

# **Estate Planning Questionnaire**

**for**

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The Bradley Law Firm, PLLC  
The Collier Insurance Building  
606 South Mendenhall Road, Suite 350  
Memphis, Tennessee 38117  
Phone: (901) 682-2030  
Fax: (901) 682-7175

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

# ESTATE PLANNING QUESTIONNAIRE

Client's Telephone \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Business \_\_\_\_\_

## Personal Data

### CLIENT

Full Name \_\_\_\_\_ Known by Any Other Names \_\_\_\_\_

Address \_\_\_\_\_

Domicile \_\_\_\_\_ Vote Where \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ If Not, Country of Citizenship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Previous Marriages (give details) \_\_\_\_\_

State of Health \_\_\_\_\_ Insurable? \_\_\_\_\_

### CLIENT'S SPOUSE

Full Name \_\_\_\_\_ Known by Any Other Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ If Not, Country of Citizenship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Previous Marriages (give details) \_\_\_\_\_

State of Health \_\_\_\_\_ Insurable? \_\_\_\_\_

### CLIENT'S CHILDREN

Is there a physical possibility of more children? \_\_\_\_\_

Are any children adopted? \_\_\_\_\_

Are any children handicapped or in poor health? \_\_\_\_\_

1. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Education Completed \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Children \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Comments: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Education Completed \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Children \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Comments: \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Education Completed \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Children \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Comments: \_\_\_\_\_

4. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Education Completed \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Children \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Comments: \_\_\_\_\_

5. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Education Completed \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Children \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Comments: \_\_\_\_\_

**CLIENT'S PARENTS**

Father

Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_

State of Health \_\_\_\_\_

Financially  
Dependent? \_\_\_\_\_

**CLIENT'S SPOUSE'S PARENTS**

Father

Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_

State of Health \_\_\_\_\_

Financially  
Dependent? \_\_\_\_\_

**ANY EXPECTED INHERITANCES?**

Client

Client's Spouse

From Whom? \_\_\_\_\_

Approximate Value \_\_\_\_\_

From Whom? \_\_\_\_\_

Approximate Value \_\_\_\_\_

**CLIENT'S BROTHERS AND SISTERS**

Name \_\_\_\_\_ Living \_\_\_\_\_

Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_

City, State \_\_\_\_\_

Comments: \_\_\_\_\_

Name \_\_\_\_\_ Living \_\_\_\_\_

Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_

City, State \_\_\_\_\_

Comments: \_\_\_\_\_

Name \_\_\_\_\_ Living \_\_\_\_\_

Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_

City, State \_\_\_\_\_

Comments: \_\_\_\_\_

Name \_\_\_\_\_ Living \_\_\_\_\_  
Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_  
City, State \_\_\_\_\_  
Comments: \_\_\_\_\_

Name \_\_\_\_\_ Living \_\_\_\_\_  
Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_  
City, State \_\_\_\_\_  
Comments: \_\_\_\_\_

**CLIENT'S SPOUSE'S BROTHERS AND SISTERS**

Name \_\_\_\_\_ Living \_\_\_\_\_  
Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_  
City, State \_\_\_\_\_  
Comments: \_\_\_\_\_

Name \_\_\_\_\_ Living \_\_\_\_\_  
Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_  
City, State \_\_\_\_\_  
Comments: \_\_\_\_\_

Name \_\_\_\_\_ Living \_\_\_\_\_  
Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_  
City, State \_\_\_\_\_  
Comments: \_\_\_\_\_

Name \_\_\_\_\_ Living \_\_\_\_\_  
Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_  
City, State \_\_\_\_\_  
Comments: \_\_\_\_\_

Name \_\_\_\_\_ Living \_\_\_\_\_  
Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_

City, State \_\_\_\_\_

Comments: \_\_\_\_\_

Other Relatives or Friends of Client and Spouse who would be immediate beneficiaries or ultimate beneficiaries if Client, his Spouse, all issue and parents are dead:

Name \_\_\_\_\_

Residence \_\_\_\_\_

Age \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_

Residence \_\_\_\_\_

Age \_\_\_\_\_ Relation \_\_\_\_\_

Charities as immediate beneficiaries or ultimate beneficiaries if all individual beneficiaries are dead:

Correct Corporate Name \_\_\_\_\_

Address \_\_\_\_\_

Special Purpose (If Any) \_\_\_\_\_

Name of Broker \_\_\_\_\_

Address of Broker \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name of Accountant \_\_\_\_\_

Address of Accountant \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name of Life Insurance Agent \_\_\_\_\_

Address of Agent \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name of Casualty Insurance Agent \_\_\_\_\_

Address of Agent \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Preference as to Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_

