

ESTATE PLANNING QUESTIONNAIRE

File Name	File Number	Date

Client's Name						
Address						
Telephone #		Social Security #		Domicile (County)		Other Information
Marital Status						
Spouse's Name						
Spouse's Address						
Telephone #		Social Security #		Domicile (County)		Other Information
Marital Status						

Referred by: (Please Circle)	Individual: _____ <div style="text-align: center;">(Name)</div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 10px;"> Carroll County News Lovely County Citizen Real Yellow Pages Names and Numbers </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> Mozarks Windstream Other Directory: _____ </div> <div style="text-align: center; font-size: small; margin-top: 5px;">(Name)</div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 15px;"> Internet Search Engine: _____ Sign: _____ </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (Name) (Where) </div> <div style="margin-top: 15px;"> Other: _____ <div style="text-align: center; font-size: small;">(Name)</div> </div>
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Did you visit the website www.kristikendrick.com ? Yes/No

Who Should be Your Trustee/Personal Representative?						
Name	Address	Phone #	SSN #	Relationship	Age	Capacity

Who Should be Your Agent under the Durable Power of Attorney and Who Should Make Medical Decisions For You?						
Name	Address	Phone #	SSN #	Relationship	Age	Capacity

Who Should be the Guardian(s) of Your Children?						
Name	Address	Phone #	SSN #	Relationship	Age	Capacity

ACCOUNTS, CD'S, STOCKS, BONDS, MUTUAL FUNDS AND OTHER INVESTMENTS

Checking, Savings, Credit Union and Money Market Accounts

Type of Account	Name of Financial Institution	Account Number	In Whose Name(s)		Account Balance

Certificates of Deposit

Certificate Number	Name of Financial Institution	Owner(s)	Beneficiary	Maturity Date	Face Value

Stocks and Bonds, Mutual Funds, Other Investments

Certificate or Account No.	Name of Company	Owner(s)	# of Shares	Value/Share	Location of Certificates

LIFE INSURANCE AND ANNUITY POLICIES

Type Policy (Whole Life or Term)	Policy Number	Name of Company	Name of Insured	Beneficiary	Policy Owner	Amount of Coverages	Policy Cash Value

INCOME TAX REFUNDS DUE Amount

State of _____ \$_____

Federal _____ \$_____

PERSONAL PROPERTY

DESCRIPTION & LOCATION	PRESENT MARKET VALUE
Cash on hand (exclude deposits in financial institutions)	
Deposits with utility companies, landlords and others	
Household goods, supplies & furnishings	
Books, pictures & other art objects; stamp, coin & other collections	
Wearing apparel, jewelry, firearms, sports equipment & other personal possessions	
Livestock, poultry & other animals	
Farming supplies and implements	
Office equipment, furnishings & supplies (other than those listed above)	
Inventory	
Tangible personal property of any other description not listed elsewhere	
Patents, copyrights, franchises & other general intangibles (specify all documents & writings relating thereto)	
Promissory notes & other negotiable & nonnegotiable instruments owed to you	
Other debts owed to you	
Contingent & unliquidated claims of every nature, including counterclaims (give estimated value of each)	
Interests in partnerships, corporations or other businesses	
Equitable & future interest, life estates & rights or powers exercisable for your benefit	
Contents of safety deposit boxes	
Total.. ..	\$ _____

*Those items which are your separate, nonmarital property,
mark with M (my nonmarital).

Those items which are your spouse's separate, nonmarital property,
mark with S (spouse's nonmarital).

**COMPLETE ITEMIZED LIST OF HOUSEHOLD
GOODS, FURNISHINGS, APPLIANCES, PICTURES
AND OTHER ART OBJECTS, COLLECTIBLES, ETC.**

REAL PROPERTY

Location	Size, # of acres	List Improvements	Date of Purchase	Purchase Price	Present Value	Mortgage Bal.Owed	Titled in Names of

Attach a copy of deed to each parcel of property.

DEBTS *

Include: Mortgages, Notes to Bank and Others, Auto Loans, Credit Cards, Medical Bills, Taxes, Attorney Fees and all other Debts

Creditor's Name	Whose Name(s) Account Is In	What Was Purchased	Date of Last Statement	Total Balance Owed
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				
(g)				
(h)				
(i)				
(j)				
(k)				
(l)				
(m)				
(n)				

(o)				
(p)				
(q)				

TOTAL LIABILITIES \$

*Attach a copy of every note, extension agreement, mortgage, etc. which you owe.