LIFE PLANNING & FINANCIAL MANAGEMENT

ESTATE PLANNING QUESTIONNAIRE

Mail form back to: Visionary Horizons, Estate Planning Team, 620 Mabry Hood Road, Suite 102, Knoxville, TN 37932

Date: ___________________

	Client 1		Client 2	
Name:				
Date of Birth:				
U.S. Citizen? (circle one)	YES	NO	YES	NO
Phone:				

Home Address: ____ Phone:_________________________

____ Email:________________________*

Do you have a will? (circle one) YES NO If Yes, what is the date on the will? ________________

Who is your Estate Planning Attorney?
(write NONE if you do not have one) ____

________________________ States of Residence Since Marriage: ______________________

Children (Name, Date of Birth, and City of Residence): Grandchildren (Name and Date of Birth):

____ ____________________________________

____ ____________________________________

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**Because we cannot guarantee that electronic mail is secure, we will not send confidential information by electronic mail without your permission. Initial here (all clients) to signify such permission:* ____________

Special Family Considerations: (Prior marriages; support obligations beyond immediate family; health problems, etc)

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Describe any significant potential inheritances.

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Have you made lifetime taxable gifts?____________________ Have you filed gift tax returns?____________________

Are you a trustee or guardian of someone's property or person?____

Are you a beneficiary of a trust established by someone else?____

ASSET SUMMARY (Round to Even $1,000)			
Assets	**Assets in Name of Client 1**	**Assets in Name of Client 2**	**Assets in Joint Name**
Cash, Checking Accts., Savings Accts.			
Tangible Personal Property (Household effects, furniture, jewelry, etc.)			
Real Property – Residential Location and Value			
Other Real Property			
Stocks and Bonds			
IRA's 401(k), pension			
Business Interests – Describe generally; estimate value			
Total of Above			

Additional information:

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LIABILITIES (Round to Even $1,000)			
	Owed by Client 1	**Owed by Client 2**	**Owed Jointly**
Mortgages Owed			
Loans on Life Ins.			
Other			
Total of Above			

LIFE INSURANCE						
Company	**Type (Group, Ordinary, Life, Etc.)**	**Name of Insured**	**Name of Owner**	**Name of Beneficiary**	**Face Value**	**Annual Premium**

Additional information:

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