

Estate Planning Questionnaire - Confidential

Today's Date: _____

Name: _____

Name: _____

Social Security #: _____ - _____ - _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

Cell phone: (____) _____

Cell phone: (____) _____

Email (personal): _____

Email (personal): _____

Email (work): _____

Email (work): _____

Profession: _____

Profession: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Attorney's Name: _____ Accountant's Name: _____

Marital Status: Single Married Divorced? Date: _____ Widowed? Date: _____

Anniversary Date: ____/____/____ Former Spouse's Name: _____

Children: (If blended family, please identify parent.)

Name: _____ Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____ Parent _____

Name: _____ Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____ Parent _____

Name: _____ Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____ Parent _____

Name: _____ Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____ Parent _____

Do you presently have a will? Yes No When was it written or last updated? _____

Estimated Net Worth \$ _____

Do you have ownership in a business? No If Yes, Name: _____ Type: _____

Do you own rental property? Address _____ LLC or personal ownership? (Please circle)

Do you have Life Insurance? Yes No Current Beneficiaries: _____

Retirement Accounts? Yes No Current Beneficiaries: _____

As part of your estate planning, do you wish to make charitable contributions? Yes No



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How do you wish to distribute your estate assets upon your death, and to whom?

Other specific bequests, such as real estate, businesses, valuable items? _____

YOUR PERSONAL REPRESENTATIVES OF CHOICE:

Personal Representative (Executor) of your Will: (Administers your Will during probate)

1st Choice: Name _____ Relationship _____ Phone _____

Address (street, city, state, zip) _____

2nd Choice: Name _____ Relationship _____ Phone _____

Address (street, city, state, zip) _____

3rd Choice: Name _____ Relationship _____ Phone _____

Address (street, city, state, zip) _____

Trustee(s): (Administers Trusts established under your Will)

1st Choice: Name _____ Relationship _____ Phone _____

Address (street, city, state, zip) _____

2nd Choice: Name _____ Relationship _____ Phone _____

Address (street, city, state, zip) _____

3rd Choice: Name _____ Relationship _____ Phone _____

Address (street, city, state, zip) _____

Healthcare Power of Attorney (POA): (Makes healthcare decisions during your incapacity)

1st Choice: Name _____ Relationship _____ Phone _____

Address (street, city, state, zip) _____

2nd Choice: Name _____ Relationship _____ Phone _____

Address (street, city, state, zip) _____

3rd Choice: Name _____ Relationship _____ Phone _____

Address (street, city, state, zip) _____

Financial Power of Attorney (POA): (Makes financial decisions during your incapacity)

1st Choice: Name _____ Relationship _____ Phone _____
Address (street, city, state, zip) _____

2nd Choice: Name _____ Relationship _____ Phone _____
Address (street, city, state, zip) _____

3rd Choice: Name _____ Relationship _____ Phone _____
Address (street, city, state, zip) _____

CHILDREN

Guardian(s) of Minor(s): (Raises or supervises raising of children who are not yet age 18)

1st Choice: Name _____ Relationship _____ Phone _____
Address (street, city, state, zip) _____

2nd Choice: Name _____ Relationship _____ Phone _____
Address (street, city, state, zip) _____

3rd Choice: Name _____ Relationship _____ Phone _____
Address (street, city, state, zip) _____

Distribution of Trusts for Children:

First Distribution: Age _____ Amount \$ _____

Second Distribution: Age _____ Amount \$ _____

Thirst Distribution: Age _____ Amount \$ _____

Please describe any planning objectives that are particularly significant:

Any further specifics about your asset distribution that need to be discussed?

Please note that we do not offer all the services noted above in this document, however we can assist with a referral. This information is not intended to be a substitute for individualized tax or legal advice. We suggest that you discuss your specific situation with a qualified tax or legal advisor.