

OFFICE USE ONLY
Date:
Matter:
File:

THE LAW OFFICES OF ERNEST H. TUTTLE, IV QUESTIONNAIRE

Thank you for your interest in our legal services. In order to assist in the preparation of your estate plan, please fill in as much information as possible. If the question does not apply, please mark "N/A"

PERSONAL INFORMATION

Name (Client 1) _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Social Security No.: _____ Birth Date: _____

Marital Status: _____

Name (Client 2): _____

Address: _____ Phone Number: _____

Social Security No.: _____ Birth Date: _____

How did you hear about us: _____

FAMILY INFORMATION

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

CLOSEST RELATIVES/FRIENDS

Name: _____ Relationship: _____

Name: _____ Relationship: _____

QUESTIONS

What goals do you want to accomplish with your estate plan? _____

Have you ever had a Will, Trust, Power of Attorney or Advanced Health Care Directive? Please explain: _____

Have you ever served as an Executor or Trustee for another family member or friend? If yes, describe general experience: _____

ASSETS TO PROTECT

REAL ESTATE/TITLE:

Address: _____

Address: _____

Address: _____

Address: _____

Address: _____

STOCKS, BONDS, MUTUAL FUNDS:

401K, IRA's OR RETIREMENT PLANS:

LIFE INSURANCE:

OTHER ASSETS:

MISCELLANEOUS

Do you have a C.P.A.? If yes, please provide the name, address and phone number:

Do you have a financial Planner? If yes, please provide the name, address and phone number:

Other pertinent information:

1. Living Trust:

(a) Names as they are to be listed on Trust document:

Name: _____

Spouse Name: _____

(b) Successor Trustee(s):

First Successor Trustee: _____

Alternate Successor Trustee: _____

(c) Distribution:

(1) Name of beneficiary: _____

Amount to be distributed: _____

(2) Name of beneficiary: _____

Amount to be distributed: _____

(3) Name of beneficiary: _____

Amount to be distributed: _____

(4) Name of beneficiary: _____

Amount to be distributed: _____

2. Pour-Over Wills:

(a) Names of all living children: _____

(b) First Successor Executor: _____

(c) Alternate Successor Executor: _____

(d) Guardian of Minor Children: _____

Address: _____

3. Durable Power of Attorney:

(a) Attorney in Fact: _____

(b) Alternate Attorney in Fact: _____

4. Advanced Health Care:

(a) Attorney in Fact: _____

(b) Alternate Attorney in Fact: _____

(c) Medical concerns or wishes to be addressed: _____

5. Miscellaneous:

Other pertinent information: _____
