



FERNANDEZ
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Date: _____

**ESTATE PLANNING QUESTIONNAIRE | INDIVIDUAL
CONFIDENTIAL INFORMATION**

Instructions | Please print clearly

Please complete this form to the best of your ability so that we may provide the most informative consultation. Print additional pages if needed. This information is confidential.

If someone other than the person seeking services is completing this form, please provide:

Name: _____

Relationship to the person seeking services: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



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ESTATE PLANNING QUESTIONNAIRE
INDIVIDUAL
CONFIDENTIAL INFORMATION

**INFORMATION
ABOUT THE
PERSON
SEEKING
SERVICES**

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____ Marital Status: _____

Employer: _____ Retirement Date: _____

**FAMILY
INFORMATION**

Children

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

Check all that apply: Biological Adopted Foster Married Dependent

Needs Special Care If yes, please explain: _____



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FAMILY
INFORMATION

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Address: _____

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Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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Name: _____

Address: _____

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Needs Special Care If yes, please explain: _____



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REAL ESTATE

Home Address: _____

Name(s) on Deed: _____

Date of Purchase: _____ Purchase Price: \$ _____

Mortgage Balance: \$ _____ Market Value: \$ _____

Beneficiary Deed: _____

Other Real Estate Property Address: _____

Name(s) on Deed: _____

Date of Purchase: _____ Purchase Price: \$ _____

Mortgage Balance: \$ _____ Market Value: \$ _____

Beneficiary Deed: _____

VEHICLES

Make/Year: _____

Name(s) on Title: _____

Loan Balance: \$ _____ Market Value: \$ _____

Transfer on Death: _____

Make/Year: _____

Name(s) on Title: _____

Loan Balance: \$ _____ Market Value: \$ _____

Transfer on Death: _____



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**ACCOUNTS &
INVESTMENTS**

**Savings
Account(s)**

Bank: _____ Account #: _____

Name(s) on Account: _____

Balance: \$ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Balance: \$ _____

**Checking
Account(s)**

Bank: _____ Account #: _____

Name(s) on Account: _____

Balance: \$ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Balance: \$ _____

**Bank Certificate
of Deposit**

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____



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**ACCOUNTS &
INVESTMENTS**

Mutual Funds

Name of Fund: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Name of Fund: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Stocks & Bonds

Name of Brokerage Co.: _____

Purchase Date: _____ # of Shares: _____ Value: \$ _____

Name of Brokerage Co.: _____

Purchase Date: _____ # of Shares: _____ Value: \$ _____

Name of Brokerage Co.: _____

Purchase Date: _____ # of Shares: _____ Value: \$ _____

Name of Brokerage Co.: _____

Purchase Date: _____ # of Shares: _____ Value: \$ _____

**ACCOUNTS &
INVESTMENTS**

**IRAs, Keoughs,
401(k) Plans,
Annuities, etc.**

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____



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**PREPAID
FUNERAL**

Funeral Home: _____

Is this plan irrevocable? Yes No

Owner: _____ Beneficiary: _____

ASSETS

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

INSURANCE

Life

Company: _____ Policy #: _____ Whole Term

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____

Death Benefit: \$ _____



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Supplemental
Include
Long-Term
Care Policies

Company: _____ Policy #: _____

Policy Owner: _____ Beneficiary: _____

Value: \$ _____ Duration: _____

Is the person a beneficiary of any trust? If so, please attach a signed photocopy if available or provide any details you can on the terms and conditions of the trust, name of the current trustee, amount of principal, etc.

**ESTATE
PLANNING
DOCUMENT
INFORMATION**

Does the person have a Will? Yes No

Does the person currently have a Trust? Yes No

Does the person currently have a Power of Attorney for finances? Yes No

If so, who is the Attorney-in-Fact? _____

Does the person currently have a Power of Attorney for health care decisions? Yes No

If so, who is the Health Care Agent? _____

If the person expects to receive money or other assets, please check all that apply:

Gift Inheritance Lawsuit Other Approximately how much? _____

MISCELLANEOUS

Does the Party have any other legal issues of which I should be aware? Yes No

If so, please explain: _____



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MISCELLANEOUS

Where does the person keep important papers? _____

Does the person have a safe deposit box? Yes No

If so, please provide the name and address: _____

Has the person ever made gifts to any one person in excess of \$14,000 in any one calendar year? Yes No

Has the person ever filed a Federal Gift Tax Return? Yes No