



FAMILY INFORMATION QUESTIONNAIRE

Please provide as much information as you can. Leave blank any questions that do not apply or that you are unable to answer. Provide attachments as needed.

Your Name	_____	Spouse's Name	_____
	<b><u>[Please include middle name]</u></b>		<b><u>[Please include middle name]</u></b>
DOB	_____	Spouse DOB	_____
Birthplace	_____	Spouse Birthplace	_____
SS#	_____	Spouse SS#	_____
Country(ies) of Citizenship	_____	Spouse Country(ies) of Citizenship	_____

Do you use any other names? If so, please list them: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone	_____	Spouse Cell	_____
Cell	_____	Spouse Home Email	_____
Home Email	_____	Occupation	_____
Occupation	_____	Spouse Business Address	_____
Business Address	_____	Spouse Bus. Phone	_____
Business Phone	_____	Spouse Bus. Email	_____
Business Email	_____		

Do you primarily prefer communication by Email  or US Post ?

Date and place of marriage/registration: \_\_\_\_\_

Date and place of any divorce (indicate which spouse): \_\_\_\_\_

Date and place prior wills were executed (indicate which spouse): \_\_\_\_\_

Do you have original prior wills in your possession? Yes  No

If no, do you know where they are stored? Yes  No





Do you have an irrevocable life insurance trust? (Provide a copy.) Yes  No

Are you now living in a community property state (i.e. AZ, CA, ID, LA, NV, MN, TX, WA, WI, AK)?  
Yes  No

If no, have you ever lived in a community property state? Yes  No

If the answer is yes, please indicate what years and whether you were married to your current spouse

If you are living in a community property state now, have you ever lived in a common law (not community property) state while married to your current spouse? Yes  No

If yes, please indicate what years and where you resided \_\_\_\_\_

Were any spousal agreements (for example, divorce, pre-marital or community property agreements) executed with your current or former spouse? Yes  No  If so, indicate which spouse (provide a copy): \_\_\_\_\_

CHILDREN OF THIS MARRIAGE/REGISTRATION:

<u>First/Middle/Last Name</u>	<u>City of Residence</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILDREN OF ANY FORMER RELATIONSHIP(S)/REGISTRATIONS:

<u>First/Middle/Last Name</u>	<u>City of Residence</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPOINTMENTS IN YOUR WILL:

Guardian of Children: \_\_\_\_\_

Alternate Guardian: \_\_\_\_\_

Trustee (to manage children's funds): \_\_\_\_\_

Alternate Trustee: \_\_\_\_\_

Personal Representative: \_\_\_\_\_

Alternate Personal Representative: \_\_\_\_\_





ASSETS

If you are married and either you or your spouse has assets in either of your names alone, please show who owns the assets. If the assets are in both names, put "joint." If you know that the assets are community property, put "community." If you have recently prepared a personal balance sheet, you may attach the balance sheet, and only complete this section as needed.

Home: \_\_\_\_\_  
(Name of owners; value; mortgage balance)

Other Real Property (same information as for Home): \_\_\_\_\_

Stock and Bonds (name of owners; corporation; value): \_\_\_\_\_

Bank Accounts:	Bank and Branch	Owner(s)	Amount
Checking			
Checking			
Savings			
Savings			
Money Market			
C.D.			
Brokerage Account			
Brokerage Account			
Other			

Retirement Benefits From Employer, Keogh, or IRAs (owner; description; value): \_\_\_\_\_

Business Interests (how interest is held and percentage of control): \_\_\_\_\_

Collections (coin, stamp, etc.): \_\_\_\_\_

Other Assets

Description	Owner	Value

Do you have any assets or accounts outside the United States? Yes  No

If Yes, please list them:

Description	Owner	Value






Other Liabilities (e.g., personal lines of credit, personal debts represented by a note or deed)

Description	Debtor/Creditor	Amount Owed

Life Insurance

Company	Owner	Policy No.	Face Amount	Beneficiary

Safe deposit box (bank and branch): \_\_\_\_\_

Briefly explain to whom you would prefer your property to pass in the event of your death. If you would like to make a bequest to a church or other charity as part of your will or trust, please mention this. Indicate the exact legal name and address of any charity if known to you. \_\_\_\_\_

If you are married or registered, briefly describe any differences as to whom either spouse would prefer to appoint as guardian, personal representative, and trustee, and also describe any differences as to whom either spouse would prefer his or her property to pass in the event of his or her death. \_\_\_\_\_

If you are planning on forming an irrevocable trust for any purpose, for example to acquire life insurance outside your estate, or make a completed gift during your lifetime, who do you want to benefit from the trust? Please provide specific information, including legal names, ages and relationship to you. Briefly describe your goals for this trust. \_\_\_\_\_

Do you have any special family or distribution concerns we should be aware of? Yes  No  Please describe: \_\_\_\_\_

Are you anticipating an inheritance? Yes  No  If so, please provide a description, if known. \_\_\_\_\_

Grandchildren You Desire to Include in Your Will or Trust:

<u>First/Middle/Last Name</u>	<u>Age</u>	<u>Date of Birth</u>
_____	_____	_____





_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Persons You Desire to Include in Your Will or Trust:

<u>First/Middle/Last Name</u>	<u>Age</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any special health or disability concerns for you or anyone named above. Also, are any of the persons you desire to include in your will or trust on federal or state aid? Yes  No  Please describe: \_\_\_\_\_

**IMPORTANT CONTACTS:**

Insurance Brokers: \_\_\_\_\_

Investment Advisors: \_\_\_\_\_

Accountant: \_\_\_\_\_

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

Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Signature