**ASSETS SUMMARY**

Use current market values; insert brief description as appropriate; if joint assets are substantial, indicate source of funds; indicate which assets, if any, are held by either spouse for the other; indicate each spouses' spouse's property assets under appropriate column:

|  | CLIENT | SPOUSE | JOINT |
|--|--------|--------|-------|
| A. Cash Funds:   | \$     | \$     | \$    |
| B. Checking Accounts:  | \$     | \$     | \$    |
| C. Savings Accounts:   | \$     | \$     | \$    |
| 1. Own name:   | \$     | \$     | \$    |
| 2. In trust for others:  | \$     | \$     | \$    |
| D. Time Deposits:  | \$     | \$     | \$    |
| E. Marketable Securities:  | \$     | \$     | \$    |
| 1. Stocks:   | \$     | \$     | \$    |
| 2. Bonds:  | \$     | \$     | \$    |
| 3. Mutual Fund Shares:   | \$     | \$     | \$    |
| 4. Investment Club Interest:   | \$     | \$     | \$    |
| F. Business Interests:   | \$     | \$     | \$    |
| G. Employee Benefits:  | \$     | \$     | \$    |
| H. Tangibles:  | \$     | \$     | \$    |
| 1. Cars, Trailers, and Other Motor Vehicles:   | \$     | \$     | \$    |
| 2. Boats and Aircraft:   | \$     | \$     | \$    |
| 3. Personal Effects, Jewelry, Furs:  | \$     | \$     | \$    |
| 4. Collections, Works of Art:  | \$     | \$     | \$    |
| 5. Household Effects:  | \$     | \$     | \$    |
| 6. Office Contents:  | \$     | \$     | \$    |
| 7. Guns, Pets, and Other Hobby Equipment:  | \$     | \$     | \$    |
| 8. Farm Machinery and Livestock:   | \$     | \$     | \$    |
| I. Real Estate (show value less Mortgage):   | \$     | \$     | \$    |
| J. Co-op or condominium (show value less Mortgage):  | \$     | \$     | \$    |
| K. Real Estate Syndicate Investments (obtain papers):  | \$     | \$     | \$    |
| L. Life Insurance:   | \$     | \$     | \$    |
| 1. Estate tax value of policies on self, excluding group:  | \$     | \$     | \$    |
| 2. Cash Value of Policies On Others:   | \$     | \$     | \$    |
| 3. Face Amount of Policies on others:  | \$     | \$     | \$    |
| M. Other Death Benefits:   | \$     | \$     | \$    |
| N. Other Assets (e.g., annuities, insurance settlement proceeds, private annuities, charitable annuities, installment sale contracts, crops, receivables, claims, etc.): | \$     | \$     | \$    |
| <b>TOTAL ASSETS:</b>   | \$     | \$     | \$    |

**DETAILED LIABILITY AND ASSET INFORMATION**

| Debt Amounts | Owed to Whom | Due Date | Secured by What Asset |
|--------------|--------------|----------|-----------------------|
|              |              |          |                       |
|              |              |          |                       |
|              |              |          |                       |
|              |              |          |                       |

Have you made any substantial gifts in the past or placed property in joint names? \_\_\_\_\_

Details: \_\_\_\_\_

Are you or your spouse the beneficiary under any trust? \_\_\_\_\_

Details: \_\_\_\_\_

**BANK ACCOUNTS AND SAVINGS ACCOUNTS**

1. Name of Bank, Savings and Loan or Credit Union \_\_\_\_\_  
 Average Balance \_\_\_\_\_ Type of Account \_\_\_\_\_  
 (checking / savings)  
 In Whose Name \_\_\_\_\_

2. Name of Bank, Savings and Loan or Credit Union \_\_\_\_\_  
 Average Balance \_\_\_\_\_ Type of Account \_\_\_\_\_  
 (checking / savings)  
 In Whose Name \_\_\_\_\_

3. Name of Bank, Savings and Loan or Credit Union \_\_\_\_\_  
 Average Balance \_\_\_\_\_ Type of Account \_\_\_\_\_  
 (checking / savings)  
 In Whose Name \_\_\_\_\_

4. Name of Bank, Savings and Loan or Credit Union \_\_\_\_\_  
 Average Balance \_\_\_\_\_ Type of Account \_\_\_\_\_  
 (checking / savings)  
 In Whose Name \_\_\_\_\_

**STOCK AND BONDS**

| Number of Shares or Amount | Name of Company | Description of Security | In Whose Name | Fair Market Value |
|----------------------------|-----------------|-------------------------|---------------|-------------------|
|                            |                 |                         |               |                   |
|                            |                 |                         |               |                   |
|                            |                 |                         |               |                   |
|                            |                 |                         |               |                   |
|                            |                 |                         |               |                   |
|                            |                 |                         |               |                   |
|                            |                 |                         |               |                   |
|                            |                 |                         |               |                   |
|                            |                 |                         |               |                   |
|                            |                 |                         |               |                   |
|                            |                 |                         |               |                   |

**RETIREMENT PLANS AND ACCOUNTS**

If you have a retirement pension, deferred compensation, or other plan participant, or if you have an Individual Retirement Account, please provide details as to nature, custodian or sponsor, amount of assets and when and how much in benefits are anticipated:

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

**REAL ESTATE**

1. Property Address \_\_\_\_\_  
 Brief Description \_\_\_\_\_  
 Fair Market Value \_\_\_\_\_ Assessed Value \_\_\_\_\_  
 Legal Title in Whose Name \_\_\_\_\_  
 Mortgage: Amount \_\_\_\_\_ Mortgage \_\_\_\_\_  
 If property was a gift or is in joint names - details \_\_\_\_\_

2. Property Address \_\_\_\_\_  
 Brief Description \_\_\_\_\_  
 Fair Market Value \_\_\_\_\_ Assessed Value \_\_\_\_\_  
 Legal Title in Whose Name \_\_\_\_\_  
 Mortgage: Amount \_\_\_\_\_ Mortgage \_\_\_\_\_  
 If property was a gift or is in joint names - details \_\_\_\_\_
3. Property Address \_\_\_\_\_  
 Brief Description \_\_\_\_\_  
 Fair Market Value \_\_\_\_\_ Assessed Value \_\_\_\_\_  
 Legal Title in Whose Name \_\_\_\_\_  
 Mortgage: Amount \_\_\_\_\_ Mortgage \_\_\_\_\_  
 If property was a gift or is in joint names - details \_\_\_\_\_

**LIFE AND ACCIDENTAL DEATH INSURANCE**

| Face Amount | Type | Policy No. | Name of Company | Beneficiaries | Loan on Policy | Amount of Cash Value |
|-------------|------|------------|-----------------|---------------|----------------|----------------------|
|             |      |            |                 |               |                |                      |
|             |      |            |                 |               |                |                      |
|             |      |            |                 |               |                |                      |
|             |      |            |                 |               |                |                      |
|             |      |            |                 |               |                |                      |
|             |      |            |                 |               |                |                      |
|             |      |            |                 |               |                |                      |
|             |      |            |                 |               |                |                      |
|             |      |            |                 |               |                |                      |
|             |      |            |                 |               |                |                      |

Comments on Life Insurance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the Insured the Owner of the Policies? If Not, Get Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS INTERESTS**

(If the client has an interest in a partnership, limited liability company, limited partnership, joint venture, closely held corporation, or other entity, please provide complete information about its assets and liabilities, buy-sell agreements and all other related information including carryover basis).

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**COMMUNITY PROPERTY**

Have you ever lived in a state which has a community property law (California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, and Idaho)? If so, please list assets purchased in community property state or from proceeds of community property assets.

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**OTHER ASSETS**

Automobile (State: Model, Make, Fair Market Value, in Whose Name and Mortgage)

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Boats, Trailers, etc.

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Mortgages Owned, Land Contracts or Other Receivables

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Coin Collections, Guns, Family Heirlooms

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Other Assets

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## LIABILITIES SUMMARY

Indicate amounts, creditors, and repayment provisions where appropriate. Do not include amounts already deducted in presenting net asset amounts above.

|   | CLIENT | SPOUSE | JOINT |
|---|--------|--------|-------|
| A. Fixed Liabilities:   | \$     | \$     | \$    |
| 1. Taxes Accrued:   | \$     | \$     | \$    |
| 2. Margin Accounts:   | \$     | \$     | \$    |
| 3. Bank Loans:  | \$     | \$     | \$    |
| 4. Installment Contracts:   | \$     | \$     | \$    |
| 5. Other secured (indicated desired source of payment of insurance loans):                      | \$     | \$     | \$    |
| 6. Accounts Payable:  | \$     | \$     | \$    |
| 7. Other Unsecured:   | \$     | \$     | \$    |
| 8. Leases:  | \$     | \$     | \$    |
| 9. Charitable Pledges:  | \$     | \$     | \$    |
| 10. Notes Endorsed:   | \$     | \$     | \$    |
| 11. Lawsuits:   | \$     | \$     | \$    |
| 12. Guarantees:   | \$     | \$     | \$    |
| 13. Judgments Against:  | \$     | \$     | \$    |
| 14. Total Liability:  | \$     | \$     | \$    |
| B. Contingent Liabilities:  | \$     | \$     | \$    |
| C. Present Fiduciary Positions which may impose liability or accountability (obtain documents): | \$     | \$     | \$    |

**FIDUCIARIES**

**NOTE: THIS PAGE IS EXTREMELY IMPORTANT TO COMPLETE:**

Executor(s): (Provide Name and Address in Order of Preference)

Client: \_\_\_\_\_ Client Spouse: \_\_\_\_\_

(1) \_\_\_\_\_ (1) \_\_\_\_\_

(2) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (3) \_\_\_\_\_

Trustee(s): (Name and Address)

Client: \_\_\_\_\_ Client Spouse: \_\_\_\_\_

(1) \_\_\_\_\_ (1) \_\_\_\_\_

(2) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (3) \_\_\_\_\_

Childrens' Guardian(s): (Name and Address)

Client: \_\_\_\_\_ Client Spouse: \_\_\_\_\_

(1) \_\_\_\_\_ (1) \_\_\_\_\_

(2) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (3) \_\_\_\_\_