

# TURNING POINT LEGAL, PC

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## ESTATE PLANNING QUESTIONNAIRE (SINGLE PERSON)

Date: \_\_\_\_\_ County of Residence: \_\_\_\_\_

### A. PERSONAL DATA

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Primary Occupation: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Home Phone: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_

Safe Deposit Box: Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_ Box #: \_\_\_\_\_

### B. REFERRAL

**By whom were you referred to this office?**

Name/Business: \_\_\_\_\_

### C. CHILDREN (If any child is adopted, please place an asterick beside that child's name)

	<u>Name</u>	<u>Birthdate</u>
Oldest Child	_____	_____
Second Child	_____	_____
Third Child	_____	_____

1. Are all of the children in good health? Yes \_\_\_\_ No \_\_\_\_
2. Are any of the children blind? Yes \_\_\_\_ No \_\_\_\_
3. Are any of the children disabled? Yes \_\_\_\_ No \_\_\_\_
4. Are any children receiving SSI or government entitlement? Yes \_\_\_\_ No \_\_\_\_

**D. GRANDCHILDREN/OTHER DEPENDENTS**

	<u>Name</u>	<u>Birthdate</u>
First Grandchild/ Dependent _____	_____	_____
Second Grandchild/ Dependent _____	_____	_____
Third Grandchild/ Dependent _____	_____	_____

**E. DISPOSITION INTENTIONS**

**1. Children**

Do you wish to treat all of your children equally? Yes \_\_\_\_\_ No \_\_\_\_\_

At what or ages do you want distribution(s) to your children? \_\_\_\_\_

**2. Grandchildren**

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes \_\_\_\_ No \_\_\_\_

Do you wish to treat all of your grandchildren equally? Yes \_\_\_\_ No \_\_\_\_

At what age(s) do you want distribution(s) to your grandchildren? \_\_\_\_\_

**F. WILL NOMINATIONS** (Select in order of preference who you wish to serve in the following capacities. Select Guardians only if you have minor children.)

Personal

Representative 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Trustee 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Guardian 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

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**G. POWER OF ATTORNEY NOMINATIONS** (Select in order of preference who you wish to serve as your Attorney in Fact.)

Agent 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**H. HEALTH CARE PROXY NOMINATIONS** (Select in order of preference who you wish to serve as your Health Care Proxy to make decisions for you when you are unable to communicate your wishes.)

Proxy 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**(PLEASE WRITE THE ADDRESS OF HEALTH CARE PROXIES ON THE BACK OF THIS PAGE)**

**I. PROFESSIONAL ADVISERS**

Accountant: \_\_\_\_\_  
(Name) (Address) (Phone Number)

Financial Adviser: \_\_\_\_\_  
(Name) (Address) (Phone Number)

Insurance Agent: \_\_\_\_\_  
(Name) (Address) (Phone Number)

**J. INSURANCE POLICIES**

<u>Insured's Name</u>	<u>Company Name and Policy Number</u>	<u>Face Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

**K. RETIREMENT BENEFITS**

<u>Account Owner</u>	<u>Company Name and Type of Account</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

**L. MONTHLY INCOME** \$ \_\_\_\_\_

Other Income/Inheritance: \_\_\_\_\_  
\_\_\_\_\_

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**M. ASSET/LIABILITY SUMMARY** (List total for each category. If more than one piece of property or account, list each individual item on back.)

**ASSETS**

Home- Value \$ \_\_\_\_\_

Personal Effects \$ \_\_\_\_\_

Other Real Estate \$ \_\_\_\_\_

Bank Accounts \$ \_\_\_\_\_

Certificates of Deposit \$ \_\_\_\_\_

Marketable Securities \$ \_\_\_\_\_

Non-Marketable Securities \$ \_\_\_\_\_

Retirement Accounts \$ \_\_\_\_\_

Business Interests \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

Other Assets \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

**LIABILITIES**

Mortgages Payable \$ \_\_\_\_\_

Credit Card Debt \$ \_\_\_\_\_

Vehicle Loans \$ \_\_\_\_\_

Bank Loans \$ \_\_\_\_\_

IRS Debt \$ \_\_\_\_\_

Other Debts \$ \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**TOTAL EQUITY** \$ \_\_\_\_\_