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**Confidential Estate Planning Questionnaire**

*The information provided is protected by the attorney-client privilege and will be held strictly confidential. It will be used only in formulating recommendations for your estate plan and will not be revealed by us to any person or entity without your specific authorization. The time you spend completing this form will greatly increase our efficiency and our ability to deliver appropriate quality service to you.*

**Background Information:**

**Self**

**Date:**

Name: (last, first, middle) _____		Date of Birth: _____	
Address: _____		Social Security Number: _____	
Employer: _____		Residence Telephone Number: _____	
Citizenship: _____		Work Phone Number: _____	
Date of Military Discharge: _____		Cell Telephone Number: _____	
Safe Deposit Box Location: _____		Service Number: _____	
Previous Divorce(s): provide copy of each divorce decree		Names on Box: _____	
Name: _____		Date of Divorce: _____	
Name: _____		Date of Divorce: _____	
Preferred Email: _____			

**Spouse**

Name: (last, first, middle) _____		Date of Birth: _____	
Address: _____		Social Security Number: _____	
Employer: _____		Residence Telephone Number: _____	
Citizenship: _____		Work Telephone Number: _____	
Date of Military Discharge: _____		Cell Telephone Number: _____	
Safe Deposit Box Location: _____		Service Number: _____	
Previous Divorce(s): provide copy of each divorce decree		Names on Box: _____	
Name: _____		Date of Divorce: _____	
Preferred Email: _____			

**Children**

Name:	Relationship:	Address:	Birthdate:	Disability, if any:	Government Benefits, if any

(Include children of any deceased child above) Are you currently expecting any children? \_\_\_\_\_

**Advisors**

Name	Company	Gift Tax Returns ever filed?
CPA		
Investments		
Life Insurance		
Other key advisors		

**Assets:**

**Cash: (Checking, Savings, Certificates, Etc.)**

Bank: Account Type: Owner(s): Balance

Bank:	Account Type:	Owner(s):	Balance
			\$
			\$
			\$
			\$
<b>TOTAL:</b>			<b>\$0.00</b>

**Brokerage Accounts:**

Brokerage Firm: (not incl. retirement accounts)

Owner(s): Value:

Brokerage Firm:	Owner(s):	Value:
		\$
		\$
		\$
<b>TOTAL:</b>		<b>\$0.00</b>

**Individually-Held Stocks & Bonds: (not included in above brokerage accounts)**

Company: No. of Shares: Cost Owner(s): Value:

Company:	No. of Shares:	Cost	Owner(s):	Value:
		\$		
		\$		\$
		\$		\$
		\$		\$
		\$		\$
<b>TOTAL:</b>				<b>\$0.00</b>

**Life Insurance:**

Company: Type of Policy:\* Policy Number: Insured (& Owner if different): Beneficiaries: Cash Surrender Value (if appl.): Face Value:

Company:	Type of Policy:*	Policy Number:	Insured (& Owner if different):	Beneficiaries:	Cash Surrender Value (if appl.):	Face Value:
					\$	
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
<b>TOTAL:</b>						<b>\$0.00</b>

\* Whole life, variable, universal, term

**Real Estate:**

Type: Address: Owners: Cost: Market Value:

Type:	Address:	Owners:	Cost:	Market Value:
			\$	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL:</b>				<b>\$0.00</b>

**Business Interests:**

Form:\* Name & Nature of Business: % Ownership: Value of Your Interest:

Form:*	Name & Nature of Business:	% Ownership:	Value of Your Interest:
		%	
		%	\$
		%	\$
		%	\$
<b>TOTAL:</b>			<b>\$0.00</b>

\* Corporation, partnership, limited liability company

**Household/Personal Property:**

Only very significant items or collectibles need be listed.

Description:

Owner(s):

Value:

Description:	Owner(s):	Value:
General Household Goods.		
Other:		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL:</b>		<b>\$0.00</b>

**Retirement Plans, IRAs, and ROTH accounts:**

Description:

Owner:

Beneficiaries:

Value:

Description:	Owner:	Beneficiaries:	Value:
			\$
			\$
			\$
<b>TOTAL:</b>			<b>\$0.00</b>

**Expected Inheritances:**

Expected By:\*

Description:

Self:

Spouse:

From:

Amount:

Description:	Self:	Spouse:	From:	Amount:
				\$
				\$
				\$
<b>TOTAL:</b>				<b>\$0.00</b>

\* Check each that applies.

