

**ESTATE PLANNING QUESTIONNAIRE  
(SINGLE)**

Date \_\_\_\_\_

Cell Number \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Business Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Fax No. \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.**

**A. PERSONAL DATA**

Full Name \_\_\_\_\_  
(print name as shown on your checks)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

U.S. Citizen?      Yes      No

Annual Income \_\_\_\_\_

**B. REFERRAL**

Who referred you to this office?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referral is a:    \_\_\_\_\_ Attorney  
                             \_\_\_\_\_ Previous Client LOMURRO, MUNSON, COMER, BROWN & SCHOTTLAND,  
LLC  
                             Other \_\_\_\_\_

**C. CHILDREN** (if applicable)

**Name of Child** \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship: \_\_\_ Natural child \_\_\_ Adopted \_\_\_ Stepchild

**Name of Child** \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship: \_\_\_ Natural child \_\_\_ Adopted \_\_\_ Stepchild

**Name of Child** \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship: \_\_\_ Natural child \_\_\_ Adopted \_\_\_ Stepchild

**Name of Child** \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship: \_\_\_ Natural child \_\_\_ Adopted \_\_\_ Stepchild

**D. GRANDCHILDREN (if applicable)**

**Name of Grandchild** \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Your Child: \_\_\_ Natural child \_\_\_ Adopted \_\_\_ Stepchild \_\_\_ Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Your Child: \_\_\_ Natural child \_\_\_ Adopted \_\_\_ Stepchild \_\_\_ Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Your Child:  Natural child  Adopted  Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender:  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Your Child:  Natural child  Adopted  Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender:  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Your Child:  Natural child  Adopted  Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender:  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Your Child:  Natural child  Adopted  Stepchild  Child born out of wedlock

**E. DISPOSITIVE INTENTIONS**

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

**F. PERSONAL REPRESENTATIVE (EXECUTOR)**

Whom do you want to serve as your Personal Representative?

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

Second Choice \_\_\_\_\_ Relationship \_\_\_\_\_

Third Choice \_\_\_\_\_ Relationship \_\_\_\_\_

**G. TRUSTEE**

Whom do you want to serve as your Trustee?

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**H. GUARDIAN**

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian of the Person (the custodial guardian)?

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**I. POWER OF ATTORNEY**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**J. MISCELLANEOUS**

Do you have any other legal issues of which I should be aware?      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box?                                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please indicate the name and address of the location \_\_\_\_\_

Have you ever made gifts to any one person in excess of \$12,000 in any one calendar year?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever filed a Federal Gift Tax Return?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

**K. FINANCIAL SUMMARY**

<b>ASSET/LIABILITY</b>		<b><u>ASSETS</u></b>		<b><u>LIABILITIES</u></b>
			<b>JOINT</b>	
<b>CHECKING (attach copies of recent statements)</b>				

<b>SAVINGS (attach copies of recent statements)</b>				
<b>MONEY MARKET (attach copies of recent statements)</b>				
<b>CERTIFICATE OF DEPOSIT (attach copies of recent statements)</b>				
<b>RESIDENCE (attach copy of deed)</b>				
<b>OTHER REAL ESTATE (attach copy of deeds)</b>				
<b>Street Address:</b>				
<b>Street Address:</b>				
<b>BROKERAGE ACCOUNT (attach copies of recent statements)</b>				
<b>ASSET/LIABILITY</b>		<b><u>ASSETS</u></b>		<b><u>LIABILITIES</u></b>
			<b>JOINT</b>	
<b>MUTUAL FUNDS (attach copies of recent statements)</b>				

<b>STOCKS NOT HELD BY BROKER (attach copies of certificates)</b>				
<b>BONDS - NON MUTUAL FUNDS HELD BY BROKER (attach copies of recent statements)</b>				
<b>BONDS - NON MUTUAL FUNDS NOT HELD BY BROKER (attach copies of bonds)</b>				
<b>NOTES &amp; MORTGAGES RECEIVABLE (attach copies of Notes &amp; Mortgages)</b>				
<b>BUSINESS INTERESTS (attach copies of stock certificates, partnership agreements and/or other documentation)</b>				
<b>Name of Business:</b>				
<b>Name of Business:</b>				

<b>ASSET/LIABILITY</b>		<b><u>ASSETS</u></b>		<b><u>LIABILITIES</u></b>
			<b>JOINT</b>	
<b>NON-IRA TAX QUALIFIED RETIREMENT PLAN (attach copies of statements and beneficiary designations)</b>				
<b>TRADITIONAL IRA PLAN (attach copies of statements and beneficiary designations)</b>				
<b>ROTH IRA (attach copies of statements and beneficiary designations)</b>				
<b>ANNUITIES (attach copies of all contracts and beneficiary designations)</b>				
<b>LIFE INSURANCE (attach copies of the front page of all policies and beneficiary designations)</b>				
<b>INHERITANCE, ETC.</b>				
<b>AUTOMOBILES</b>				
<b>JEWELRY COLLECTIONS</b>				
<b>OTHER ASSETS (attach copies of documentation pertaining to such assets)</b>				
<b>Description:</b>				
<b>Description:</b>				
<b>Description:</b>				
<b>TOTALS</b>				

Are you a contributor to a 529 Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please attach a statement of the 529 account.

**Personal Residence:**

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

**Addresses of real property other than personal residence:**

(1) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

(2) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

**L. CERTIFICATION**

The undersigned hereby represents to LOMURRO, MUNSON, COMER, BROWN & SCHOTTLAND, LLC and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:

\_\_\_\_\_