



BURNHAM LEGAL PLLC
ESTATE PLANNING & ASSET PROTECTION

Estate Planning Client Questionnaire

The information on this Questionnaire is very important as it will allow us to create an Estate Plan specifically tailored to your needs. Please bring your completed Worksheet with you to your initial appointment with us so that we can spend more time discussing your goals.

Family Information:

Full Legal Name: _____

Physical Address: _____

Date of Birth: _____

Employer Name: _____

Cell Phone Number: _____

Email Address: _____

Military Service: _____ Years: _____

Military Service Related Injury? _____

Spouse's Full Legal Name: _____

Physical Address: _____

Date of Birth: _____

Employer Name: _____

Cell Phone Number: _____

Email Address: _____

Military Service: _____ Years: _____

Military Service Related Injury? _____

Children:

Child:

Full Legal Name: _____

Date of Birth: _____

Address: _____

Cell Phone Number: _____

Children: _____

Child:

Full Legal Name: _____

Date of Birth: _____

Address: _____

Cell Phone Number: _____

Children: _____

Child:

Full Legal Name: _____

Date of Birth: _____

Address: _____

Cell Phone Number: _____

Children: _____

Child:

Full Legal Name: _____

Date of Birth: _____

Address: _____

Cell Phone Number: _____

Children: _____

Other Family or Pets:

Potential Agents to Assist You or Administer Your Estate:

People you would trust to pay your bills or make financial decisions for you if you were in the hospital and unable to make those decisions yourself:

(1) Name: _____ Cell Phone Number: _____

Address: _____

(2) Name: _____ Cell Phone Number: _____

Address: _____

(3) Name: _____ Cell Phone Number: _____

Address: _____

(4) Name: _____ Cell Phone Number: _____

Address: _____

Who would you like your belongings to go to in the event that you should pass? Please include the name and address of the people who you would like to receive an inheritance from you, and if you would like them to receive something specific, please identify it here. You may attach additional pages if you wish.

Do you want these people to get the property outright or do you have restrictions that you may want to place on any items?

If something happens to someone named above, should their children (if any) inherit what you are leaving them, or would you prefer someone else to inherit that item or asset?

People who Should Not Inherit – People that could have a claim to your property if you pass away, that you want to ensure do not receive any inheritance.

Full Legal Name: _____

Children: _____

Full Legal Name: _____

Children: _____

Full Legal Name: _____

Children: _____

Guardianship of Minor or Disabled Children

People you would trust to take care of your children if you pass away and they are under the age of eighteen (18):

(1) Name: _____ Cell Phone Number: _____

Address: _____

(2) Name: _____ Cell Phone Number: _____

Address: _____

(3) Name: _____ Cell Phone Number: _____

Address: _____

Medical Decision-Makers

People you would trust to make medical decisions for you. These people should be people who you would trust to authorize medical procedures if you could not, they should think the same way you do about life support, and make good decisions in emotional circumstances. They do not have to be in the medical field.

(1) Name: _____ Cell Phone Number: _____

Address: _____

(2) Name: _____ Cell Phone Number: _____

Address: _____

(3) Name: _____ Cell Phone Number: _____

Address: _____

(4) Name: _____ Cell Phone Number: _____

Address: _____

Are there any religious or other medical restrictions on decision-making that you would like your agent to be aware of:

Please fill out the following section fully. All information you provide us will be kept strictly confidential. When filling out the ownership portion of this form, please indicate whether each asset is owned individually, and by whom. or owned jointly with one another or owned jointly with a third party.

Financial Information:

Advisors:

Accountant: _____ Phone: _____

Financial Planner: _____ Phone: _____

Insurance Agent: _____ Phone: _____

Do you have a Pre-Nuptial/Post-Nuptial Agreement? _____

If "Yes" please provide a copy of that Agreement.

Have you or your spouse been divorced? _____

If "Yes" please provide a copy of the Final Divorce Decree.

Real Property (residence, vacation property, land, etc.):

Property:

Address: _____

Owned By: _____

Value: _____ Mortgage: _____

Property:

Address: _____

Owned By: _____

Value: _____ Mortgage: _____

Property:

Address: _____

Owned By: _____

Value: _____ Mortgage: _____

Property:

Address: _____

Owned By: _____

Value: _____ Mortgage: _____

Checking Accounts:

Bank. _____ Owned By: _____ Value: _____

Bank. _____ Owned By: _____ Value: _____

Bank. _____ Owned By: _____ Value: _____

Savings Accounts:

Bank. _____ Owned By: _____ Value: _____

Bank. _____ Owned By: _____ Value: _____

Bank. _____ Owned By: _____ Value: _____

Motor Vehicles:**Vehicle:**

Make/Year: _____

Owned By: _____ Value: _____

Vehicle:

Make/Year: _____

Owned By: _____ Value: _____

Vehicle:

Make/Year: _____

Owned By: _____ Value: _____

Personal Property:

Type: _____ Owned By: _____ Value: _____

Type: _____ Owned By: _____ Value: _____

Type: _____ Owned By: _____ Value: _____

Type: _____ Owned By: _____ Value: _____

Other:

Type: _____ Owned By: _____ Value: _____

Type: _____ Owned By: _____ Value: _____

Business Interests:

Business:

Name: _____ Owned By: _____

Address: _____ Value: _____

Business:

Name: _____ Owned By: _____

Address: _____ Value: _____

Business:

Name: _____ Owned By: _____

Address: _____ Value: _____

Retirement Accounts/Pension Plans:

Account:

Institution: _____ Owned By: _____

Beneficiary: _____ Value: _____

Account:

Institution: _____ Owned By: _____

Beneficiary: _____ Value: _____

Account:

Institution: _____ Owned By: _____

Beneficiary: _____ Value: _____

Account:

Institution: _____ Owned By: _____

Beneficiary: _____ Value: _____

Investment Accounts:

Account:

Institution: _____ Owned By: _____

Beneficiary: _____ Value: _____

Account:

Institution: _____ Owned By: _____

Beneficiary: _____ Value: _____

Account:

Institution: _____ Owned By: _____

Beneficiary: _____ Value: _____

Account:

Institution: _____ Owned By: _____

Beneficiary: _____ Value: _____

Insurance Policies:

Policy: Company: _____

Owned By: _____ Beneficiary: _____

Cash Value: _____ Death Benefit: _____

Policy: Company: _____

Owned By: _____ Beneficiary: _____

Cash Value: _____ Death Benefit: _____

Policy: Company: _____

Owned By: _____ Beneficiary: _____

Cash Value: _____ Death Benefit: _____

Other:
