



ESTATE PLANNING QUESTIONNAIRE – SHORT FORM

Name (s): _____

Phone number(s): _____

Email: _____

Do you have an existing Estate Plan? YES NO

Married or Single? M S

Previously Married? YES NO
If yes, when divorced or widowed? _____

Employed or Self Employed? Employed Self Employed

Children? YES NO
How many _____ Ages: _____

Assets: (circle or check all which apply)

Checking/savings accounts

CD's

Life insurance

Real estate

Businesses

Stocks

Portfolio account

401k/retirement account

IRA

Annuities

Other _____