

SUSAN I. JEAN & ASSOCIATES, LLC
ESTATE PLANNING QUESTIONS FOR A SINGLE PERSON

Please answer the following questions to the best of your ability. They will be very helpful in preparing you for your appointment.

Your Full Name:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Employer, if any:

Social Security Number:

Date of Birth:

Citizenship:

Special Needs/Health Problems:

PREVIOUS MARRIAGES

If you are widowed, list spouse's name and date of death:

If you are divorced, list date & place of divorce:

PROFESSIONAL ADVISORS

Do you have a financial advisor? ___yes ___no

Phone number: _____

If yes, name: _____

May we contact them? ___yes ___no

Do you have a CPA / accountant? ___yes ___no

Phone number: _____

If yes, name: _____

May we contact them? ___yes ___no

MEDICAL

Do you have a long term care insurance policy? ___yes ___no

If yes, please bring a copy of your policy to your appointment.

Primary Care Physician: _____

Phone number: _____ Fax number: _____

Address: _____

CHILDREN'S INFORMATION

Name: _____ **Date of Birth:** _____ **Married?** _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Citizenship if not US:

Special concerns about this child or his or her family situation:

Name: _____ **Date of Birth:** _____ **Married?** _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Citizenship if not US:

Special concerns about this child or his or her family situation:

Name: _____ **Date of Birth:** _____ **Married?** _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Citizenship if not US:

Special concerns about this child or his or her family situation:

Name: _____ Date of Birth: _____ Married? _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Citizenship if not US:

Special concerns about this child or his or her family situation:

Have any of your children passed away? ___yes ___no

If yes, name of deceased child: _____

Names and ages of his or her children, if any: _____

MISCELLANEOUS QUESTIONS

Do you want to make gifts at your death to any of your grandchildren? ___yes ___no

If yes, explain how much and to whom:

Do you want to make gifts at your death to anyone else? ___yes ___no

If yes, explain how much and to whom:

Do you anticipate an inheritance from anyone or are you the beneficiary of someone else's Will or Trust? ___yes ___no

If yes, please bring a copy of the Will or Trust to your appointment (if possible). Also, what is the approximate amount anticipated and by whom:

Are you currently involved in a lawsuit? ___yes ___no

If yes, please explain.

Do you routinely make gifts of \$13,000 per person per year to anyone? ___yes ___no

If yes, to whom and when were the gifts made?

Have you made any gifts in excess of \$13,000 per person per year? ___yes ___no

If yes, how much, to whom and when were the gifts made?

Who should manage your estate at your death (if possible, list both a primary and an alternate)?

Primary Name:

Address:

Alternate Name:

Address:

If you have children under age 18, who should be their Guardian at your death?

Primary Name:

Address:

Alternate Name:

Address:

Do you have a favorite charity/charities (including a colleges, universities and religious institutions)? ___yes ___no

If yes, which charity/charities:

Do you routinely make charitable gifts or tithes to your church? ___yes ___no

If yes, how much and to what organizations/institutions?