

**DREW LAW, P.C.**  
**Estate Planning Questionnaire**

**1. Family Information**

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

Spouse #1's Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Spouse #2's Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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Spouse #1's Cell Phone Number: \_\_\_\_\_ Spouse #1's Work Phone Number: \_\_\_\_\_

Spouse #1's E-mail Address: \_\_\_\_\_

Spouse #1's Social Security Number: \_\_\_\_\_ Spouse #1's Date of Birth: \_\_\_\_\_

Total number of marriages for Spouse #1 (counting the current marriage): \_\_\_\_\_

Date of current marriage \_\_\_\_\_

Is Spouse #1 a United States Citizen?      Yes       No

Spouse #1's Occupation: \_\_\_\_\_ Spouse #1's Annual Salary: \_\_\_\_\_

Spouse #1's Employer (and address): \_\_\_\_\_  
\_\_\_\_\_

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Spouse #2's Cell Phone Number: \_\_\_\_\_ Spouse #2's Work Phone Number: \_\_\_\_\_

Spouse #2's E-mail Address: \_\_\_\_\_

Spouse #2's Social Security Number: \_\_\_\_\_ Spouse #2's Date of Birth: \_\_\_\_\_

Total number of marriages for Spouse #2 (counting the current marriage): \_\_\_\_\_

Date of current marriage \_\_\_\_\_

Is Spouse #2 a United States Citizen?      Yes       No

Spouse #2's Occupation: \_\_\_\_\_ Spouse #2's Annual Salary: \_\_\_\_\_

Spouse #2's Employer (and address): \_\_\_\_\_  
\_\_\_\_\_

**Children:** Full legal names and nicknames of all children (adult and minor) and all other dependents. Indicate the name of the other parent if child is not of the current marriage. Indicate if the child has any special needs such as a physical or mental handicap. Please attach an additional page if necessary.

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
  
4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Grandchildren:** Full legal names and nicknames of all grandchildren. Indicate if the grandchild has any special needs such as a physical or mental handicap. Please attach an additional page if necessary.

1.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
2.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
3.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
4.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____

**Other Beneficiaries:** Individuals, other than your children/grandchildren, and/or charities that you would like to include in your estate.

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|----|----------------|-----------------------|
| 1. | Name: _____    | Date of Birth: _____  |
|    | Address: _____ | Marital Status: _____ |
|    | _____          | Home Phone: _____     |
| 2. | Name: _____    | Date of Birth: _____  |
|    | Address: _____ | Marital Status: _____ |
|    | _____          | Home Phone: _____     |

**2. Estate Planning Considerations**

Do you have current wills, trust agreements, powers of attorney, health care documents or other estate planning documents? Yes  No

At your death, your **Executor** will be responsible for collecting the assets of your estate, carrying out the directions contained in your will and filing any tax returns which may be due.

Name your spouse as Executor of your estate? Yes  No

Spouse #1's First Backup Executor: \_\_\_\_\_

Spouse #1's Second Backup Executor: \_\_\_\_\_

Spouse #2's First Backup Executor: \_\_\_\_\_

Spouse #2's Second Backup Executor: \_\_\_\_\_

Your **Trustee** will be responsible for investing any assets held in trust, preserving such assets for the beneficiaries of the trust and distributing such assets to the beneficiaries according to the directions contained in any trust agreement you might execute. Please indicate your preference for:

Spouse #1's Trustee: \_\_\_\_\_

Spouse #1's Backup Trustee: \_\_\_\_\_

Spouse #2's Trustee: \_\_\_\_\_

Spouse #2's Backup Trustee: \_\_\_\_\_







**Policy #2**

Insured \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

Company \_\_\_\_\_

\_\_\_\_\_

Type of Policy \_\_\_\_\_

Annual Premium \_\_\_\_\_

Owner \_\_\_\_\_

Cash Value \_\_\_\_\_

Face Amount \_\_\_\_\_

**Policy #3**

Insured \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

Company \_\_\_\_\_

\_\_\_\_\_

Type of Policy \_\_\_\_\_

Annual Premium \_\_\_\_\_

Owner \_\_\_\_\_

Cash Value \_\_\_\_\_

Face Amount \_\_\_\_\_

Are there any loans outstanding on any of the above policies?    Yes     No

If yes, please provide the details.

