

**Bauer Law Practice, PLLC**  
**CONFIDENTIAL WILL AND ESTATE PLANNING QUESTIONNAIRE**

The information requested is designed to assist us in the preparation of your Will and other Estate Planning documents. It is important that this questionnaire be completed as fully and accurately as possible. Information related to the value of your assets can be an approximate; we use this to analyze any potential tax liability and the ability to avoid probate. The manner in which assets are titled is very important in the review of your estate plan as it allows us to determine to whom certain assets will pass in the event of death. Attach additional sheets if necessary.

Date: \_\_\_\_\_

**FAMILY INFORMATION:**

Full Legal Name: \_\_\_\_\_  
Aka: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Are you a U.S. Citizen? \_\_\_\_\_

Spouse Name: \_\_\_\_\_  
Aka: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Are you a U.S. Citizen? \_\_\_\_\_

Phone No: \_\_\_\_\_ Home or Cell? \_\_\_\_\_  
Home Address: \_\_\_\_\_  
County: \_\_\_\_\_

Family: List your children as well as any other party who is to become a beneficiary of your estate. Please also list any child that may have predeceased you and advise as to whether that child had any children. Please include the full name, age, relationship to you and their city and state of residence.

1. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

2. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

3. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

4. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

5. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**GENERAL:**

Do you have a Will? \_\_\_\_\_ If yes, where is it? \_\_\_\_\_  
Have you been divorced? \_\_\_\_\_ If yes, in what state? \_\_\_\_\_ Date divorce was granted: \_\_\_\_\_  
Are you a Veteran? \_\_\_\_\_

Spouse have a Will? \_\_\_\_\_ If yes, where is it? \_\_\_\_\_  
Spouse divorced? \_\_\_\_\_ If yes, in what state? \_\_\_\_\_ Date divorce was granted: \_\_\_\_\_  
Spouse a Veteran? \_\_\_\_\_

**LIFE INSURANCE:** List all life insurance policies on your life. Ensure to include all life insurance benefits through your employment or other groups or organizations to which you belong.

1. Company: \_\_\_\_\_ Policy No. (Optional): \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_ Face Amt. \_\_\_\_\_
2. Company: \_\_\_\_\_ Policy No. (Optional): \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_ Face Amt.: \_\_\_\_\_
3. Company: \_\_\_\_\_ Policy No. (Optional): \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_ Face Amt.: \_\_\_\_\_
4. Company: \_\_\_\_\_ Policy No. (Optional): \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_ Face Amt.: \_\_\_\_\_

**REAL ESTATE:** Please list the real properties in which you have any ownership interest.

1. Property Address: \_\_\_\_\_  
How Titled: \_\_\_\_\_  
Approx. Mortgage Balance: \_\_\_\_\_ Approx. Fair Market Value: \_\_\_\_\_
2. Property Address: \_\_\_\_\_  
How Titled: \_\_\_\_\_  
Approx. Mortgage Balance: \_\_\_\_\_ Approx. Fair Market Value: \_\_\_\_\_
3. Property Address: \_\_\_\_\_  
How Titled: \_\_\_\_\_  
Approx. Mortgage Balance: \_\_\_\_\_ Approx. Fair Market Value: \_\_\_\_\_
4. Property Address: \_\_\_\_\_  
How Titled: \_\_\_\_\_  
Approx. Mortgage Balance: \_\_\_\_\_ Approx. Fair Market Value: \_\_\_\_\_

**SECURITIES:** List all stocks, bonds, treasury bills, or other securities and indicate in whose name they are held.

1. Company: \_\_\_\_\_ No. of Shares: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Market Value: \$ \_\_\_\_\_
2. Company: \_\_\_\_\_ No. of Shares: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Market Value: \$ \_\_\_\_\_
3. Company: \_\_\_\_\_ No. of Shares: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Market Value: \$ \_\_\_\_\_
4. Company: \_\_\_\_\_ No. of Shares: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Market Value: \$ \_\_\_\_\_

**BANK ACCOUNTS:** List all checking, savings and certificates of deposit. Indicate in whose name each is held.

1. Bank: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Balance: \$ \_\_\_\_\_
2. Bank: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Balance: \$ \_\_\_\_\_
3. Bank: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Balance: \$ \_\_\_\_\_
4. Bank: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Balance: \$ \_\_\_\_\_

Do you have a safety deposit box? \_\_\_\_\_ Location: \_\_\_\_\_

**Retirement Accounts:** IRA's, 401(k), Etc. List all retirement accounts, their value and the beneficiary for such account.

1. Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Balance: \$ \_\_\_\_\_  
Beneficiary: \_\_\_\_\_
2. Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Balance: \$ \_\_\_\_\_  
Beneficiary: \_\_\_\_\_
3. Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Balance: \$ \_\_\_\_\_  
Beneficiary: \_\_\_\_\_
4. Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held in the name of: \_\_\_\_\_ Approx. Balance: \$ \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

**PENSIONS OR PROFIT-SHARING PLANS:** List all pension, profit-sharing or other retirement benefits or plans, excluding accounts you already listed in the Retirement Accounts section.

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**BUSINESS INTERESTS:** List any business interests, which you own, and the type of business (sole proprietorship, partnership, corporation) and specify your interest therein:

1. Name: \_\_\_\_\_ Type: \_\_\_\_\_  
Names of owners: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_ Approx. Fair Market Value: \$ \_\_\_\_\_

2. Name: \_\_\_\_\_ Type: \_\_\_\_\_  
Names of owners: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_ Approx. Fair Market Value: \$ \_\_\_\_\_

Have you entered into any buy/sell agreements as a result of any business interest or other holding?: \_\_\_\_\_  
Please attach details with as much detail as possible and provide a copy of the agreement.

**ANTICIPATED INHERITANCE:** Describe any inheritance expectations and include from whom you expect to receive, and the approximate value of the bequest.

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Are you a beneficiary of any trust? \_\_\_\_\_ If so, please attach details.

Do you have the authority, as a result of another person's Will or Trust, to direct by your Will the distribution of that person's property? \_\_\_\_\_. If so, please attach details.

**PROPERTY DISTRIBUTION:** One of the main purposes of your Will and/or Trust is to insure distribution of your assets to persons in accordance with your wishes. In completing these sections please consider at least one alternative beneficiary in the event that your primary beneficiary predeceases you.

General: Describe in general terms, how you want your property previously listed in this questionnaire to be distributed at your death. (i.e. split equally among my children.)

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Specific Bequests: If you have determined that a specific piece of property should be distributed to a certain person (i.e. motorcycle to brother Joe Smith or \$5,000 to sister Jane Smith), set forth those specific bequests below.

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Special Circumstances: Are there any beneficiaries who may need special protection in the event of your death because of age or disability or any other nature? Please provide details.

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**FIDUCIARIES:** Another main purpose of your Will and/or Estate Plan is to establish who will manage your affairs should you become incapacitated or when deceased. Please give careful consideration in selecting your fiduciaries. Please provide the full legal name and city and state of residence of any fiduciary you select.

**Personal Representative (Executor):** Please select someone to wind up your personal affairs upon your death. Named in your Will. After your death, your personal representative makes funeral arrangements, distributes tangible, personal property, collects and inventory the assets of the estate, manages the assets throughout probate (if any), transfer assets to the trust (if any) pay the estate's bills, make distributions to the beneficiaries, and closes the estate. Select at least one alternate choice in the event that your primary selection is unable or unwilling to serve as Personal Representative. It is generally more convenient to have a Personal Representative that resides in the same state as you, but not required.

**First Choice:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Alternative:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Alternative:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Spouse Personal Representative (Executor):**

**First Choice:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Alternative:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Alternative:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Guardian for Minor Children:** If you and your spouse should both be deceased or incapacitated, select a person to be designated as the guardian of your minor children, i.e. raise your minor children.

**First Choice:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Alternative:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Alternative:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Conservator for Minor Children:** If you and your spouse should both be deceased or incapacitated, select a person to be designated as the conservator, i.e. will control your minor children's finances.

**First Choice:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Alternative:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

**Alternative:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

Trustee: Named in your Trust to manage the trust. If you cannot serve as trustee but are alive, the successor trustee will take over administering the trust for your benefit. Also, after you pass away, your successor trustee will take over administering the trust for the benefit of the beneficiaries you've named.

First Choice: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

Alternative: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

Alternative: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

Agent under Financial Power of Attorney: While you are alive, an agent will manage your financial affairs, including tasks like receive income, pay bills, manage assets.

First Choice: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

Alternative: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

Alternative: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

Spouse's Financial Power of Attorney:

First Choice: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

Alternative: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

Alternative: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_

Medical Power of Attorney: While you are alive, an agent will make decisions regarding your physical well-being, including communicating with medical professionals about your health and treatment, making decisions about your care in conjunction with your Living Will.

First Choice: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Alternative: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Alternative: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Spouse's Medical Power of Attorney:

First Choice: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Alternative: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Alternative: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**MISCELLANEOUS:**

**PERSONAL AFFAIR CONTACTS:** Please list out the name, address and telephone number of the following individuals or institutions that might have specific information regarding your affairs.

Accountant: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Principal Bank: \_\_\_\_\_  
Financial Advisor: \_\_\_\_\_  
Any person who might have knowledge about your personal affairs or assets: \_\_\_\_\_  
\_\_\_\_\_

Please list here any specific questions or concerns you may have or problems which you might foresee which should be reviewed at the time of our appointment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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