



ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

Name _____ **DATE** _____

DOB _____ **U.S. Citizen?:** Yes No

Address _____ **E-mail:** _____

City/State _____ **Zip** _____

Home Phone _____ **Cell** _____ **Work** _____

Employer _____ **Position** _____

Employer plans: *Pension:* Yes No *401(k):* Yes No *Profit Sharing:* Yes No

Do you have:

Will Yes No

Trust Yes No

Power of Attorney Yes No

Terminal Illness Declaration Yes No

Safe Deposit Box Yes No

Cemetery Plot Yes No

Prepaid Burial Plans Yes No

Financial Planner Yes No

Accountant Yes No

Insurance Agent Yes No

Disability Insurance Yes No

Nursing Home Insurance Yes No

FAMILY INFORMATION

Name	DOB	Child from current or prior relationship?
Children:		
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Grandchildren:		
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

If any of your children are under 18 years of age, who would you like to have raise them?

_____ then (if applicable) _____.

Do any of your children have special needs?

FINANCIAL INFORMATION - ASSETS

Real Estate:

Residence: Address _____ Value \$ _____

Declaration of Homestead filed? _____

Other real estate: Address _____ Value \$ _____

Address _____ Value \$ _____

Address _____ Value \$ _____

Personal Property:

Checking Account(s) Bank _____ Amount \$ _____

Account # _____

Held in joint tenancy with someone else? Yes No

Bank _____ Amount \$ _____

Account # _____

Held in joint tenancy with someone else? Yes No

Bank _____ Amount \$ _____

Account # _____

Held in joint tenancy with someone else? Yes No

Savings Account(s) Bank _____ Amount \$ _____

Account # _____

Held in joint tenancy with someone else? Yes No

Bank _____ Amount \$ _____

Account # _____

Held in joint tenancy with someone else? Yes No

Bank _____ Amount \$ _____

Account # _____

Held in joint tenancy with someone else? Yes No

Money Market Bank _____ Amount \$ _____
Account # _____
Held in Joint Tenancy with someone else? Yes No

Stock Market Accounts Broker _____ Amount \$ _____
Account # _____
Held in Joint Tenancy with someone else? Yes No

Mutual Fund Accounts Company _____ Amount \$ _____
Account # _____
Held in Joint Tenancy with someone else? Yes No

IRA Company _____ Amount \$ _____
Account # _____
Beneficiary _____

Annuities Company _____ Amount \$ _____
Account # _____
Beneficiary _____

Timeshare Company _____ Value \$ _____
Account # _____
Beneficiary _____

Cryptocurrency Company _____ Value \$ _____
Account # _____
Beneficiary _____

Life Insurance Company _____ Amount \$ _____
Policy # _____
Beneficiary _____

Company _____ Amount \$ _____
Policy # _____
Beneficiary _____

Company _____ Amount \$ _____
Policy # _____
Beneficiary _____

Vehicles Make _____ Value \$ _____
 Model _____
 Year _____
 Paid Off YES or NO

 Make _____ Value \$ _____
 Model _____
 Year _____
 Paid Off YES or NO

“Toys” (e.g. boats, trailers, ATVs, motorcycles, etc.)

Business Interests Name of Company % Interest in Company

ESTATE PLANNING

WHAT YOU NEED TO THINK ABOUT:

Will

Executor of Will: First: _____ Second: _____

Trust (if applicable)

Name of Trust: _____

Successor Trustee of Trust: First: _____ Second: _____

To whom would you like your estate distributed upon your passing? _____

How much for each person/entity/animal? _____

At what age(s) do they receive it or would you like to keep it in trust? _____

Are there any other specifications that relate to distributions?

Do you intend to gift any specific items of personal property (e.g., jewelry, guns, art, coin collections, etc.) or other asset to someone specifically? If so, please list the item and the full name of who it should be given to:

_____ goes to _____

_____ goes to _____

_____ goes to _____

Disposition Instructions

Would you like to be **buried** or **cremated** or **something else**? (circle one)

Do you want to donate any organs that may be useful to someone else? **Yes** or **No**

Do you have any special wishes/instructions? _____

Healthcare Power of Attorney (Living Will)

Who would you like to make healthcare decisions for you if you cannot act (i.e. within the provision of your wishes as stated in the document)?

Name _____
Address _____ then, _____
Phone _____

Financial Power of Attorney

Who would you like to make financial decisions for you if you cannot act?

Grantor _____
Address _____ then, _____
Phone _____

WHAT YOU NEED TO BRING WITH YOU:

Existing Estate Planning Documents (i.e. Will, Trust, Power of Attorney, etc.)
Deeds or Title Policies for Real Estate
Bank Statements
Retirement Account/Pension Statements and Information
Life Insurance Policies
Vehicle Titles

WHAT WE CAN DO FOR YOU

WE WILL MEET WITH YOU FOR AN INITIAL CONSULTATION.

WE WILL PREPARE THE FOLLOWING DOCUMENTS SPECIFICALLY TAILORED TO MEET YOUR ESTATE PLANNING NEEDS:

Revocable Trust
Certificate of Trust
Pour-Over Will
Personal Property List
Terminal Illness Declaration
Medical Power of Attorney
Financial Power of Attorney
Disposition Instructions
Guardianship Nomination
Homestead Declaration (including recordation)
Quitclaim Deeds for Real Estate (including recordation)
Assignment of Personal Property
Assignment of Business Interests

SUMMERLIN **HENDERSON**
5741 S. Fort Apache Road, Suite 150 780 Coronado Center Drive, Suite 120
Las Vegas, NV 89148 Henderson, NV 89052

T 702.318.8808

F 702.623.6490

www.borglawgroup.com