

WATTERWORTH LAW OFFICES, LLC  
GAYLE M. WATTERWORTH, ESQ.  
CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE  
MARRIED COUPLE

**Client information**

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

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

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ US Citizen? Yes / No

Phone number (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ US Citizen? Yes / No

Phone number (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary Residence Address: \_\_\_\_\_

\_\_\_\_\_

Phone number (Home): \_\_\_\_\_

Have either of you served in the military? \_\_\_\_\_

Do you have a safe deposit box ? Yes / No

If Yes, name and address of institution: \_\_\_\_\_

Names of person(s) authorized to open safe deposit box: \_\_\_\_\_

Do you have any pets, service or support animals to be cared for? Yes / No

Name/Type/Age: \_\_\_\_\_

Name of Caretaker to be contacted: \_\_\_\_\_

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**Beneficiaries:**

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

Relationship: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      US Citizen? Yes / No

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work)      E-mail: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      US Citizen? Yes / No

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work)      E-mail: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      US Citizen? Yes / No

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work)      E-mail: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      US Citizen? Yes / No

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work)      E-mail: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      US Citizen? Yes / No

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work)      E-mail: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      US Citizen? Yes / No

Disabled or receiving public benefits? \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home/Work)      E-mail: \_\_\_\_\_

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**Your Professional Adviser network:**

Financial Adviser Name: \_\_\_\_\_

Firm: \_\_\_\_\_

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

\_\_\_\_\_

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

E-mail: \_\_\_\_\_

Financial Adviser Name: \_\_\_\_\_

Firm: \_\_\_\_\_

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

\_\_\_\_\_

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

E-mail: \_\_\_\_\_

CPA/Accountant Name: \_\_\_\_\_

Firm: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

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**Current Estate Planning and other legal Documents:**

Do you currently have any of the following legal documents? Please check all that apply and bring copies to our meeting.

- \_\_\_\_\_ Last Will and Testament
- \_\_\_\_\_ Trust Agreements – as either Beneficiary or Grantor
- \_\_\_\_\_ Power of Attorney
- \_\_\_\_\_ Living Will/ Health Care Agent/ Health Care Directive
- \_\_\_\_\_ Divorce Decree, if any support obligations or asset transfers are owed
- \_\_\_\_\_ Prenuptial Agreement
- \_\_\_\_\_ Other: \_\_\_\_\_

**Past Gifts:**

Have you made any gifts in the past five years that exceed \$10,000? Yes / No. If YES, have you filed any gift tax returns? Year \_\_\_\_\_ Gift amount \$ \_\_\_\_\_

**Potential Inheritances:**

Do you anticipate that you or your beneficiaries might be the recipients of any gifts or inheritances? Yes/ No. If Yes, anticipated value \$ \_\_\_\_\_ from: \_\_\_\_\_

**Assets:**

Tangible Personal Property: Collectibles, jewelry, art, antiques, etc. (over \$10,000 value)

- \_\_\_\_\_
- \_\_\_\_\_

Do you own any guns to be passed to a beneficiary of your estate? Yes / No

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Real Estate:

- Primary Residence

Title in the name of: \_\_\_\_\_

Approximate Market Value \$ \_\_\_\_\_ Any mortgages? \_\_\_\_\_

- Vacation/Rental property/Business:

Address \_\_\_\_\_

Title in the name of: \_\_\_\_\_

Approximate Market Value \$ \_\_\_\_\_ Any mortgages? \_\_\_\_\_

Bank accounts:

- Bank \_\_\_\_\_ Checking or Savings? \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

Approximate value \$ \_\_\_\_\_

- Bank \_\_\_\_\_ Checking or Savings? \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

Approximate value \$ \_\_\_\_\_

After-Tax Investments/Securities/Brokerage accounts:

- Institution \_\_\_\_\_

Name(s) on the account: \_\_\_\_\_

Approximate value \$ \_\_\_\_\_

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After-Tax Investments/Securities/Brokerage accounts (continued):

- Institution \_\_\_\_\_  
Name(s) on the account: \_\_\_\_\_  
Approximate value \$ \_\_\_\_\_

Individual Retirement Accounts (IRAs):

