

LAW OFFICE OF  
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OF COUNSEL  
**JOHN C. LONG**

**ESTATE PLANNING QUESTIONNAIRE**  
**SINGLE PERSON (NEVER MARRIED, WIDOW, WIDOWER, DIVORCED)**

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

**CLIENT:**

Name : Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other name(s) used \_\_\_\_\_

Social Sec. # \_\_\_\_\_

Any prior marriages? If so, state name of former spouse and date of death or dissolution of marriage:

\_\_\_\_\_

Address where you wish correspondence to be sent:

\_\_\_\_\_

Telephone numbers where you can be reached:

\_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_ No \_\_\_\_

Who recommended us? \_\_\_\_\_

Do any of your children have disabilities or special needs that should be addressed in your estate plan? If so, describe \_\_\_\_\_

Do you have any pets you want to provide for in your estate plan? Yes \_\_\_\_ No \_\_\_\_  
Describe: \_\_\_\_\_

**CHILDREN:**

Child 1: Full Name: \_\_\_\_\_  
Spouse's name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Is this a child of husband only \_\_\_\_ or wife only \_\_\_\_\_ (Indicate with ✕)

Child 2: Full Name: \_\_\_\_\_  
Spouse's name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Is this a child of husband only \_\_\_\_ or wife only \_\_\_\_\_ (Indicate with ✕)

Child 3: Full Name: \_\_\_\_\_  
Spouse's name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Is this a child of husband only \_\_\_\_ or wife only \_\_\_\_\_ (Indicate with ✕)

Child 4: Full Name: \_\_\_\_\_  
Spouse's name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Is this a child of husband only \_\_\_\_ or wife only \_\_\_\_\_ (Indicate with ✕)

Child 5: Full Name: \_\_\_\_\_  
Spouse's name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Is this a child of husband only \_\_\_\_ or wife only \_\_\_\_\_ (Indicate with ✕)

Child 6: Full Name: \_\_\_\_\_  
Spouse's name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Is this a child of husband only \_\_\_\_ or wife only \_\_\_\_\_ (Indicate with ✕)

Child 7: Full Name: \_\_\_\_\_  
Spouse's name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Is this a child of husband only \_\_\_\_ or wife only \_\_\_\_\_ (Indicate with ✕)

*If you have additional children, please list on back of this page.*

**Estimated Net Value of Estate :** \$ \_\_\_\_\_  
(including life insurance)

**Real Estate:**

Address of Property \_\_\_\_\_

Assessor Parcel Number: \_\_\_\_\_

How title held \_\_\_\_\_

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Address of property \_\_\_\_\_

Assessor Parcel Number \_\_\_\_\_

How title held \_\_\_\_\_

**Do you have any of the following assets:**

\_\_\_\_ Bank Accounts. How many? \_\_\_\_

\_\_\_\_ Sole Proprietorship

\_\_\_\_ Safe Deposit Boxes

\_\_\_\_ Limited Partnerships

\_\_\_\_ Brokerage Accounts

\_\_\_\_ Special collections

\_\_\_\_ Mutual Funds

\_\_\_\_ Fine art or high-value jewelry

\_\_\_\_ Stocks not held in brokerage accounts

\_\_\_\_ IRA's or other retirement plans

\_\_\_\_ Bonds

\_\_\_\_ Life Insurance

Whom do you want to name as trustee/executor/agent under a power of attorney to handle your financial matters if you are unable to do so (list in order of priority):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What do you want to name your trust? \_\_\_\_\_

Whom do you want to make health care and other personal decisions on your behalf if you are unable to do so (list in order of priority):

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relation: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relation: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relation: \_\_\_\_\_

Who do you want to name as Guardians of your minor children (complete only if you have minor children):

**Of the Person:**

**Of the Estate:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relation: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relation: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relation: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relation: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relation: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relation: \_\_\_\_\_

**Choose one of the following plans for distribution of your estate:**

\_\_\_\_\_ Outright to your children in equal shares - the share of a deceased child to that child's descendants, or to the child's siblings if there are no descendants.

\_\_\_\_\_ Outright to your then living children in equal shares - the share of a deceased child to be redistributed among the remaining children

\_\_\_\_\_ To your children in equal shares to be held in separate trusts to a specified age - the share of a deceased child to that child's descendants, or to the child's siblings if there are no descendants. **Age for distribution** \_\_\_\_\_

\_\_\_\_\_ To your children in equal shares to be held in separate trusts and distributed in increments at certain ages - the share of a deceased child to that child's descendants, or to the child's siblings if there are no descendants. **i.e. 1/3 at age** \_\_\_\_\_, **1/3 at age** \_\_\_\_\_ **and the balance at age** \_\_\_\_\_

\_\_\_\_\_ Assets to be held in a family trust to be used for the benefit of your children until the youngest child reaches age 25 (or any other age you specify). The trustee can apply more for the benefit of some children than others according to need.

\_\_\_\_\_ Gifts to designated charities or individuals as follows:

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\_\_\_\_\_ Other:

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