



**FERNANDEZ**  
ELDER LAW LLC

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

**ESTATE PLANNING QUESTIONNAIRE | INDIVIDUAL  
CONFIDENTIAL INFORMATION**

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**Instructions | Please print clearly**

Please complete this form to the best of your ability so that we may provide the most informative consultation. Information requested about your banking and investment accounts are important considerations when making our estate planning recommendations. Print additional pages if needed.

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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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**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**

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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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**REAL ESTATE**

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

Name(s) on Deed: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

Beneficiary Deed: Yes  No

Other Real Estate Property Address: \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

Beneficiary Deed: Yes  No

**VEHICLES**

Make/Year: \_\_\_\_\_

Name(s) on Title: \_\_\_\_\_

Loan Balance: \$ \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

Transfer on Death: Yes  No

Make/Year: \_\_\_\_\_

Name(s) on Title: \_\_\_\_\_

Loan Balance: \$ \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

Transfer on Death: Yes  No



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**ACCOUNTS &  
INVESTMENTS**

**Savings  
Account(s)**

Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Balance: \$ \_\_\_\_\_

**Checking  
Account(s)**

Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Balance: \$ \_\_\_\_\_

**Bank Certificate  
of Deposit**

Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_



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**ACCOUNTS &  
INVESTMENTS**

**Mutual Funds**

Name of Fund: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Name of Fund: \_\_\_\_\_

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: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \$ \_\_\_\_\_



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**PREPAID  
FUNERAL**

Funeral Home: \_\_\_\_\_

Is this plan irrevocable? Yes  No

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**OTHER  
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: \_\_\_\_\_

**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 person have any other legal issues of which I should be aware? Yes  No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_





**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