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# Confidential Estate Planning Questionnaire

*Because your family is worth it!*

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## Confidential Estate Planning Questionnaire

*This questionnaire is designed to help gather the information required to structure an estate plan that best accomplishes your goals. Should any questions arise while completing this form, please contact Amy Danneil at (303) 803-1055 or email amy@danneillawpc.com.*

*I look forward to meeting with you soon!*

*~Amy*

### INSTRUCTIONS:

1. If you are married, or have a life partner, please complete sections for Client 1 (yourself) and Client 2 (spouse/partner). If you are single, please only complete sections pertaining to Client 1.
2. When the questionnaire has been submitted, I will follow up with you to arrange a time for the initial planning meeting.
3. Not sure if all of the information is accurate? Unable to locate that statement? Don't stress! Just do the best you can!

#### **BEFORE WE BEGIN, IN A NUTSHELL, TELL ME...**

Do you have any experience in with probate or trusts or other family members?

What is prompting you to put your estate plans together?

Do you have any specific concerns?



## Confidential Estate Planning Questionnaire

### I. Personal and Background Information

The information you provide in this section will help me to get to know you, your family, and how to best contact you.

	CLIENT 1 (You)	CLIENT 2 (Spouse/Partner)
<b>Legal Full Name</b> Include middle name, if applicable		
<b>Also Known As</b> Other names such as maiden name, etc.		
<b>Date of Birth</b>		
<b>Citizenship</b> If other, please specify city/state/country of birth	<input type="checkbox"/> US <input type="checkbox"/> Other _____	<input type="checkbox"/> US <input type="checkbox"/> Other _____
<b>Home Address</b> Be sure to include city, state, zip		
<b>Phone Number</b>	(    )    - <input type="checkbox"/> Home <input type="checkbox"/> Cell	(    )    - <input type="checkbox"/> Home <input type="checkbox"/> Cell
<b>Email Address</b> Will only be used to communicate with you regarding your Estate Planning		

### II. Family/Children Information

LEGAL FULL NAME	DATE OF BIRTH	PARENT/LEGAL GUARDIAN
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2

### III. Real Property

Please list all applicable real estate properties, including your family residence, vacation home, time share, vacant land, etc.

PROPERTY ADDRESS OR DESCRIPTION (i.e. home)	WHO OWNS THIS PROPERTY?	MARKET VALUE	LOAN BALANCE
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2		
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2		
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2		
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2		
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2		

### IV. Furniture and Personal Property

Do you have anything valuable or of sentimental value? Please list only the major personal property, such as jewelry, collections, antiques, furs, pets and any other valuable/sentimental non-business personal property.

GENERAL ITEM DESCRIPTION	WHO OWNS THIS PROPERTY?	MARKET VALUE
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	

**V. Automobiles, Boats and RVs**

Please list all applicable motorvehicles, including, but not limited to cars, boats, RVs, etc.

GENERAL MOTORVEHICLE DESCRIPTION	WHO OWNS THIS PROPERTY?	MARKET VALUE	LOAN BALANCE
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2		
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2		
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2		
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2		
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2		

**VI. Business Ownership**

Please list all applicable business interests owned by you and/or your spouse, including, but not limited to General and Limited Partnerships (GL), Sole Proprietorships (SP), Privately Owned Corporations (C,) Oil Interests (O), Farm and Ranch Interests (FR).

BUSINESS NAME	INTEREST TYPE	WHO HOLDS THE INTEREST?	WHAT IS YOUR OWNERSHIP INTEREST?	ESTIMATED VALUE
		<input type="checkbox"/> Cl. 1 <input type="checkbox"/> Joint <input type="checkbox"/> Cl. 2		
		<input type="checkbox"/> Cl. 1 <input type="checkbox"/> Joint <input type="checkbox"/> Cl. 2		
		<input type="checkbox"/> Cl. 1 <input type="checkbox"/> Joint <input type="checkbox"/> Cl. 2		
		<input type="checkbox"/> Cl. 1 <input type="checkbox"/> Joint <input type="checkbox"/> Cl. 2		



**VII. Investment Accounts, Bonds, Stocks and Stock Options**

Please list all applicable Investment Accounts (IA), Bonds (B), Stocks (ST) and/or Stock Options (SO) you have interest in. If including stock options, please indicate value of vested and unvested options separately. NOTE: If held in a brokerage account, lump them together under each account.

