



THE WAGG BUILDING
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WEST PALM BEACH, FLORIDA 33401
MAIN 561.833.5553 FACSIMILE 561.833.5628
WWW.WLAWOFFICES.COM

ESTATE PLANNING QUESTIONNAIRE

BIOGRAPHICAL INFORMATION

Marital Status

- Married Unmarried, Partners
 Single

Client Biographical Information (herein referred to as "Client 1")

First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____ Alias Name (if any): _____

Gender: Male Female SS#: _____ DOB: _____

U.S. Citizen? Yes No

If No, specify citizenship: _____

Disabled? Yes No

Veteran? Yes No

Health: Excellent Reasonably good Poor Serious Adverse Condition

Spouse/Partner Biographical Information (herein referred to as "Client 2")

First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____ Alias Name (if any): _____

Gender: Male Female SS#: _____ DOB: _____

U.S. Citizen? Yes No

If No, specify citizenship: _____

Disabled? Yes No

Veteran? Yes No

Health: Excellent Reasonably good Poor Serious Adverse Condition

**CLIENT
CONTACT INFORMATION**

	Client 1	Client 2
Address		
City		
State		
Zip		
County		
Home Phone		
Home Fax		
Personal email		
Cell Phone		
Business Phone		
Business Fax		
Business email		

DESCENDANTS (IF APPLICABLE)

Children

	Name	Living	Gender	Date of Birth	Social Security No.	Disabled	Child of Both	Child of Client 1 only	Child of Client 2 only
Child 1		Y / N	M/F			Y / N	Y / N	Y / N	Y / N
Address									
Telephone									
Child 2		Y / N	M/F			Y / N	Y / N	Y / N	Y / N
Address									
Telephone									
Child 3		Y / N	M/F			Y / N	Y / N	Y / N	Y / N
Address									
Telephone									
Child 4		Y / N	M/F			Y / N	Y / N	Y / N	Y / N
Address									
Telephone									
Child 5		Y / N	M/F			Y / N	Y / N	Y / N	Y / N
Address									
Telephone									
Child 6		Y / N	M/F			Y / N	Y / N	Y / N	Y / N
Address									
Telephone									

Grandchildren

	Name	Living	Gender	Date of Birth	Disabled	Grandchild is Child of:
Grandchild 1		Y / N	M/F		Y / N	
Grandchild 2		Y / N	M/F		Y / N	
Grandchild 3		Y / N	M/F		Y / N	
Grandchild 4		Y / N	M/F		Y / N	
Grandchild 5		Y / N	M/F		Y / N	
Grandchild 6		Y / N	M/F		Y / N	

**CONTACT INFORMATION
FOR INDIVIDUALS OTHER THAN
CHILDREN**

If considering the appointment of individuals other than your spouse/partner or children to act on your behalf if you are unable to act for yourself; for example, as Agent under a Durable Power of Attorney, or Surrogate under a Designation of Health Care Surrogate, please provide their respective names, addresses, telephone numbers and relationship to you:

	Name	Address	Telephone	Relationship
Individual 1				
Individual 2				
Individual 3				
Individual 4				
Individual 5				
Individual 6				

ASSETS AND LIABILITIES

Personal Net Worth (combined): \$_____

Client 1 Annual Income: \$_____

Client 2 Annual Income: \$_____

FINANCIAL SUMMARY

	Description	ASSETS			LIABILITIES
		Client 1	Client 2	Joint	
Cash/Liquid					
	Savings				
	Checking				
	Money Market				
	Other				
Real Estate					
	Primary				
	Secondary				
	Other				
Personal Property					
	Automobiles				
	Jewelry				
	Art or Other Collections				
	Boats				
	Other				
Intangibles					
	Bonds				
	Stock				
	Mutual Funds				
	Note & Mortgages				
	Receivables				
	Annuities				
	Other				
Retirement Benefits					
	IRAs				
	401K				
	SEP				
	Other				
Life Insurance	Company:	C.V. / D.B.	C.V. / D.B.	C.V. / D.B.	
	1.				
	2.				
	3.				

Advisor Information

Investment Advisor	Address	City	State	Zip
	Email Address	Phone		

Accountant	Address	City	State	Zip
	Email Address	Phone		

Insurance Agent	Address	City	State	Zip
	Email Address	Phone		

Trust Company / Officer	Address	City	State	Zip
	Email Address	Phone		

Referral Information

Who referred you to Whitehead Law Offices?

Name	Address	City	State	Zip
	Email Address	Phone		