



# ESTATE PLANNING QUESTIONNAIRE

DATE:

This Estate Planning Questionnaire is designed to organize your personal and financial information in a manner which will enable EL&M to recommend an estate plan that will work best for you and your family.

While this questionnaire asks about personal and sensitive information, the information you provide may significantly impact your estate plan. The more complete the information is, the better EL&M will be able to provide the best possible estate planning options for you.

Please take the time to complete this questionnaire carefully and, if in doubt, include all information so we can decide together how to tailor an estate plan to best serve your goals and circumstances. Please write N/A next to any of the requested information which is not applicable to your situation.

## I. PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

A. Trevor Buhr

Reconciler | Attorney | Mediator

Tel. (864) 326-5288

Email [trevor@empoweredlawmediation.com](mailto:trevor@empoweredlawmediation.com)

3210 N. Pleasantburg #1012

Greenville, SC 29609

Website [empoweredlawmediation.com](http://empoweredlawmediation.com)

PHONE NUMBER: \_\_\_\_\_

OTHER CONTACT#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Previously married?: \_\_\_\_\_ If so, please provide:

(a) Name of former spouse: \_\_\_\_\_

(b) Date on which terminated: \_\_\_\_\_

(c) Manner in which the marriage terminated: \_\_\_\_\_

(d) Descendant(s) of prior marriage: \_\_\_\_\_

\_\_\_\_\_

(e) Was there a premarital or postmarital agreement? \_\_\_\_\_

**\*PLEASE PROVIDE A COPY OF ANY DIVORCE DECREE, PREMARITAL AGREEMENT OR POSTMARITAL AGREEMENT.**

## **II. SPOUSE'S INFORMATION**

FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

OTHER CONTACT#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Previously married?: \_\_\_\_\_

If so, please provide:

(a) Name of former spouse: \_\_\_\_\_

(b) Date on which terminated: \_\_\_\_\_

(e) Manner in which the marriage terminated: \_\_\_\_\_

(f) Descendant(s) of prior marriage: \_\_\_\_\_

\_\_\_\_\_  
(e) Was there a premarital or postmarital agreement? \_\_\_\_\_

**\*PLEASE PROVIDE A COPY OF ANY DIVORCE DECREE, PREMARITAL AGREEMENT OR POSTMARITAL AGREEMENT.**

### III. FAMILY MEMBERS

Please list living parents, children and grandchildren for yourself and your spouse. Please also list any other individuals who will be beneficiaries of your estate. Please indicate whether their relation is to yourself or your spouse, and for Grandchildren please indicate which child is the parent.

NAME BORN	RELATION	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



## IV. FINANCIAL INFORMATION

<b>CURRENT INCOME</b>	Salary (Annual)	Investment Income	Other	Other
Wife				
Husband				

\*Please include all sources of income reportable for tax purposes.

<b>REAL ESTATE</b>	Owner(s) as shown on Deed	Location / Address	Mortgage Balance	Fair Market Value
Primary Residence				
Other				
Other				
Other				

\*Asset Classification: Is any real estate potentially subject to any environmental concerns of which you are aware? \_\_\_\_\_

Is primary residence:  House  Condominium  Other

Is title in trust?  Yes  No

Is other real estate:  House  Condominium  Other

Is title in trust?  Yes  No

Is other real estate:  House  Condominium  Other

Is title in trust?  Yes  No

Is other real estate:  House  Condominium  Other

Is title in trust?  Yes  No

<b>BANK ACCOUNTS</b>	Name(s) on Account	Type of Account	Bank / Institution	Account Balance

\* Please provide last 4 digits of account #.

<b>RETIREMENT ACCOUNTS</b>	Name(s) on Account	Type of Account	Institution /Custodian	Beneficiaries (Primary & Contingent)	Account Value

\* Please provide last 4 digits of account #.

<b>INVESTMENT ACCOUNTS (Non-Retirement)</b>	Name(s) on Account	Type of Account	Bank / Institution	Account Value

\* Please provide last 4 digits of account #.

<b>LIFE INSURANCE</b>	Name(s) on Account	Type of Account	Institution /Custodian	Beneficiaries (Primary & Contingent)	Account Value

\* Please provide last 4 digits of account #.

