



FERNANDEZ
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Date: _____

ESTATE PLANNING QUESTIONNAIRE | MARRIED
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
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**INFORMATION
ABOUT
PERSON(S)
SEEKING
SERVICES**

Spouse #1

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

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

Birthdate: _____ SS #: _____ Marital Status: _____

Employer: _____ Retirement Date: _____

Employer Address: _____

City, State, Zip: _____

Spouse #2

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

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

Birthdate: _____ SS #: _____ Marital Status: _____

Employer: _____ Retirement Date: _____

Employer Address: _____

City, State, Zip: _____



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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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**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: _____

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**

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

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

**PREPAID
FUNERAL**

Spouse #1

Funeral Home: _____

Is this plan irrevocable? Yes No

Owner: _____ Beneficiary: _____

Spouse #2

Funeral Home: _____

Is this plan irrevocable? Yes No

Owner: _____ Beneficiary: _____

**OTHER
ASSETS**

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____



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INSURANCE

Life

Company: _____ Policy #: _____ Whole Term

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

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

Death Benefit: \$ _____

Company: _____ Policy #: _____ Whole Term

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

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

Death Benefit: \$ _____

Supplemental
Include
Long-Term
Care Policies

Company: _____ Policy #: _____

Policy Owner: _____ Beneficiary: _____

Value: \$ _____ Duration: _____

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.



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INSURANCE

Supplemental

During the last 60 months has the Party made any large gifts (\$1,000 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts. If so, please provide details and explain when and why the transfer was made.

MISCELLANEOUS

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

If so, please explain: _____

Where does the Party keep important papers? _____

Does the Party have a safe deposit box? Yes No

If so, please provide the name and address: _____

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

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