

ESTATE PLANNING
QUESTIONNAIRE
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DATE OF CONSULTATION: _____ CONSULTANT AND CONTACT: _____

1. WHO ARE YOU

Full Legal Name: _____ DOB: _____

Address: _____

Phone Number: _____ Email: _____

Relationship status: Married, Single, Widowed, Divorced, Other: _____. (Select one)

2. WHAT DO YOU OWN?

Real Estate?

Description	Title (joint/individual)	Value
_____	_____	_____
_____	_____	_____

Accounts? (Checking, Savings, Retirement, Pension...)

Description	Title	Value	Beneficiaries?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance? Beneficiaries: _____

Other property? (Businesses, bonds, mutual funds, certificates of deposit, vehicles, collections, vacation property and their values, add supporting documents if necessary)

3. WHO DO YOU WANT TO INCLUDE IN YOUR ESTATE PLAN?

Children:

Name

Age

Address

Telephone

Who do you want to make your financial decisions in the event of your death?

Who do you want to make your healthcare decisions in the event of your incapacity?

Who do you want to make your financial decisions in the event of your incapacity?

Who do you want to care for your children in the event of your death or incapacity?

Who will manage your children's finances in the event of your death or incapacity?

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