**Other Assets:**

Description:

Owner:

Value:

Description:	Owner:	Value:
		\$
		\$
<b>TOTAL:</b>		<b>\$0.00</b>

**Liabilities:**

**Mortgages:**

Description of Property:

Name of Lender:

Amount:

Description of Property:	Name of Lender:	Amount:
		\$
		\$
		\$
		\$
<b>TOTAL:</b>		<b>\$0.00</b>

**Other Debts:**

Type:

Name of Lender:

Amount:

Type:	Name of Lender:	Amount:
		\$
		\$
		\$
<b>TOTAL:</b>		<b>\$0.00</b>

**Summary of Assets and Liabilities:**

Total Assets:	<u>\$0.00</u>
Total Liabilities:	<u>\$0.00</u>
Net Estate:	<u>\$0.00</u>

**Income Information:**

Self:

Spouse:

Annual Salary:	\$	\$
Investment Income:	\$	\$
Other Income:		
	\$	\$
	\$	\$
	\$	\$

**PERSONAL REPRESENTATIVE:**

A personal representative is a person appointed by you to manage your estate and to carry out the terms of your Will.

The Court will appoint a personal representative if you do not name one. It is desirable to name a personal representative and a substitute personal representative. Spouses often, but not always, name each other as first choice.

Name of Personal Representative(s):

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Successor Personal Representative(s):

1st Backup Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

2nd Backup Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**GUARDIAN:**

You should name a guardian if you have minor children. This person will have charge of the children, subject to Court approval.

You may appoint the same or different person as trustee to hold your property and make your property available for your children according to your Will.

Guardian(s):

Name of Individual or Couple: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Successor Guardian(s):

Name of Individual or Couple: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**TRUSTEE:**

The Trustee named in your Will manages any estate assets to be held for the benefit of a beneficiary. For example, a trust should be used where assets pass to minor children or grandchildren.

Name of Trustee or Co-Trustee(s):

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Successor Trustee(s):

1st Backup Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

2nd Backup Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**ESTATE DISTRIBUTION:**

You do not need to describe every item of your personal and real property. However, if there is anything specific that you want to go to a particular beneficiary, list it below. Also, list any specific sum of money you want to give to a particular beneficiary.

Item:	Name and Address of Beneficiary:	Phone Number:

**BALANCE OF ESTATE:**

For a general idea of how you would like your estate distributed at your death, complete the items below. This will be used as a starting point for further discussion. Indicate one of the following if you are married.

- \_\_\_\_\_ All of balance to surviving spouse
- \_\_\_\_\_ Part of estate outright to surviving spouse and part in trust for spouse if it minimizes estate taxes
- \_\_\_\_\_ Other amount to surviving spouse: \$ \_\_\_\_\_

If you are not married, indicate who is to receive the remainder of your estate and what percentage of the remainder each beneficiary is to receive. If you are married, indicate who is to receive your estate if your spouse does not survive you.

Percentage:	Individual or Organization:	Address:
%		
%		
%		
%		

For amounts which would go to your children, indicate and complete one of the following:

- \_\_\_\_\_ Trustee shall divide into separate shares when youngest child reaches age \_\_\_\_\_ and shall distribute all amounts then to children.
- \_\_\_\_\_ Trustee shall divide into separate shares when youngest child reaches age \_\_\_\_\_ and income from each share shall be paid out annually but the principal shall not be distributed until the child reaches age(s) \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Use the space below to list any additional information that may be important in your estate planning such as the following:

- Divorce Obligations: \_\_\_\_\_
- Adopted Children: \_\_\_\_\_
- Financial Planner: \_\_\_\_\_
- Premarital Agreement: \_\_\_\_\_
- Medical Concerns: \_\_\_\_\_

List any questions you have concerning your estate planning below:

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**Current Planning Documents:****Self:****Spouse:**

	<i>Already Have</i>	<i>Wish to Discuss</i>	<i>Already Have</i>	<i>Wish to Discuss</i>
Last Will & Testaments				
Revocable Trusts				
Irrevocable Trusts				
Property Power of Attorney				
Health Care Power of Attorney				
Living Wills				
Business Entities				
Buy/Sell Agreements				

Please provide a copy of the following documents:  
 Current Wills/Trusts and all other estate planning documents  
 Gift tax returns for each year filed  
 Divorce Decrees  
 Premarital Agreements

**CERTIFICATION**

We rely on the information you furnish us in making recommendations for the formulation and/or revision of your estate plan. If the information supplied is either inaccurate or incomplete, our recommendations may be inappropriate, or worse, harmful. We therefore rely upon you to take the necessary time and diligence to place in our hands data that can be used by us with confidence in helping you meet your objectives. We cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of inaccurate or incomplete data or personal information.

By signing below and/or by submitting this questionnaire to us by mail, by fax or electronically, the person(s) identified below certify that the information supplied in this questionnaire is, to the best of his and/or her knowledge, accurate and complete.

By:

By:

(signature)

(signature)