GRIMALDI YEUNG

LAW GROUP

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Estate Planning Questionnaire

Primary Client Information (Person(s) questionnaire for Legal Services)	
Name:	
Birth Date:	Social Security # (last 4 digits):
Principal Address:	
Mailing address (if different):	

Phone	Home:	Work:	Cell:

Email address(es):

Partner/Spouse (if applicable)	
Name:	
Birth Date:	Last 4 digits of Social Security only:
Principal Address:	
Mailing address (if different):	

Phone	Home:	Work:	Cell:

Email address(es):

Please check if any of the following documents were prepared, and if so, list their location:			

Will: ☐ yes ☐ no *Location:*

Trust: ☐ yes ☐ no *Location:*

Power of Attorney: ☐ yes ☐ no *Location:*

Health Care Proxy: ☐ yes ☐ no *Location:*

Living Will: ☐ yes ☐ no *Location:*

Please provide copies of all Wills, Trusts, Power of Attorneys, Health Care Proxies, and Living Wills at your consultation.

Marriage Information

Current Marital Status: Single ( ) Married ( ) Widowed ( ) Divorced ( ) Domestic Partner ( )

Date and location of present marriage:

Family Information

Children (either natural or adopted) of present marriage: Name, sex, age, residence and marital status:

Name #1: ☐ male ☐ female ☐ non-binary

Marital Status: ☐ single ☐ married ☐ divorced ☐ widowed

Address:

Age:

Name #2: ☐ male ☐ female ☐ non-binary

Marital Status: ☐ single ☐ married ☐ divorced ☐ widowed

Address:

Age:

Name #3: ☐ male ☐ female ☐ non-binary

Marital Status: ☐ single ☐ married ☐ divorced ☐ widowed

Address:

Age:

Please use additional pages if NEEDED

Grandchildren: Name, sex, age, residence and marital status:

Name: _____ ☐ male ☐ female ☐ non-binary

Age: _____

Parent: _____

Marital Status: ☐ single ☐ married ☐ divorced ☐ widowed

Name: _____ ☐ male ☐ female ☐ non-binary

Age: _____

Parent: _____

Marital Status: ☐ single ☐ married ☐ divorced ☐ widowed

Name: _____ ☐ male ☐ female ☐ non-binary

Age: _____

Parent: _____

Marital Status: ☐ single ☐ married ☐ divorced ☐ widowed

Name: _____ ☐ male ☐ female ☐ non-binary

Age: _____

Parent: _____

Marital Status: ☐ single ☐ married ☐ divorced ☐ widowed

Complete this section only if you do not have a spouse or children.	
Parents' Names -- Father:	Age:
Address:	
Parents' Names -- Mother:	Age:
Address:	
Partner/Spouse's Parents' Names -- Father:	Age:
Address:	
Partner/Spouse's Parents' Names -- Mother:	Age:
Address:	
Siblings' Name (include deceases siblings):	

Medical Information
Your Primary Care Physician's Name:

Email address:	Phone:

Address:	
Specialty if applicable:	
Health Care Needs that Require Special Attention:	

Gifts Made During Life

1. Donee (name and relationship):

Type of Property Given:	
Outright or Trust gift:	
Value of gift $:	☐ Gift tax return filed (date):_____

2. Donee (name and relationship):

Type of Property Given:	
Outright or Trust gift:	
Value of gift $:	☐ Gift tax return filed (date):_____

3. Donee (name and relationship):

Type of Property Given:	
Outright or Trust gift:	

Value of gift $:		☐	Gift tax return filed (date):_____

4. Donee (name and relationship):

Type of Property Given:	
Outright or Trust gift:	
Value of gift $:	☐ Gift tax return filed (date):_____

Financial Information

Your financial advisor/Personal Broker:

Name:	Phone:
Email Address:	Fax:
Corporate Affiliation:	
Address:	

Your Accountant/tax preparer:

Name:	Phone:
Email Address:	Fax:
Corporate Affiliation:	
Address:	

Retirement Accounts:

Please list each retirement account, such as IRA, Keogh, 401(k) and pensions, including account and beneficiary information.