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	ACCOUNT # (last 4 digits only)	WHO OWNS THIS ACCOUNT?	ACCOUNT BALANCE
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	

**VIII. Retirement Plans**

Please list all applicable Retirement Plans including, but not limited to IRA, 401(k), Roth IRA, SEP, Pension (P), Profit Sharing (PS), etc.

PLAN NAME	PLAN TYPE	WHO OWNS THIS PLAN?	WHO IS THE BENEFICIARY?	CURRENT VALUE
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2		
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2		
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2		
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2		
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2		

**IX. Insurance Policies**

A. Please list all applicable Insurance Policies including, but not limited to Term (T), Whole Life (WL), Split Dollar (SD), Group Life (GL), Annuity (A), Property (PR).

INSURANCE COMPANY	POLICY TYPE	POLICY # (last 4 digits only)	WHOSE LIFE IS INSURED?
Policy 1			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
Policy 2			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
Policy 3			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
Policy 4			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
Policy 5			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2

B. Continue providing information below for the same policies listed above.

IS THE PLAN OWNER SAME AS INSURED?	WHO IS THE BENEFICIARY?	FACE AMOUNT (DEATH BENEFIT)
Policy 1 <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Policy 2 <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Policy 3 <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Policy 4 <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Policy 5 <input type="checkbox"/> Yes <input type="checkbox"/> No _____		

**X. Bank Accounts**

Please list all applicable bank accounts, including, but not limited to Checking Account (C), Savings Account (S), Certificate of Deposit (CD), Money Market (MM). Do not include IRA and 401(k) accounts. NOTE: If an account is for the benefit of a minor, please specify minor’s name.

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	ACCOUNT # (last 4 digits only)	WHO OWNS THIS ACCOUNT?	ACCOUNT BALANCE
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Joint <input type="checkbox"/> Client 2	

**XI. Money Owed to You**

Please list all applicable information for any money that is owed to you, including, but not limited to Mortgages, Promissory Notes (payable to you), etc. NOTE: Any money that you anticipate on receiving through a judgement in a lawsuit should be listed in section XI “Anticipated Inheritances, Gift or Lawsuit Judgement”.

DEBTOR NAME	DATE OF NOTE	MATURITY DATE	WHO IS THE MONEY OWED TO?	VALUE
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	



**XII. Anticipated Inheritance, Gift or Lawsuit Judgement**

Please use this section to provide any information on Gifts or Inheritances that you expect to receive at some point in the future, or money that you anticipate receive through a judgement in a lawsuit. Please provide an estimated value.


**XIII. Other Assets**

Please use this section to provide information on any other property or asset that you have, that did not fit into of the previous categories/sections.

ASSET TYPE	WHO OWNS THIS PROPERTY?	VALUE

**XIV. Beneficiaries**

Please use this section to identify all primary and potential beneficiaries of your estate. NOTE: Listing a person or particular organization in this section is not a firm indication of your decision to provide for an individual or make a bequest. It is simply a way of identifying potential beneficiaries for discussion purposes.

**A. Primary Beneficiaries (most commonly, this would be your spouse/partner/children)**

FULL LEGAL NAME	DATE OF BIRTH	RELATIONSHIP	% OF INHERITANCE	SPECIAL NEEDS?	ADDRESS AND PHONE NUMBER
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**B. Contingent Beneficiaries**

Please list all contingent beneficiaries if the above people don't survive you.

FULL LEGAL NAME	DATE OF BIRTH	RELATIONSHIP	% OF INHERITANCE	SPECIAL NEEDS?	ADDRESS AND PHONE NUMBER
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

XIV. Beneficiaries (continued from previous page)

C. Potential Charitable/Non-Profit Beneficiaries (i.e. Non-Profit Organizations, College, Social Club, Church, etc.)

NAME OF CHARITY/ NON-PROFIT ORGANIZATION	ADDRESS AND PHONE NUMBER	GIFT AMOUNT OR % OF ESTATE

XV. Key Personnel

Please identify all potential Trustees, Executors, Financial Agents, Health Care Agents, Long-Term/Short-Term Guardians and Guardians for Pets. NOTE: Please be sure to include the representative's name, relationship, address and phone number.

A. Personal Representatives/Trustees

Upon your death, who do you want to manage and distribute the assets you leave in your estate?

	CLIENT 1 (You)	CLIENT 2 (Spouse/Partner)
Initial Choice		
Back Up #1		
Back Up #2		

XV. Key Personnel (continued from previous page)

B. Trustees

Upon your death, who do you want to manage and distribute the assets you leave in your trust estate for your children, or other beneficiaries? Please provide name, city and state.

	CLIENT 1 (You)	CLIENT 2 (Spouse/Partner)
Initial Choice		
Back Up #1		
Back Up #2		

C. Long-Term Guardians for Minor Children.

If you have children under the age of 18, please list those individuals who you would wish to raise and love them in the manner closest to the way you do. Please provide full name, address and phone number.

	CLIENT 1 (You)	CLIENT 2 (Spouse/Partner)
Initial Choice		
Back Up #1		
Back Up #2		

XV. Key Personnel (continued from previous page)

D. Short-Term Guardians for Minor Children (someone local in case of an emergency).

If you have children under the age of 18, please list those individuals who, in an emergency, are able to be **immediately** available to them if you could not be located and the Long-Term Guardians have not arrived.

	CLIENT 1 (You)	CLIENT 2 (Spouse/Partner)
Initial Choice		
Back Up #1		
Back Up #2		

E. Guardians for Pets

If you are interested in setting up a pet trust or plan on leaving money to a caretaker of your pet, please list those individuals below. Be sure to provide contact information.

	CLIENT 1 (You)	CLIENT 2 (Spouse/Partner)
Initial Choice		
Back Up #1		
Back Up #2		

XV. Key Personnel (continued from previous page)

F. Financial Agents

If you were incapacitated for any period of time, who would you want to make decisions for you in regard to your financial affairs?

	CLIENT 1 (You)	CLIENT 2 (Spouse/Partner)
Initial Choice		
Back Up #1		
Back Up #2		

G. Health Care Agents

If you were incapacitated for any period of time, who would you want to make medical treatment decisions for you?

	CLIENT 1 (You)	CLIENT 2 (Spouse/Partner)
Initial Choice		
Back Up #1		
Back Up #2		

**XVI. Miscellaneous Information**

A. Would you like to specify that the moment of your death not be unnecessarily prolonged by artificial means or measures?

CLIENT 1 (You)		CLIENT 2 (Spouse/Partner)	
<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know	<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know
<input type="checkbox"/> No		<input type="checkbox"/> No	

B. Would you like to specify that your organs and tissues should be made available for transplant purposes?

CLIENT 1 (You)		CLIENT 2 (Spouse/Partner)	
<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know	<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know
<input type="checkbox"/> No		<input type="checkbox"/> No	

**XVII. People Who Advise You**

Your various advisors play a key role in the establishment of your estate plan. For example: your financial advisor and life insurance agent may need to be contacted to confirm/change beneficiary designations and titling of accounts.

ADVISOR TYPE	NAME	CONTACT INFORMATION
Accountant/Tax Advisor		
Financial Advisor		
Life Insurance Agent		
Family Law Attorney		
Other Advisor		
Other Advisor		

**XVIII. Other Concerns**

Do you have any other concerns or questions that you'd like to address during our meeting?


**XIX. Affirmation**

Please carefully review the below paragraph, then sign and date below.

By signing below, you agree that Danneil Law, P.C. will need to rely on the asset and debt information supplied by you to develop an estate plan. The undersigned also understands that inaccurate or incomplete information could negatively impact the designed estate plan. Consequently, if Danneil Law, P.C. is retained, you agree to provide us with complete and accurate information prior to the signing of any estate planning documents.

Client 1 \_\_\_\_\_  
Print Name
Signature
Date

Client 2 \_\_\_\_\_  
Print Name
Signature
Date