



# Confidential Estate Planning Questionnaire

*Prepared for:*

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## Table of Contents

Personal Information .....	2
Family Information.....	2
Trusted Contact Information.....	3
Inventory of Assets and Liabilities .....	3
Life Insurance Inventory .....	4
Wills, Trusts and Gifts.....	4
Professional Advisors.....	5
Estate Planning Priorities.....	5
Notes .....	5
Important Information.....	6

*Provided by:*

## Personal Information

### Spouse 1

Name: _____	Date of Birth: ___/___/___
Height/Weight: ___ft___in/___lbs. Sex: M F	Tobacco Use: Yes No
Occupation: _____	Hazardous: Yes No
Employer: _____	
Annual Compensation: _____	Social Security No.: _____
Business Phone No.: _____	Business E-Mail: _____

### Spouse 2

Name: _____	Date of Birth: ___/___/___
Height/Weight: ___ft___in/___lbs. Sex: M F	Tobacco Use: Yes No
Occupation: _____	Hazardous: Yes No
Employer: _____	
Annual Compensation: _____	Social Security No.: _____
Business Phone No.: _____	Business E-Mail: _____

### Residence

Street Address: _____	
City, State, Zip: _____	
Phone No.: _____	Personal E-Mail: _____

## Family Information

### Children

Name	Date of Birth	Marital Status (S, M or D)	Any Children? (Y or N)
_____	___/___/___	S M D	Y N
_____	___/___/___	S M D	Y N
_____	___/___/___	S M D	Y N
_____	___/___/___	S M D	Y N
_____	___/___/___	S M D	Y N

### Other Dependents

Name	Date of Birth	Relationship
_____	___/___/___	_____
_____	___/___/___	_____

## Trusted Contact Information

A **trusted contact** who you designate can be a friend, relative...anyone you trust. Designating someone as your trusted contact does **not** give that person authority to access or control your account. Instead, it gives your financial advisor someone to contact in the event of possible financial exploitation or suspected health issues.

Trusted Contact Name:	_____
Relationship:	_____
Phone:	_____ E-Mail: _____

## Inventory of Assets and Liabilities

### Assets (Valued at Today's Fair Market Value)

Type of Asset	Owned by:			
	Spouse 1	Spouse 2	Joint Tenancy	Community Property
Savings	_____	_____	_____	_____
Investments	_____	_____	_____	_____
Real Property	_____	_____	_____	_____
Personal Property	_____	_____	_____	_____
Business Interests	_____	_____	_____	_____
Survivor Benefits	_____	_____	_____	_____
Vested Retirement Benefits	_____	_____	_____	_____
Annuities	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____
<b>Total Assets</b>	_____	_____	_____	_____

### Liabilities

Type of Liability	Owed by:			
	Spouse 1	Spouse 2	Joint Tenancy	Community Property
Mortgages	_____	_____	_____	_____
Installment Loans	_____	_____	_____	_____
Charge Accounts	_____	_____	_____	_____
Credit Cards	_____	_____	_____	_____
Personal Notes	_____	_____	_____	_____
Business Debt	_____	_____	_____	_____
Other Liabilities	_____	_____	_____	_____
<b>Total Liabilities</b>	_____	_____	_____	_____

## Life Insurance Inventory

### Total Face Amount:

	On Spouse 1's Life	On Spouse 2's Life
Life Insurance Included in the Estate	_____	_____
Life Insurance Outside the Estate	_____	_____

## Wills, Trusts and Gifts

### Wills

	Yes	No		
Does Spouse 1 have a will?				
Does Spouse 2 have a will?				
Date written/last reviewed: _____/_____				
Type of Marital Deduction Clause:	Spouse 1	Spouse 2		
None				
100% to Surviving Spouse				
Credit Trust (Optimal)				
Specific Dollar Amount			_____	_____
Specific Percentage of Estate			_____ %	_____ %
	Yes	No		
Has a guardian been named for any minor children?				

### Trusts

	Yes	No
Does Spouse 1 have a trust?		
Type: _____		
Does Spouse 2 have a trust?		
Type: _____		

### Gifts

	Spouse 1	Spouse 2
Pre-1977 Taxable Gifts:                      Total Amount	_____	_____
Taxes              Paid		
Post-1976 Taxable Gifts:                      Total Amount	_____	_____
Taxes              Paid	_____	_____
Planned Charitable Bequests	_____	_____

## Professional Advisors

Attorney: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Accountant: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Bank/Trust Officer: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Investment Advisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## Estate Planning Priorities

	High Priority	Medium Priority	Low Priority	No Priority
Planning a Comfortable Retirement				
Reducing Estate Settlement Costs				
Providing for Surviving Spouse				
Providing for Children/Grandchildren				
Making Charitable Bequests				
Preserving the Value of the Estate				
Planning for Long-Term Care Costs				
Other: _____				

## Notes

## Important Information

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This factfinder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, VSA, L.P. is not engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

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