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**ESTATE PLANNING QUESTIONNAIRE**

NAME OF CLIENT (S): \_\_\_\_\_

DATE OF CONFERENCE: \_\_\_\_\_

IS THE WILL TO BE KEPT IN OUR SAFETY DEPOSIT BOX? \_\_\_\_\_

**I. FIDUCIARIES**

	<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Excuse Bond?</u>
Executor (s):	_____	_____	_____	_____
Succ. Executor:	_____	_____	_____	_____
Trustee (s):	_____	_____	_____	_____
Succ. Trustee:	_____	_____	_____	_____
Guardian (s):	_____	_____	_____	_____
Person:	_____	_____	_____	_____
Property:	_____	_____	_____	_____
Succ. Guardian:	_____	_____	_____	_____
Person:	_____	_____	_____	_____
Property:	_____	_____	_____	_____
Conservator (s):	_____	_____	_____	_____
Succ. Conservator:	_____	_____	_____	_____

**II. DISPOSITIVE PROVISIONS**

Specific Bequests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Bequests: \_\_\_\_\_  
\_\_\_\_\_

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Rest and Residue: \_\_\_\_\_

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Trusts: \_\_\_\_\_

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**PERSONAL INFORMATION WORKSHEET**

**ESTATE PLANNING DATA**

**CONFIDENTIAL**

Please answer as completely as possible

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_

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Spouse \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_

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**I. MARRIAGE INFORMATION**

Have either of you been married previously? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the name of the previous spouse and other pertinent information.

(Husband) - \_\_\_\_\_ How ended? \_\_\_\_\_ Date \_\_\_\_\_

(Wife) - \_\_\_\_\_ How ended? \_\_\_\_\_ Date \_\_\_\_\_

**II. CHILDREN**

Do you have children? Yes\_\_\_\_ No \_\_\_\_\_. If yes, complete the following information.  
If no children, skip to section III.

<u>Name of Child</u>	<u>Birth Date</u>	<u>Address and, if married, names of spouse and children.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If either of you or your spouse have children by a previous marriage, check here \_\_\_\_\_ and give pertinent information on reverse side of this page.

If any of your children have died, leaving surviving descendants (your grandchildren), check here \_\_\_\_\_ and fill in name of deceased child (ren) and names and birthdates of surviving grandchildren on reverse side of this page.

**III. DEPENDENTS**

Do you have any dependents other than children (such as invalid brother or sister, elderly parents, etc.)?

Yes\_\_\_\_ No\_\_\_\_\_ If yes, list pertinent Information.

\_\_\_\_\_

**IV. MISCELLANEOUS INFORMATION**

Do you have a Will? Yes\_\_\_\_ No \_\_\_\_\_. Date \_\_\_\_\_ Location \_\_\_\_\_

Do you have any present trusts? Yes \_\_\_\_ No \_\_\_\_\_. If yes, attach copy and list approximate value.

Do you have a safe deposit box? Yes\_\_\_\_ No \_\_\_\_\_. If yes, where? \_\_\_\_\_

Do you or anyone else you intend to include in your will have any unusual health problems which may require long term convalescent or institutional care? Yes\_\_\_\_ No \_\_\_\_\_.

Please list names of all People (other than family members already noted) and organizations you wish included in your will:

<u>Name</u>	<u>Address</u>	<u>Age</u>	<u>Relationship, if any</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INVENTORY OF ASSETS**

1). **REAL ESTATE:** Any owned? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, list below.

Property Number One

Property Number Two

Address: \_\_\_\_\_

Title Owner (s): \_\_\_\_\_

Date acquired: \_\_\_\_\_

Purchase Price:\$ \_\_\_\_\_

Present Market Value: \$ \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_

Lender \_\_\_\_\_

Present net market Value (equity) \$ \_\_\_\_\_

If additional real estate is owned, check here \_\_\_\_\_ and list same information on reverse side of this page.

2). **STOCKS AND SAVINGS BONUS**

Any owned? (Yes/No) - Stocks \_\_\_\_\_ Bonds \_\_\_\_\_

Please list total current values (approximate):

Solely Held - \$ \_\_\_\_\_ Spouse's sole name - \$ \_\_\_\_\_ Joint with spouse - \$ \_\_\_\_\_

Joint with spouse - \$ \_\_\_\_\_ Joint with child - \$ \_\_\_\_\_

3). **BANK ACCOUNTS**

If room is needed to list additional accounts and CD's, check here \_\_\_\_\_ and list on reverse side of this page.

