

ESTATE PLANNING QUESTIONNAIRE

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DATE OF COMPLETION: _____

GENERAL INFORMATION

Client 1:		Other/former Name:	
Date of Birth:		Social Security Number:	
Street Address:			
City:		State:	Zip:
Home Phone:		Office Phone:	Cell Phone:
Employer:		E-mail Address:	
Occupation:			
Have you ever executed a will? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, location of present will:			
Relationship of Client 2 to Client 1:			
Client 2:		Other/former Name:	
Date of Birth:		Social Security Number:	
Street Address:			
City:		State:	Zip:
Home Phone:		Office Phone:	Cell Phone:
Employer:		E-mail Address:	
Occupation:			
Have you ever executed a will? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, location of present will:			

CHILDREN OF CLIENTS

1. Name:		Date of Birth:	
Street Address:		E-mail Address:	
City:		State:	Zip:
Home Phone:		Office Phone:	Cell Phone:
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>
Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Name:		Date of Birth:	
Street Address:		E-mail Address:	
City:		State:	Zip:
Home Phone:		Office Phone:	Cell Phone:
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>
Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Name:		Date of Birth:	
Street Address:		E-mail Address:	
City:		State:	Zip:
Home Phone:		Office Phone:	Cell Phone:
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>
Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CHILDREN OF PRIOR MARRIAGE

1. Name:		Date of Birth:	
Street Address:		Client 1's prior marriage <input type="checkbox"/> Client 2's prior marriage <input type="checkbox"/>	
City:		State:	Zip:
Home Phone:		Office Phone:	Cell Phone:
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>
Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Name:		Date of Birth:	
Street Address:		Client 1's prior marriage <input type="checkbox"/> Client 2's prior marriage <input type="checkbox"/>	
City:		State:	Zip:
Home Phone:		Office Phone:	Cell Phone:
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>
Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PROPOSED GUARDIAN FOR MINOR CHILDREN

Children of Clients	Client 1's Children – Prior Marriage	Client 2's Children – Prior Marriage

PROPOSED PERSONAL REPRESENTATIVE (Executor)

For Client 1's Will – After Client 2	For Client 2's Will – After Client 1

REAL ESTATE (Provide a copy of each deed)

Owners listed on Deed	Address (Include City and State)	Date Purchased	Type of Deed

BUSINESS INTEREST

Business Name	Type of Entity			Percent of Interest	Value of Interest	Is Business Subject to a buy-sell agreement?	If yes, how is the buy-out funded?
	Inc.	LLC	Ptnr.				

PERSONAL PROPERTY WITH SPECIFIC REQUESTS

Description of Property	1 st Choice, if Living	2 nd Choice, if 1 st Choice not living	3 rd Choice if 2 nd Choice not living	Estimated Value
				\$
				\$
				\$
				\$

OTHER QUESTIONS

Is any person (other than minor children) partially or wholly dependent upon client 1 or client 2 for support now or possibly in the future?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:
Do any of your children have special needs?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Do either of you have any especially important or unusual estate planning objectives?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Are there special provisions that you would like for your pets?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Do you have a prenuptial Agreement?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy.
Do you have a postnuptial Agreement?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy.
Do you have a prior marriage(s) with no children?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide the date the marriage ended:
Do you have a Divorce/Separation Agreement?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy.

ADDITIONAL INFORMATION (Please attach additional sheets if necessary)