**G. Tangible Personal Property (Automobiles, Jewelry, Collections & Furnishings)**

<u>Description and Location</u>	<u>Owner</u> <u>(S#1, S#2, or J)</u>	<u>Approximate</u> <u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total                    \$ \_\_\_\_\_

**5. Miscellaneous Information**

- a. Have either of you made substantial lifetime gifts (an amount over \$17,000 in any one year) to your children or grandchildren?      Yes       No

If yes, please indicate years gift tax returns were filed and provide us with copies of the most recent gift tax returns. \_\_\_\_\_

- b. Do either of you have a serious medical condition which will affect the decisions which you make with respect to estate planning?      Yes       No

If yes, briefly describe: \_\_\_\_\_

- c. Does either spouse expect to receive substantial gifts or inheritance in the near future?  
Yes       No

If yes, briefly describe: \_\_\_\_\_

- d. Is either spouse a beneficiary of any trusts?      Yes       No

If yes, briefly describe: \_\_\_\_\_

- e. Do you have a safe deposit box?      Yes       No

If yes, at what location? \_\_\_\_\_

## 6. Asset Summary

<u>Asset</u>	<u>Joint</u>	<u>Spouse #1</u>	<u>Spouse #2</u>	<u>Total</u>
Real Estate	\$ _____	\$ _____	\$ _____	\$ _____
Cash, Checking, Savings & Money Funds	\$ _____	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____	\$ _____
Employee Retirement Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance Policies (Face Value)	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____	\$ _____
Tangible Personal Property	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

**7. Goals and Specific Estate Planning Questions**

1. What goals do you have as you create this estate plan? Please see the attached checklist with some sample goals that people have. If you would like instead to write out your goals, please do so in the space provided. If you need additional space, please feel free to continue on an additional page.

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2. Are there any specific gifts (items or money) you would like to make to an individual, organization or charity?

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3. Who would you like to name as beneficiary of your estate? You may designate that your beneficiaries receive equal or unequal shares, percentages, or dollar amounts.

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4. Who would you like to name as beneficiary in the unlikely situation that you and your named beneficiaries are involved in a catastrophic accident? You may name other individuals, charities, or your closest heirs as determined under Connecticut intestacy law.

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5. How did you learn about DREW LAW, P.C.?

- We are current clients.
- We were referred by \_\_\_\_\_.
- We found your firm online.
- Other: \_\_\_\_\_.

## Goals Checklist

Please rate the items below on a scale of 1 to 3, with 1 being very important, 2 being somewhat important and 3 being not important.

1. \_\_\_\_\_ Provide for our spouse
2. \_\_\_\_\_ Provide for our children
3. \_\_\_\_\_ Provide guardians for minor children
4. \_\_\_\_\_ Minimize estate taxes
5. \_\_\_\_\_ Minimize the probate process
6. \_\_\_\_\_ Plan for our possible disability
7. \_\_\_\_\_ Provide for children of previous marriage
8. \_\_\_\_\_ Provide for charitable causes
9. \_\_\_\_\_ Disinherit a natural heir
10. \_\_\_\_\_ Make gifts to people during our lives
11. \_\_\_\_\_ Provide for a child or grandchild with special needs
12. \_\_\_\_\_ Protect heirs from spendthrift tendencies
13. \_\_\_\_\_ Provide for grandchildren
14. \_\_\_\_\_ Get specific items to certain heirs
15. \_\_\_\_\_ Protect our estate against publicity
16. \_\_\_\_\_ Minimize the possibility of family quarrels over the estate