Account Owner	Value/Amount on deposit

1. Financial Institution/account #	Value:
Beneficiary Type of account: ☐ IRA ☐ 401K ☐ Roth IRA ☐ Other	
2.	Value:
Beneficiary Type of account: ☐ IRA ☐ 401K ☐ Roth IRA ☐ Other	
3.	Value:
Beneficiary Type of account: ☐ IRA ☐ 401K ☐ Roth IRA ☐ Other	

Partner/Spouse's Retirement Accounts:	
Please list each retirement account, such as IRA, Keogh, 401(k) and pensions, including account and beneficiary information.	
Account Owner	Amount on deposit
1. Financial Institution/account #	Value:
Beneficiary Type of account: ☐ IRA ☐ 401K ☐ Roth IRA ☐ Other	
2.	Value:
Beneficiary Type of account: ☐ IRA ☐ 401K ☐ Roth IRA ☐ Other	
3.	Value:
Beneficiary Type of account: ☐ IRA ☐ 401K ☐ Roth IRA ☐ Other	

Non-Retirement Assets:

Please do not list any Individual Retirement Accounts (IRA), Keogh, 401(k) or pension benefits here.

Bank Accounts:

For each account please indicate whether the account is Savings, Checking, Certificates of Deposit (CD), or other. For each account please indicate how it is registered whether Individual, Joint, Survivorship, Trust, or Custodial.

Financial Institution Name:		Type of Account: ( ) savings ( ) checking ( ) CD ( ) other
Owner's Name/s:		Account Number:
Registered as: ( ) single ( ) joint	Amount:	Beneficiary Name:
Financial Institution Name:		Type of Account : ( ) savings ( ) checking ( ) CD ( ) other
Owner's Name:		Account Number:
Registered as: ( ) single ( ) joint	Amount:	Beneficiary Name:
Financial Institution Name:		Type of Account: ( ) savings ( ) checking ( ) CD ( ) other
Owner's Name:		Account Number:
Registered as: ( ) single ( ) joint	Amount:	Beneficiary Name:
Financial Institution Name:		Type of Account: ( ) savings ( ) checking ( ) CD ( ) other
Owner's Name:		Account Number:
Registered as: ( ) single ( ) joint	Amount:	Beneficiary Name:
Financial Institution Name:		Type of Account: ( ) savings ( ) checking ( ) CD ( ) other
Owner's Name:		Account Number:
Registered as: ( ) single ( ) joint	Amount:	Beneficiary Name:
Financial Institution Name:		Type of Account: ( ) savings ( ) checking ( ) CD ( ) other
Owner's Name:		Account Number
Registered as: ( ) single ( ) joint	Amount:	Beneficiary Name:
Financial Institution Name:		Type of Account: ( ) savings ( ) checking ( ) CD ( ) other

Owner's Name:		Account Number
Registered as: ( ) single ( ) joint	Amount:	Beneficiary Name:
Financial Institution Name:		Type of Account: ( ) savings ( ) checking ( ) CD ( ) other
Owner's Name:		Account Number
Registered as: ( ) single ( ) joint	Amount:	Beneficiary Name:

Stocks / Investment PortfolioAccounts:

Company Name	Number of Shares	Owner Name	Account Number	Present Value	Notes

Annuities: (*Please specify the owner, joint, and survivor, current income, value of annuity, and beneficiary(ies)*)

Company Name	Ownership	Value	Beneficiaries
1.			
2.			
3.			
4.			

Real Property Information:

Primary Residence	House ( )	Single Family ( )	Multiple Family ( )		Purchase Date:
	Co-op ( )	Condominium ( )	Other:		
		Mortgage Balance:		Purchase Price:	Market Value:
		Monthly Rent/maintenance:		Rental Income:	Years:

Address:

Second Residence	House ( )	Single Family ( )	Investment Property ( )		Value:
	Co-op ( )	Condominium ( )	Other:		
		Mortgage Payment:		Purchase Price:	Market Value:

Address:

Other Comments:

Other Real Estate:

Please specify the location, general description, date of purchase, record owners, cost plus improvements, outstanding mortgage, current balance, and whether the property is residential or investment.

Address	Type	Ownership	Cost	Current Value
1.				
2.				
3.				

Business Affiliations (closely held corporations, partnership interests):

Briefly describe business, value of interest, percentage of interest.

	Type (LLC, LLP, S Corp, C Corp)	Value
1.		
2.		
3.		

Personal Effects (including furs, jewelry, art, cash on hand, and other items of substantial value):

	Value
1.	
2.	
3.	
4.	

Life Insurance:

Company	Policy Number	Face Value	Cash Value	Owner	Beneficiary

Expectancies: *(Inheritances and gifts)*

1.
2.
3.

Safe Deposit Box: *(Location and how Registered)*

1.
2.
3.

Liabilities: *(Description and Value)*

1.
2.
3.
4.

Gross Estate:

Estimated gross assets held by self: $	Estimated gross assets held by partner/spouse: $
Estimated gross assets held joint with other: $	Estimated gross assets held joint with partner/spouse: $

Estimated gross assets held joint by partner/spouse with other: $

<u>Notes:</u>

Burial Instructions:

Funeral, burial, monument, services, grave care, etc.:

Additional Information: