

# MURRAY, PLUMB & MURRAY

75 Pearl Street  
P.O. Box 9785  
Portland, Maine 04104-5085  
(207) 773-5651

## PERSONAL AND CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

CLIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

MURRAY PLUMB & MURRAY  
ATTORNEYS AT LAW

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

ESTATE PLANNING QUESTIONNAIRE

PERSONAL DATA

1. General

Client 1

Client 2

Full name

\_\_\_\_\_

\_\_\_\_\_

Other or  
Former names

\_\_\_\_\_

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

Social Security No.

\_\_\_\_\_

\_\_\_\_\_

U.S. Citizen?

\_\_\_\_\_

\_\_\_\_\_

2. Home address and telephone numbers

Street

\_\_\_\_\_

City/Town and State

\_\_\_\_\_

Zip

\_\_\_\_\_

Home Telephone: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Mobile Telephone: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

3. Employer (Client 1)

\_\_\_\_\_

\_\_\_\_\_

Title

\_\_\_\_\_

Business Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Telephone

\_\_\_\_\_

4. Employer (Client 2) \_\_\_\_\_

Title \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Telephone \_\_\_\_\_

5. Date of Marriage \_\_\_\_\_ Place \_\_\_\_\_

6. Children of this Marriage

<u>Name</u>	<u>D/O/B</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are any children adopted? \_\_\_\_\_

Are any children deceased? (Date of Death): \_\_\_\_\_

Do any of the children have special medical, psychological or educational needs?

\_\_\_\_\_

\_\_\_\_\_

7. Spouses of children

Name of Child

Name of Spouse

_____	_____
_____	_____
_____	_____
_____	_____

8. Grandchildren

Name of Grandchild

Name of Parent

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are any grandchildren adopted? \_\_\_\_\_

9. Living Parents

Client 1 (Name and Address)

Client 2 (Name and Address)

_____	_____
_____	_____
_____	_____



12. Have you ever served as a sperm or egg donor, anonymously or otherwise? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Do you have any prenuptial or postnuptial agreements? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please attach copies unless copies are presently held by this office.

14. Do you presently have a will or a trust?

Client 1 Yes \_\_\_\_\_ No \_\_\_\_\_

Client 2 Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please attach copies unless copies are presently held by this office.

Do you presently have a Living Will?

Client 1 Yes \_\_\_\_\_ No \_\_\_\_\_

Client 2 Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please attach copies unless copies are presently held by this office.

Have you given anyone a Durable Financial or Health Care Power of Attorney that is still active?

Client 1 Yes \_\_\_\_\_ No \_\_\_\_\_

Client 2 Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please attach copies unless copies are presently held by this office.

15. Since your marriage, have you ever lived in any of the following community property states: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please circle the applicable state(s) above

16. Do you have the power to appoint assets under another person's will or trust? (This does not include being named a personal representative or trustee).

Client 1      Yes \_\_\_\_\_ No \_\_\_\_\_

Client 2      Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide details:

---

---

17. Have you made any substantial gifts in the past (over \$12,000 per donee per year) or placed property in joint names?

Client 1      Yes \_\_\_\_\_ No \_\_\_\_\_

Client 2      Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide details:

---

---

18. Have you ever filed any gift tax returns with the Internal Revenue Service or any other taxing authority?

Client 1      Yes \_\_\_\_\_ No \_\_\_\_\_

Client 2      Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please attach copies unless copies are presently held by this office.

19. Are you a beneficiary under any trust or are you expecting a significant inheritance?

Client 1      Yes \_\_\_\_\_ No \_\_\_\_\_

Client 2      Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please attach copies of the relevant trust document, including any amendments, unless copies are presently held by this office.

