individually owned

policies – provide copies.)

Insurance Company	Insured	Face Value	Owner	Beneficiary	Who Pays Premium?	Type*
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\* Type - W = Whole Life, T = Term, U = Universal, V = Variable, STD = 2<sup>nd</sup> To Die, SP = Split Dollar

Long-Term Care Insurance: Do you have this insurance? \_\_\_Y \_\_\_N

Retirement Benefits: (provide Summary Plan Statement and most recent report)

<b>(Husband)</b>		Value to Date	Beneficiaries
Keogh or 401(k) Plan	Yes No	_____	_____
Pension/Profit Sharing	Yes No	_____	_____
I.R.A.	Yes No	_____	_____
Special Death Benefits	Yes No	_____	_____
Royalties	Yes No	_____	_____
Pensions	Yes No	_____	_____
Deferred Compensation	Yes No	_____	_____

<b>(Wife)</b>		Value to Date	Beneficiaries

Keogh or 401(k) Plan	Yes	No	_____	_____
Pension/Profit Sharing	Yes	No	_____	_____
I.R.A.	Yes	No	_____	_____
Special Death Benefits	Yes	No	_____	_____
Royalties	Yes	No	_____	_____
Pensions	Yes	No	_____	_____
Deferred Compensation	Yes	No	_____	_____

<u>Miscellaneous Personal Property:</u>	<u>Fair Market Value</u>	<u>Title</u>
Household Goods	_____	H W J
Automobile	_____	H W J
Automobile	_____	H W J
Recreational Vehicles	_____	H W J
Boats	_____	H W J
Jewelry	_____	H W J
Furs	_____	H W J
Collections (Art, Stamp, Etc.)	_____	H W J

Trusts:

Are you now or do you expect to be the beneficiary of any trust? Yes\_\_\_ No\_\_\_

If so, please provide a copy of the trust and an estimated value of the trust assets and expected income.  
Copy attached? Yes\_\_\_ No\_\_\_

Trust Assets \$\_\_\_\_\_ Income \$\_\_\_\_\_ per year

Are you a trustee of any trust? \_\_\_\_\_

If so, name Trustee, name of Trust, Grantor's name and your estimate of its value. Please provide a copy of the Trust.

---

---

---

**Safe Deposit Box:**

Do you have a safe deposit box? Yes No

a. in your name alone? Yes No

b. jointly with spouse? Yes No

c. in your spouse's name, alone? Yes No

d. who has access? \_\_\_\_\_  
\_\_\_\_\_

e. how much cash or tangible property there? \$ \_\_\_\_\_

f. how much in non-registered bonds? \$ \_\_\_\_\_

**PART III: DEBTS**

Unpaid mortgage on residence	\$ _____
Second home	\$ _____
Other	\$ _____
How much owed on auto loan	\$ _____
Home improvement	\$ _____
Personal bank loan	\$ _____
Person to person loans	\$ _____
Household bills	\$ _____
Others	\$ _____
Contingent liability on loans to others	\$ _____

**PART IV: EXPENSES**  
**(Do Not Complete)**

Note: Deductions are allowed in computing death taxes, not only for debts owed, but also for amounts paid from the estate for (a) funeral expenses, (b) legal expenses, (c) expenses in administering the estate (e.g., court costs and executor's commissions), and (d) casualty losses to the estate during administration. While (a), (b), and (c) can be fairly well projected when all the data (including employee benefits) and the disposition of particular assets are known, it is almost impossible, preliminarily, to give a reliable rule-of-thumb for estimation. However, the likelihood is that expenses will fall between 5% and 1% of the gross estate.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**PART V: CURRENT ESTATE PLAN**

Do you have a Will or Trust?      \_\_\_Yes      \_\_\_No  
(Please attach a copy)

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Executor (“Personal Representative”): \_\_\_\_\_

Trustee: \_\_\_\_\_

Guardian of Minor Children: \_\_\_\_\_

Brief outline of provisions giving property (if will or trust not attached):

\_\_\_\_\_  
\_\_\_\_\_

Does your spouse have a Will or Trust?      Yes      No

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Personal Representative: \_\_\_\_\_

Trustee: \_\_\_\_\_

Guardian of Minor Children: \_\_\_\_\_

Brief outline of provisions giving property (if will or trust not attached):

\_\_\_\_\_  
\_\_\_\_\_

## **PART VI. CREATING YOUR NEW ESTATE PLAN**

A. Specific Gifts you would like to give at death, including monetary gifts:

<u>Name</u>	<u>Item/Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. Charities to which you currently give: \_\_\_\_\_

C. Charitable Pledges you have made (amount, charity and duration of pledge): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Charitable gifts that you would like to give at your death (include charities as contingent beneficiaries of life insurance, IRA's, etc.)

<u>Name</u>	<u>Item/Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

If you have an estate which will be subject to estate tax, would you prefer that the funds go to charity?

\_\_\_Yes\_\_\_No

Name \_\_\_\_\_  
\_\_\_\_\_.

E. First Choice for Guardian of Minor Children:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Alternate Choice for Guardian of Minor Children:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

F. First Choice for Personal Representative of Will:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Alternate Choice for Personal Representative of Will:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

G. First Choice for Trustee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Alternate Choice for Trustee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

H. Do you have a Power of Appointment (power in a trust to dispose of property)?

Yes  No (If so, please provide a copy)

I. Full name, relationship, address and telephone number of person you want to be your guardian (person who takes care of your welfare, if you cannot) and your conservator (person who takes care of your assets).

For Husband: Guardian (1) \_\_\_\_\_

Guardian (2) \_\_\_\_\_

Conservator (1) \_\_\_\_\_

Conservator (2) \_\_\_\_\_

For Wife: Guardian (1) \_\_\_\_\_

Guardian (2) \_\_\_\_\_

Conservator (1) \_\_\_\_\_

Conservator (2) \_\_\_\_\_

**J. Power of Attorney**

Whom would you like to make financial and business decisions for you?

For Husband:

First Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Second Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

For Wife:

First Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Second Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**K. Advance Directive for Health Care**

Whom would you like to make health care decisions for you?

For Husband:

First Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Second Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

For Wife:

First Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Second Choice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## VII. SPECIAL CONCERNS

Please consider the following questions and note any significant information.

1. Do any of your beneficiaries have any physical or mental handicaps?
2. Is any beneficiary being compensated by the state or other government entity for physical handicaps?
3. Is medical assistance planning an important concern of yours or any of your potential beneficiaries?
4. What are the anticipated needs for education and establishment of the careers of each beneficiary?
5. What is the financial status of each beneficiary?
6. What are the respective earning capabilities of the beneficiaries now, and what are those capabilities reasonably projected to be in the foreseeable future?
7. At what age is it in the best interest of the children to receive income and, ultimately, distribution of principal? Should the distribution of the principal be in one lump sum, or extended over a period of stepped distributions?
8. Is there a possibility that various individuals may attempt to take advantage of beneficiaries because of their basic decency and/or naiveté?
9. Is it necessary to protect certain beneficiaries against their own spendthrift tendencies?
10. Do personal habits of any beneficiary (such as use of alcohol, gambling, etc.) make distribution to that person inappropriate?
11. Should particular assets within the estate be distributed to a particular beneficiary? (Example: in the event that one of the children is involved in a family business, it may be appropriate to leave the business interest or certain business assets to such child, with offsetting interests in other assets to be left to other beneficiaries.)
12. Is there a possibility that the spouse of any particular beneficiary may be the recipient of



**I understand that the information provided on this form will provide the basis for estate planning advice to be given. All of the information I have provided is true and complete to the best of my knowledge. I understand that if I do not provide sufficient information, the estate planning advice I receive may not take maximum advantage of the opportunities available.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_