

McMANUS & McMANUSTM

Your Trusted Legal Advisors Since 1953

ESTATE PLANNING

INFORMATION QUESTIONNAIRE

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PERSONAL INFORMATION

Name: _____ SS#: _____

What is your usual signature? _____

Address: _____ Employer: _____

_____ Retirement date (approx.) _____

E-mail address: _____ Marriage: First () Second () Third ()

Day phone #: _____ Evening phone #: _____

Date of Birth _____ Place of birth: _____

Are you a U.S. Citizen? Yes _____ No _____ Email: _____

Name of spouse: _____ SS#: _____

What is your spouse's usual signature? _____

Date of Birth: _____ Are you a U.S. Citizen? Yes _____ No _____

Day phone #: _____ Evening phone #: _____

FAMILY

Name: _____ Relationship: _____

SS#: _____ Name of spouse: _____

Address: _____ No. of children: _____

Phone #: _____ Children's ages: _____

Name: _____ Relationship: _____

SS#: _____ Name of spouse: _____

Address: _____ No. of children: _____

Phone #: _____ Children's ages: _____

Name: _____ Relationship: _____

SS#: _____ Name of Spouse: _____

Address: _____ No. of children: _____

Phone #: _____ Children's ages: _____

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Do you have a Trust? Yes () No ()

Do you or your spouse have children by a previous marriage: _____

Do you or your spouse have children who have died? Do they have children? _____

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? _____

In the event you are incapacitated or unable to handle your financial and personal affairs, who would you appoint as your attorney-in-fact that would be able to act on your behalf.

First Choice:

Second Choice:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

In the event you are incapacitated or unable to make decisions concerning your health, who would you appoint as your health care surrogate who would act on your behalf?

First Choice:

Second Choice:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Who prepares your tax returns? _____

Do you have an investment broker? if yes, who: _____

Do you have prearranged funeral/burial arrangements, if yes with whom? _____

Do you have cemetery plots? If so, where and who is the owner? _____

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FINANCIAL

Please list all income producing assets, i.e., bank accounts, checking, savings, money market, CDs, brokerage accounts, stocks, corporate or US Bonds.

Description:	Value:	Account No.	In Whose Name?	Maturity Date:
	\$			
	\$			
	\$			
	\$			

REAL ESTATE

Description: (Address)	Value:	Mortgage	Purchase Price	In Whose Name?
	\$			
	\$			
	\$			
	\$			

BUSINESS INTEREST

Name of business: _____

Type of entity (corp./partnership/sole proprietorship) _____

Inventory (\$ value) _____

Assets _____

Liabilities _____

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LIFE INSURANCE

On whose life: Company:	Owner	Face Value:	Beneficiary:
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

Other property with designated beneficiaries, i.e., IRAs, Pension Plan, Annuities or other assets:

Description:	Value:	Designated Beneficiary:

MONTHLY INCOME/LIABILITIES

	Applicant:	Spouse:	Joint:
Employment:	_____		
Social Security:	_____		
Pension:	_____		
IRAs, Annuities:	_____		
Rent receipt:	_____		
Interest:	_____		
Dividends:	_____		
Other:	_____		

Which sources of income have a benefit for a surviving spouse? _____

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LEGAL ITEMS

Do you presently have any of the following legal documents?

Date Signed:

Location of Original:

Last Will and Testament:

Living Trust:

Durable Power of Attorney

Living Will

NOTES