20. Location of safe deposit box \_\_\_\_\_

21. Name and address of  
Investment broker \_\_\_\_\_

Accountant \_\_\_\_\_

Insurance Agent \_\_\_\_\_

22. Name and address of desired  
Personal Representative \_\_\_\_\_

Successor Personal Representative \_\_\_\_\_

Guardian of Minor Children \_\_\_\_\_

Successor Guardian of Minor Children \_\_\_\_\_



Trustee (if applicable) \_\_\_\_\_

Successor Trustee \_\_\_\_\_

Agent for Financial  
Decisions: \_\_\_\_\_

Alternate Agent for  
Financial Decisions: \_\_\_\_\_

Agent for Health Care  
Decisions: \_\_\_\_\_

Alternate Agent for  
Health Care  
Decisions: \_\_\_\_\_

HIPAA Authorization  
(to whom may  
medical information  
be released): \_\_\_\_\_

PLANNED DISPOSITION OF ASSETS

Please describe briefly your general objectives in connection with your estate plan keeping in mind special needs of any beneficiary.

---

---

---

Indicate whom you want to name as your beneficiaries and the share of your property to be left to each.

---

---

---

If some or all of the primary beneficiaries do not survive you, please indicate whom you would name as alternate beneficiaries.

---

---

---

If any of the beneficiaries indicated are not named elsewhere in this questionnaire, please provide their full names and addresses.

---

---

---

In addition, list any items of property, if any, you wish to go to specific individuals.

---

---

---

List any charitable bequests you wish to make, including the amount of the bequest, the name and address of the charity.

---

---

---

## SUMMARY OF ASSETS

(Give your best estimate of approximate values. Please feel free to attach additional pages if necessary to include all assets. The numbers refer to the comments following the summaries.)

	<u>Client 1</u>	<u>Client 2</u>	<u>Joint</u>	<u>Total</u>
Bank accounts	\$ _____	\$ _____	\$ _____	\$ _____
Securities <sup>1</sup>	_____	_____	_____	_____
Closely held business interests <sup>2</sup>	_____	_____	_____	_____
Real Estate <sup>3</sup>	_____	_____	_____	_____
Primary residence	_____	_____	_____	_____
Other property	_____	_____	_____	_____
Life Insurance <sup>4</sup>	_____	_____	_____	_____
Retirement Plans <sup>5</sup> (including IRA's)	_____	_____	_____	_____
Personal property <sup>6</sup>	_____	_____	_____	_____
Furniture	_____	_____	_____	_____
Jewelry	_____	_____	_____	_____
Automobile(s)	_____	_____	_____	_____
Miscellaneous <sup>7</sup>	_____	_____	_____	_____
Other Assets <sup>8</sup>	_____	_____	_____	_____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

SUMMARY OF LIABILITIES

Mortgages

<u>Amount</u>	<u>Owed to Whom</u>	<u>Due Date</u>	<u>Secured by What Real Estate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any mortgage insurance been purchased?

Other Indebtedness

<u>Amount</u>	<u>Owed to Whom</u>	<u>Due Date</u>	<u>Secured by What Asset</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments (these numbers refer to the subscripts on page 12)

1. If possible, please attach list of marketable securities detailing: whether stock or bond; number of shares or face amount if bond; whether common or preferred; the name of the company; the fair market value of the stock or bond; and how title is held.
2. Please describe briefly the closely-held business interest; please attach copies of any current buy-sell agreements, shareholder agreements or similar documents:

---

---

---

3. Please describe briefly the location of the real estate, its fair market value, and attach copies of any deeds:

---

---

4. For each life insurance policy, please list:

Owner	_____	Company	_____
Policy No.	_____	Insured	_____
Face Amount	_____	Beneficiary	_____
Loan Amount	_____	Cash Surrender Value	_____

5. Please describe briefly the kind of retirement plan (i.e., profit sharing, 401K, money purchase pension plan, etc.) plans, amount of death benefits and how payable, i.e., lump sum or installments, and current beneficiary designations. Please attach copies of the plan's Summary Plan Description (available from the plan administrator) and bring a copy of the plan if available with you.

---

---

---

6. Please indicate fair market value and not replacement value.

---

---

---

7. Please describe the miscellaneous tangible personal property here

---

---

---

8. Please describe the "other" items here

---

---

---