

**ESTATE PLANNING QUESTIONNAIRE**

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File # \_\_\_\_\_ Date \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help us best represent you.**

**A. PERSONAL DATA**

**(Husband)** Full Name \_\_\_\_\_ **(Wife)** Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

May we correspond with you by e-mail? \_\_\_ Yes \_\_\_ No. If so, state e-mail address: \_\_\_\_\_

**(Husband)**

**(Wife)**

Age & Birth Date \_\_\_\_\_

Age & Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

U.S. Citizen? Yes  No

Yes  No

**Existing Planning Documents:**

Do you each have:

Wills? Yes  No

Yes  No

Living trusts? Yes  No

Yes  No

Durable Powers of Attorney? Yes  No

Yes  No

Health Care Powers of Attorney  
and Living Wills? Yes  No

Yes  No

Please bring copies of existing documents to our first meeting.

**B. CHILDREN**

Please list your children. (Indicate whose child in "Child of" block if the child is not the child of both clients listed above.)

1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip

Telephone: \_\_\_\_\_  
Age: \_\_\_\_\_  
Child of (if applic.): \_\_\_\_\_  
Married? \_\_\_\_\_ Divorced? \_\_\_\_\_  
Number of his/her children \_\_\_\_\_

2. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip

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

Age: \_\_\_\_\_

Child of (if applic.): \_\_\_\_\_

Married? \_\_\_\_\_ Divorced? \_\_\_\_\_

Number of his/her children \_\_\_\_\_

3. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip

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

Age: \_\_\_\_\_

Child of (if applic.): \_\_\_\_\_

Married? \_\_\_\_\_ Divorced? \_\_\_\_\_

Number of his/her children \_\_\_\_\_

4. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip

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

Age: \_\_\_\_\_

Child of (if applic.): \_\_\_\_\_

Married? \_\_\_\_\_ Divorced? \_\_\_\_\_

Number of his/her children \_\_\_\_\_

(Add additional pages if necessary)

Are all of your children in good health?

Yes  No

Are any of your children blind or disabled?

Yes  No

If yes, Name(s): \_\_\_\_\_

Are any of your children receiving SSI or other form of government entitlement? (if yes, enter name(s) above)

Yes  No

Have all of your children completed their education?

Yes  No

Do any of your family members have significant problems with:

AIDS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drug Addiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alcoholism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spendthrift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do any of your children or other relatives live with you in your home?

Yes  No

If yes, name of child or other relative \_\_\_\_\_

How long? \_\_\_\_\_

Please describe any yes answers that may affect your disposition of property under your wills or trusts.

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**C. GRANDCHILDREN** (If applicable)

<b>Grandchild's Name</b>	<b>Child of:</b>	<b>Address</b>	<b>Age</b>

(Add page if necessary)

Are any of the grandchildren blind or disabled? Yes  No

If so, are there any trusts currently in existence that are intended to benefit them? Yes  No

Describe: \_\_\_\_\_

**D. DISPOSITIVE INTENTIONS**

**1. SPOUSE AND CHILDREN**

Do you wish to provide primarily for your spouse and secondarily for your children? Yes  No

Do you each wish to treat all of your children equally? Yes  No

If not, why not? \_\_\_\_\_

Note: You may list how you want your property divided on an attached page.

After your spouse's death, at what age do you want distribution to your children? \_\_\_\_\_  
(e.g., a typical plan might provide for 1/3 at age 25, 1/3 at age 30, and 1/3 at age 35 or immediate)

**2. GRANDCHILDREN**

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes  No

Do you wish to treat all of your grandchildren equally? Yes  No

If not, why not? \_\_\_\_\_

How much do you want to leave to your grandchildren? \_\_\_\_\_

At what age do you want distribution to your grandchildren? \_\_\_\_\_  
(e.g., a typical plan might provide for 1/3 at age 25, 1/3 at age 30, and 1/3 at age 35 or immediate)

**3. CHARITIES**

Do you want to leave a specific amount of money or other assets to any charity? Yes  No

If yes, please list:

Name of Charity	Address of Charity	Dollar Amount

**4. OTHER BENEFICIARIES**

Do you want your Will to benefit anyone other than children, grandchildren, or a charity? Yes  No

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

**E. EXECUTOR**

For your Will (either primary or Pour-Over Will), whom do you want to serve as your Executor?

(Husband)

First Choice:  Spouse  Other \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

(Wife)

First Choice:  Spouse  Other \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**F. TRUSTEE**

If for a Revocable Trust, who do you want as successor Trustee(s)? Or, if your Will is to include any trusts, whom do you want to serve as your Trustee?

(Husband)

First Choice:  Spouse  Other \_\_\_\_\_

Second Choice: \_\_\_\_\_

(Wife)

First Choice:  Spouse  Other \_\_\_\_\_

Second Choice: \_\_\_\_\_

**G. GUARDIAN**

If you have **minor** children, whom do you want to act as Guardian?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**H. LIVING WILL, HEALTH CARE POWERS OF ATTORNEY**

**Husband:**

Do you want your **Living Will** to provide for withdrawal of artificial food and fluid? Yes  No

Are you willing to be an organ donor? Yes  No

Name of (Proposed or existing) **Health Care Agent** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of (Proposed or existing) Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the name and address of your primary care physician?

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Wife:**

Do you want your **Living Will** to provide for withdrawal of artificial food and fluid? Yes  No

Are you willing to be an organ donor? Yes  No

Name of (Proposed or existing) Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of (Proposed or existing) Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the name and address of your primary care physician?

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I. POWER OF ATTORNEY (Financial)**

**Husband:**

Name of (Proposed or existing) Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of (Proposed or existing) Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Wife:**

Name of (Proposed or existing) Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of (Proposed or existing) Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**J. FINANCIAL SUMMARY**

	ASSETS			LIABILITIES
	Husband's	Wife's	Joint Property	
Bank of Accounts:				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Savings Certificates (CD's):				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (residence):				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (other):				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Stocks-Non Mutual Funds (Not Held by Broker):				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Stocks-Non Mutual Funds (Held by Broker):				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds (list Broker where held):				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Note and Mortgages Receivables:				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests:				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

Automobiles:  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Jewelry & Collections:  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Non-IRA Tax Qualified Retirement  
 Plans:  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

IRA's:  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Life Insurance (Cash Value):  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Annuities:  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Assets:  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Expected Inheritances (describe  
 on attached sheet):  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTALS** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Personal Residence Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address of real property other than personal residence: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Attach additional sheet, if necessary, for additional information.)

**K. GIFTS**

Have you ever made gifts to any one person in excess of \$10,000 in any one calendar year? Yes  No

Have you ever filed a Federal Gift Tax Return? Yes  No

If so, please explain briefly. \_\_\_\_\_  
 \_\_\_\_\_

**L. LIFE INSURANCE**

Do you have a life insurance trust? Yes  No   
 If so, please bring a copy, with listing of policy information.

List current insurance policies below. If it is a term policy (i.e., it does not have a cash value), please check the box. Use additional sheet if necessary.

<b>Insurance Company</b>	<b>Amount Face Value/ Cash Value</b>	<b>Who is the:</b>	<b>Policy Owner</b>
		Insured:	<input type="checkbox"/> Term policy
		Beneficiary:	
		Insured:	<input type="checkbox"/> Term policy
		Beneficiary:	
		Insured:	<input type="checkbox"/> Term policy
		Beneficiary:	
		Insured:	<input type="checkbox"/> Term policy
		Beneficiary:	

**M. MISCELLANEOUS**

Do you have any other legal issues that we should be aware of? Yes  No

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box? Yes  No

If yes, please indicate the name and address of the location: \_\_\_\_\_  
 \_\_\_\_\_

**N. REFERRAL**

By whom were you referred to this office? May we contact them to thank them? Yes  No

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**O. CERTIFICATION**

The undersigned hereby represents to Elder Law Associates, PLLC, and its attorneys that the information contained in this questionnaire is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client(s):

\_\_\_\_\_