

**MEYER  
CAPEL**

*Confidential*

**ESTATE PLANNING  
QUESTIONNAIRE**  
for Couples

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**For best results, please save this questionnaire to your computer and open the questionnaire separately in Adobe Reader before typing information.**

**PART 1: FAMILY INFORMATION**

	CLIENT 1	CLIENT 2
Full Legal Name (First, Middle, Last) (include former names)		
Address		
Telephone Number		
Email Address		
Birthdate		
Social Security Number		
Occupation		
Employer		
Citizenship		

***MARRIAGE INFORMATION:***

Date, county and state of marriage: \_\_\_\_\_ Premarital agreement? \_\_\_\_\_ (*provide copy*)

List prior marriages, date ended, and reason (death or divorce). *Please provide copies of any marital settlement agreement(s).* \_\_\_\_\_

***CHILDREN (IF ANY):***

Child of Client 1 and 2	Child of Client 1	Child of Client 2	Other Relationship	Full Name (First, Middle, Last)	Address	Date of Birth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Guardian of Minor Children

If any of your children are minors, who would you like to name as their guardian(s)?

Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Successor Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

**GRANDCHILDREN (IF ANY):**

Full Name (First, Middle, Last)	Birthdate	Parents' Names

**PART 2: ESTATE PLANNING**

**PREVIOUS ESTATE PLANNING:**

Do you have current wills or trusts in effect? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide a copy.

**PRESENT ESTATE PLANNING:**

Executor

Who would you like to serve as Executor and Successor Executor of your estate?

	CLIENT 1 <input type="checkbox"/> Spouse/partner as first Executor, then:	CLIENT 2 <input type="checkbox"/> Spouse/partner as first Executor, then:
<b>Executor:</b>		
Address		
City, State, Zip		
Telephone Number		
Email Address		
<b>Successor Executor:</b>		
Address		
City, State, Zip		
Telephone Number		
Email Address		

Agent of Power of Attorney for Property

Who would you like to name as agent of your power of attorney for property?

	CLIENT 1 <input type="checkbox"/> Spouse/partner as primary Agent, then:	CLIENT 2 <input type="checkbox"/> Spouse/partner as primary Agent, then:
<b>Agent:</b>		
Address		
City, State, Zip		
Telephone Number		
Email Address		
<b>Successor Agent:</b>		
Address		
City, State, Zip		
Telephone Number		
Email Address		

Agent of Power of Attorney for Healthcare

Who would you like to name as agent of your power of attorney for healthcare?

	CLIENT 1 <input type="checkbox"/> Spouse/partner as primary Agent, then:	CLIENT 2 <input type="checkbox"/> Spouse/partner as primary Agent, then:
<b>Agent:</b>		
Address		
City, State, Zip		
Telephone Number		
Email Address		
<b>Successor Agent:</b>		
Address		
City, State, Zip		
Telephone Number		
Email Address		

**PART 3: PERSONAL AGENT DATA**

Location of safety deposit box and names on account: \_\_\_\_\_

Name(s) of financial planner(s): \_\_\_\_\_

Name of accountant: \_\_\_\_\_

Name(s) of life insurance agent(s): \_\_\_\_\_

List any long term care policy info: \_\_\_\_\_

**PART 4: ASSETS/FINANCIAL INFORMATION**

***EXPECTED INHERITANCES:***

	CLIENT 1	CLIENT 2
<b>From Whom?</b>		
Value		
<b>From Whom?</b>		
Value		
<b>From Whom?</b>		
Value		

***BANK ACCOUNTS:*** (Do NOT include investments or IRAs)

Name of Institution	Type of Account (savings, checking, money market, CD)	Account Owner	Average Balance
<b>Total:</b>			

If any account has a payable on death designation, please add an asterisk (\*) and provide details here:

**REAL ESTATE:**

Type of Real Estate (residence, farm, timeshare, etc.)	Real Estate Address or Location	Owner	Fair Market Value	Mortgage(s) Balance Due

**RETIREMENT PLANS:** IRAs/Keoghs, pension plans, 401k plans, profit-sharing plans, etc.

Plan/Administrator/Custodian	Type of Plan	Plan Owner	Value	Primary and Contingent Beneficiaries

**SECURITIES:**

Brokerage Accounts and Mutual Funds (Do NOT list closely-held corporate stock here)

Institution or Firm	Type of Account	Account Owner	Value

If any account has a transfer on death designation, please add an asterisk (\*) and provide details here:

Individually Held Stocks and Bonds (Those held in certificated or direct registration form)

Name of Company or Bond	Account Owner	Number of Shares	Value

**BUSINESS INTERESTS:** partnership, joint venture, closely held corporation, proprietorship, limited liability company, etc.

Type of Interest/Name of Business	Interest Owner	% of Ownership or Number of Shares	Value

**LIFE INSURANCE:**

Insurer	Insured	Policy Owner	Primary & Contingent Beneficiaries	Face Amount	Cash Value (whole life)

**ADDITIONAL/MISCELLANEOUS ASSETS:** Below, please list any additional assets of value. Please include assets such as automobiles, boats, trailers, campers, mobile homes, intellectual property (e.g. patents or copyrights), savings bonds, royalty or mineral interests, extremely valuable collections (e.g. artwork, coins, firearms), frequent flyer miles, valuable credit card benefits, electronic assets (e.g. Bitcoin or other cryptocurrency), and any other valuable assets not listed elsewhere.

Description of Asset	Asset Owner	Value	Comments

**LOANS AND NOTES:** (other than mortgages listed on Page 6)

Financial Institution	Debtor	Date Due	Balance
<b>Total:</b>			

**PART 5: ADDITIONAL INFORMATION**

Questions regarding genetic material (e.g., eggs, sperm, embryos):

- A. Do you currently have stored or frozen genetic material? \_\_\_ Yes \_\_\_ No
- B. If not, do you intend to store or freeze genetic material in the future? \_\_\_ Yes \_\_\_ No
- C. Have you ever donated genetic material? \_\_\_ Yes \_\_\_ No
- D. Do you intend in the future to donate genetic material? \_\_\_ Yes \_\_\_ No
- E. If you have donated genetic material or intend to donate genetic material, do you intend for your estate plan to provide for persons born from your donated genetic material? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

Have you ever lived in a community property state? \_\_\_ Yes \_\_\_ No

If so, which state? \_\_\_AZ \_\_\_CA \_\_\_ID \_\_\_LA \_\_\_NV \_\_\_NM \_\_\_TX \_\_\_WA \_\_\_WI

Have you ever made gifts totaling over \$10,000 to any one person in any one year? \_\_\_ Yes \_\_\_ No

If so, were gift tax returns ever filed? \_\_\_ Yes \_\_\_ No



Are you or any member of your family a beneficiary of a trust? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide copies.

Do you own any property for your child(ren) in a custodial or other account (e.g. college savings program, etc.)? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide details in Part 7.

Who referred you to Meyer Capel? \_\_\_\_\_

**PART 6: BEQUESTS**

**CHARITABLE BEQUESTS:** Below, please list any charitable organizations you would like to include in your estate plan.

Client	Organization	Contact Information	Description of Gift (property, assets, cash, etc.)

**SPECIFIC BEQUESTS:** Below, please list any specific gifts you know you would like to include in your estate plan.

Client	Recipient	Description of Gift (property, assets, cash, etc.)

**PART 7: FURTHER INFORMATION** (Please provide any further information you want me to know.)

**Client 1 Signature:** \_\_\_\_\_

**Client 2 Signature:** \_\_\_\_\_

**Date of Completion of Questionnaire:** \_\_\_\_\_