

ESTATE PLANNING "QUICK" QUESTIONNAIRE

Do you have old documents? Y___ OR N ___? If yes, copies or originals? _____

If yes, what documents? _____

Date: _____

NAME: _____

ADDRESS: _____

_____ ZIP _____ (County) _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____

BIRTH DATE: _____ **U.S. CITIZEN?** _____

SPOUSE: _____

ADDRESS: _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____

BIRTH DATE: _____ **U.S. CITIZEN?** _____

CHILDREN:--(NUMBER OF _____)

NAME: _____

DATE OF BIRTH: _____

If adult, **ADDRESS:** _____

If adult, **PHONE:** _____

NAME: _____

DATE OF BIRTH: _____

If adult, ADDRESS: _____

If adult, PHONE: _____

NAME: _____

DATE OF BIRTH: _____

If adult, ADDRESS: _____

If adult, PHONE: _____

NAME: _____

DATE OF BIRTH: _____

If adult, ADDRESS: _____

If adult, PHONE: _____

NAME: _____

DATE OF BIRTH: _____

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NAME: _____

DATE OF BIRTH: _____

If adult, ADDRESS: _____

If adult, PHONE: _____

NAME: _____

DATE OF BIRTH: _____

If adult, ADDRESS: _____

If adult, PHONE: _____