<b>PERSONAL PROPERTY</b>	Name if Owner(s)	Location of Item	Fair Market Value

\*Please include any personal property valued in excess of \$1000.00 or requiring special treatment (e.g. art objects, collections, antiques, jewelry, furniture, vehicles, or animals). \*Please include ownership interest in any closely held business (e.g corporation, partnership, limited liability company, sole proprietorship, etc.) and identify by its full legal name.

<b>BUSINESS INTERESTS</b>	Type of Entity	Name of Owner(s)	Percentage(s) Owned	Value

\*Please include any ownership interest in a privately held business (e.g corporation, association, limited liability company, partnership, etc.)

<b>MONEY OWED TO YOU</b>	<b>Relationship To You</b>	<b>Date of Loan</b>	<b>Amount Due</b>

\*Please identify the full legal name of any person or entity that owes you money and provide a copy of any promissory note or other writing evidencing the obligation if one exists.

<b>MISCELLANEOUS ASSETS</b>	<b>Name of Owner(s)</b>	<b>Location of Asset</b>	<b>Fair Market Value</b>

\*Please describe any other assets included in your estate.

<b>LIABILITIES</b>	<b>Bank / Institution</b>	<b>Owed By Wife</b>	<b>Owed by Husband</b>	<b>Owed Jointly</b>	<b>Total Owed</b>
Primary Residence Mortgage					
Other Mortgages / Equity Line of Credit					
Credit Card Debt					
Credit Card Debt					
Loans and Other Debts					

\*Please identify the full legal name of any person or entity that you owe money to and provide a copy of any promissory note or other writing evidencing the obligation if one exists.

**NET WORTH FOR ESTATE PLANNING**

(Assets-Liabilities): \_\_\_\_\_



## V. General Information

	Wife	Husband
Have you lived outside of your current state of residence during your marriage? If so, where and when?		
Do you anticipate a sizable inheritance, or are you the beneficiary of an existing probate estate? If yes, please indicate its approximate value.		
Do you own property jointly with a third party or do you own property that is payable on your death to another? If so, please describe		
Do you own life insurance on the life of someone else?		
Are you the beneficiary/trustee of any trusts? If yes, please explain		
Have you made any substantial gifts? If yes, please indicate to whom, when and the value of the gift(s), and provide copies of any gift tax return(s) filed.		
Do you hold power of appointment over any trust property (power to redirect or reallocate trust property)?		
Do you have existing wills or other estate planning documents (trusts, powers of attorney, advance care directives, etc.)? If yes, provide copies.		
Have you entered into any buy-sell or shareholder agreement? If yes, please provide copies.		
Have you entered into any operating agreement or partnership agreement? If yes, please provide copies.		
Any property located outside the state of residence? If so, what and where?		

\*Please use the space below to provide any necessary explanations to your answers:

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## VI. Advisors

It may be necessary or convenient to coordinate with your other advisors in providing your estate planning services. If you wish to authorize EL&M to contact your advisors, please provide their names and contact information here.

### **Financial / Investment Advisor**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Accountant / Tax Preparer**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Physician(s)**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Life Insurance Agent**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Property & Casualty (Homeowners) Insurance Agent**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Other Advisors**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## VII. Decisions To Make

**Fiduciaries:** Please think about who you might want to fill the following roles:

i. Personal Representative - This person will settle your estate (e.g., collect assets, pay debts and taxes, and distribute property under the terms of your Will).

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Alternate \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

ii. Trustee - This person will administer your trust when you are not able (for example: manage trust assets for your benefit or the benefit of others, make distributions under the terms of the trust).

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Alternate \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

iii. Guardian Of Minor Children - This person will care for your minor children if something should happen to you while they are still young.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Alternate \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

iv. Agent Under Durable General Power Of Attorney - This person will manage your non-trust assets when you are unable to do so (for example: sign your tax returns, open or close bank accounts, cancel credit cards, and pay bills).

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Alternate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

v. Agent Under Durable Power Of Attorney For Health Care - This person will make medical decisions for you when you are unable to do so.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Alternate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Medical Decision-Making:** Please explain any thoughts and/or instructions concerning medical decision-making (e.g. CPR/ Mechanical Breathing, Surgery or Other invasive Procedures, Artificial Hydration & Nutrition etc):

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**Distribution of Assets at Death:** In your own words, please explain how you would like your property distributed on your death and/or the death of your spouse:

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**Funeral and Burial Arrangements:** Please use this space to explain any thoughts and/or instructions concerning your funeral arrangements:

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