

Your estate planning questionnaire

Create a legacy to remember

Estate planning is essential to ensure that your assets are utilized and distributed according to your goals and objectives. This fact-finding guide is designed to help you organize your estate information. The more information you can provide, the more satisfying and successful your estate planning experience will be. **Let's get started today.**

Personal information

	Client	Spouse
Name		
Date of birth		
State of residence		
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health status		
Home phone		
Mobile phone		
Email		
States resided in during marriage (Certain states are community property states.)		

Notes:

Children		
Name		
Age		
Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name		
Age		
Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Grandchildren		
Name		
Age		
Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name		
Age		
Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Financial information

✓	Type	Owner	Start age	End age	Gross annual income	Expected growth rate
Preretirement	Earned income (salary)	Client			\$	%
	Earned income (salary)	Spouse			\$	%
	Other				\$	%
	Other				\$	%
	Total preretirement income					\$
Postretirement	Earned income	Client			\$	%
	Earned income	Spouse			\$	%
	Social Security	Client			\$	%
	Social Security	Spouse			\$	%
	Pension	Client			\$	%
	Pension	Spouse			\$	%
	Other	Client			\$	%
	Other	Spouse			\$	%
	Total postretirement income					\$
Total sources of income					\$	

Notes:

Financial professional(s)	
Phone	
Email	
Attorney	
Phone	
Email	
Accountant	
Phone	
Email	

Please place a check mark in the left column if you have a recent statement.

Other assets

✓	Type	Owner/titling	Current value	Cost basis	Expected year of sale
	Primary residence		\$	\$	
	Other real estate		\$	\$	
	Business assets		\$	\$	
			\$	\$	
	Total other assets		\$	\$	

Liabilities

✓	Type	Financial institution	Outstanding balance	Monthly payment	Interest rate	Payments remaining
	First mortgage		\$	\$	%	
	Second mortgage		\$	\$	%	
	Other real estate loans		\$	\$	%	
	Auto loan		\$	\$	%	
	Auto loan		\$	\$	%	
	Credit cards		\$	\$	%	
			\$	\$	%	
	Total liabilities		\$	\$	%	

Life insurance

✓	Company	Type	Insured	Owner	Beneficiary	Death benefit	Annual premium	Cash value
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
	Total life insurance					\$	\$	\$

Notes:

Please place a check mark in the left column if you have a recent statement.

Long-term care insurance

✓	Insured	Daily benefit	Benefit duration	Death benefit	Cost of living	Annual premium	Premium payments remaining	Policy end date
		\$		\$	%	\$		
		\$		\$	%	\$		
Total long-term care						\$		

Current estate plan details

Have you and your spouse drawn a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	In what state?
Provide details:			
Revocable living trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:			
Durable powers of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:			
Healthcare directives?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:			
Community property agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:			
Pre/postmarital agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:			
Do you or your spouse have any continuing obligations under a divorce decree or property settlement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	
Describe provisions for charities:			
Irrevocable trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life insurance trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Charitable remainder or lead trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grantor retained annuity trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Qualified personal residence trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Notes:

Estate planning goals

Rate your estate planning goals. (0=Not Important, 5= Very Important)

	0	1	2	3	4	5	N/A
Provisions for spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay off mortgages and debt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provisions for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provisions for grandchildren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provisions for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equalize children's inheritances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beneficiaries with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimize taxes and other transfer costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Business planning

Company name	
Address	
Phone	
Email	
Nature of business	
Business owners	
Annual salaries/bonuses	\$
Annual exclusion gift amounts	\$
Other key employees	
Annual salaries/bonuses	\$

Notes:

Gifting

Current gifts	Client	Spouse
Annual exclusion gifts	\$	\$
Number of years to continue		
Other planned lifetime taxable gifts	\$	\$
Number of years to continue		
Prior taxable gifts	\$	\$
Total pre-1977 taxable gifts	\$	\$
Federal gift taxes paid	\$	\$
Total post-1976 taxable gifts	\$	\$
Remaining applicable exclusion amount	\$	\$

Charitable gifts	Client	Spouse
Annual gifts to charity	\$	\$
Number of years to continue		
One-time gifts to charity	\$	\$

Describe any future gift plans:

Some assumptions for planning			
Pay off liabilities at	<input type="checkbox"/> First death	<input type="checkbox"/> Second death	<input type="checkbox"/> Other
Federal estate tax	\$		
State estate and/or inheritance taxes	\$		
Estimated probate fees	\$		
Estimated administrative fees	\$		
Additional death expenses	\$		

Notes:

Business valuation

Fair market value	\$
Address	
How and when determined	
Book value	\$
Annual growth rate	%

Business objectives

What will happen to the business upon the owner's:

Disability	
Retirement	
Death	
Are other family members active in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

Management succession plan

Ownership interests transferred by gift	
Is there a buy-sell agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?
When was the buy-sell agreement last reviewed with an attorney?	
How was the purchase price determined in the agreement?	
Existing corporate-owned life insurance	\$
Existing split dollar arrangement	\$
Qualified and nonqualified plans/benefits in place	\$

Business professionals

Attorney		Other	
Phone		Phone	
Email		Email	
Accountant			
Phone			
Email			

Notes:

Not a deposit
Not FDIC-insured
Not insured by any federal government agency
Not guaranteed by any bank or savings association
May go down in value

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Notes:



Make the most of your legacy.

Ask your financial professional about Lincoln estate planning strategies to help you reach your goals.

This material is designed to provide general information about ideas and strategies. It is for discussion purposes only since the availability and effectiveness of any strategy are dependent upon your individual facts and circumstances. Always consult with your independent attorney and/or tax advisor before implementing any financial, tax, or estate planning strategy.

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