- Institution: \_\_\_\_\_  
Name(s) on the account: \_\_\_\_\_  
Approximate Value \$ \_\_\_\_\_  
Primary/Contingent Beneficiary(ies): \_\_\_\_\_
- Institution: \_\_\_\_\_  
Name(s) on the account: \_\_\_\_\_  
Approximate Value \$ \_\_\_\_\_  
Primary/Contingent Beneficiary(ies): \_\_\_\_\_

401(k) or Retirement Plans:

- Employer \_\_\_\_\_ Type of Plan: \_\_\_\_\_  
Account owner: \_\_\_\_\_  
Approximate Value \$ \_\_\_\_\_  
Primary/Contingent Beneficiary(ies): \_\_\_\_\_
- Employer \_\_\_\_\_ Type of Plan: \_\_\_\_\_  
Account owner: \_\_\_\_\_  
Approximate Value \$ \_\_\_\_\_  
Primary/Contingent Beneficiary(ies): \_\_\_\_\_

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Life insurance policies:

- Insurance Company: \_\_\_\_\_
- Insured: \_\_\_\_\_ Owner of policy: \_\_\_\_\_
- Approximate Face Value \$ \_\_\_\_\_ Cash Value: \_\_\_\_\_
- Primary/Contingent Beneficiary(ies): \_\_\_\_\_
  
- Insurance Company: \_\_\_\_\_
- Insured: \_\_\_\_\_ Owner of policy: \_\_\_\_\_
- Approximate Face Value \$ \_\_\_\_\_ Cash Value: \_\_\_\_\_
- Primary/Contingent Beneficiary(ies): \_\_\_\_\_

Annuities:

- Insurance Company: \_\_\_\_\_
- Annuitant: \_\_\_\_\_ Owner of policy: \_\_\_\_\_
- Approximate Value \$ \_\_\_\_\_
- Primary/Contingent Beneficiary(ies): \_\_\_\_\_
  
- Insurance Company: \_\_\_\_\_
- Annuitant: \_\_\_\_\_ Owner of policy: \_\_\_\_\_
- Approximate Value \$ \_\_\_\_\_
- Primary/Contingent Beneficiary(ies): \_\_\_\_\_

529 college savings plan accounts/Uniform Gifts to Minors Act Accounts:

- For benefit of: \_\_\_\_\_
- Institution \_\_\_\_\_ Approximate value \$ \_\_\_\_\_
  
- For benefit of: \_\_\_\_\_
- Institution \_\_\_\_\_ Approximate value \$ \_\_\_\_\_
  
- For benefit of: \_\_\_\_\_
- Institution \_\_\_\_\_ Approximate value \$ \_\_\_\_\_



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Other Assets:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Executors-** who would you designate as an Alternate if surviving spouse could not serve?

Name \_\_\_\_\_

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

\_\_\_\_\_

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

**Living Will** – do you wish to provide for “no heroic measures” and pain medication in the end stages of life?

**Health Care Agent** – is someone to make medical decisions for you in the event that you are not able to communicate your consent for treatment? Who would you designate as an Alternate if your spouse could not serve?

Name \_\_\_\_\_

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

\_\_\_\_\_

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

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**Power of Attorney** - who would you designate? Typically, spouses name each other. Who would you designate as an Alternate if surviving spouse could not serve?

Name \_\_\_\_\_

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

\_\_\_\_\_

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

Name \_\_\_\_\_

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

\_\_\_\_\_

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

**If you have minor children**, who would you designate as:

Guardian \_\_\_\_\_

Name \_\_\_\_\_

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

\_\_\_\_\_

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

**Conservator of Person, if needed:** \_\_\_\_\_

**Conservator of Estate, if needed:** \_\_\_\_\_

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**Cyber Security and Account Access:**

Do you maintain any Internet/Social Media/Online banking or credit card accounts? Yes /No.  
If **Yes**, it could be very important for your executor, trustee, attorney-in-fact, or a trusted family member to gain access to information from your computer, phone or online accounts. It is strongly suggested that you maintain a separate list of such accounts with your Login and Password information in a secure place, such as a safe deposit box.

Do you have any specific questions or concerns you wish to discuss when we meet?