Name of Bank

Owner(s) of Account

Approximate Balance

a) Savings

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

b) Checking

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

4). **EMPLOYEE BENEFIT PLANS**

Do you have any vested rights under an Employee Benefit Plan? Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, complete the following:

Name of Company \_\_\_\_\_

Pension \_\_\_\_\_ Profit Sharing \_\_\_\_\_ IRA \_\_\_\_\_ Other (explain) \_\_\_\_\_

Present vested benefits \$ \_\_\_\_\_. Any death benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

**5). BUSINESS ASSETS**

Do you own an interest in a business? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, answer the following:

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

List any other pertinent information (partnership, corporation, stock purchase, agreement, value, etc.) on the reverse side of this page.

**6). LIFE INSURANCE**

a). Do you have life insurance on your life? Yes \_\_\_\_\_ No \_\_\_\_\_.  
(List group insurance policies in section b).

<u>Insurance Company</u>	<u>Owner of Policy</u>	<u>Beneficiary</u>	<u>Contingent Beneficiary</u>	<u>Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

If additional policies, check here \_\_\_\_\_ and list on reverse side of this page.

b). Any group life insurance through your employer? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, list.

<u>Insurance Company</u>	<u>Owner of Policy</u>	<u>Beneficiary</u>	<u>Contingent Beneficiary</u>	<u>Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

c). Any insurance on life of spouse? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, list. (Use reverse side of page if needed).

<u>Insurance Company</u>	<u>Owner of Policy</u>	<u>Beneficiary</u>	<u>Contingent Beneficiary</u>	<u>Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

d). Any insurance on life of children? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, list information on reverse side of this page.

**7). MISCELLANEOUS PROPERTY**

a). Household Property. Insert here what you estimate you would receive if you sold all your property and personal effects at public auction (we suggest 10% to 20% of original purchase price). \$ \_\_\_\_\_

b). Special Items of Value. Do you have special items of value such as expensive jewelry, antiques, works of art, coin and stamp collections, boats, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, itemize.

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

c). Automobiles. Current value(s) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

8). **NOTES, LOANS OR ANY OTHER AMOUNTS OWED TO YOU**

Does anyone owe you (not your business, if any) money? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If yes, list and explain circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ TOTAL \$ \_\_\_\_\_

9). **DEBTS OR OTHER OBLIGATIONS OWED BY YOU**

Do you owe any money to anyone? (Other than the "normal" monthly bills or any mortgage on your real estate).  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, list and explain circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ TOTAL \$ \_\_\_\_\_

10). **YOUR INCOME**

Estimated for current year:

Self: Annual Salary or Wages - \$ \_\_\_\_\_ Total Other Income \$ \_\_\_\_\_.

Spouse: Annual Salary or Wages - \$ \_\_\_\_\_ Total Other Income \$ \_\_\_\_\_.

## YOUR CURRENT WORTH

Please complete carefully. This summarizes your total estate assets. (Note that numbers correspond to paragraphs on preceding pages).

	<u>You</u>	<u>Spouse</u>	<u>Joint with Spouse</u>	<u>Joint with Others</u>
1). Real Estate (Net Equity)	\$ _____	\$ _____	\$ _____	\$ _____
2). Stocks and Savings Bonds	\$ _____	\$ _____	\$ _____	\$ _____
3). Bank Accounts/ CDs	\$ _____	\$ _____	\$ _____	\$ _____
4). Employee Benefit Plans	\$ _____	\$ _____	\$ _____	\$ _____
5). Business Assets	\$ _____	\$ _____	\$ _____	\$ _____
6). Life Insurance	\$ _____	\$ _____	\$ _____	\$ _____
7). Miscellaneous Property (include Household, Special Items, Cars)	\$ _____	\$ _____	\$ _____	\$ _____
8). Notes/Loans	\$ _____	\$ _____	\$ _____	\$ _____
SUBTOTALS	\$ _____	\$ _____	\$ _____	\$ _____
9). Subtract Obligations	(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)
NET TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL ESTATE ASSETS (Add Net Totals Above)	\$ _____			

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Congratulations on completing a difficult and time-consuming job! If you would like a copy for your personal records, let us know at the time of your office interview.

Reminder: At the time of your Will conference, please be sure to bring in the originals or copies of deeds to all real estate, any existing Wills, all insurance policies, and other title documents such as car titles, bank books, IRAs or pension plan information. If there are any other documents which you would like us to review, please bring them with you as well.