



FERNANDEZ
ELDER LAW LLC

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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 we may provide the most informative consultation. Print additional pages if needed.

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: _____ Marital Status: _____

Employer: _____ Retirement Date: _____

Spouse #2

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

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

Birthdate: _____ Marital Status: _____

Employer: _____ Retirement Date: _____



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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 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: \$ _____

Transfer on Death: _____

Make/Year: _____

Name(s) on Title: _____

Loan Balance: \$ _____

Transfer on Death: _____



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**ACCOUNTS &
INVESTMENTS**

Checking

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Balance: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Balance: \$ _____

Savings

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Balance: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Balance: \$ _____

Other

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____



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**ACCOUNTS &
INVESTMENTS**

Other

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____



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INSURANCE

Life

Company: _____ Policy # (last four digits only): _____ Whole Term

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

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

Death Benefit: \$ _____

Company: _____ Policy # (last four digits only): _____ Whole Term

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

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

Death Benefit: \$ _____

Supplemental
Include
Long-Term
Care Policies

Company: _____ Policy # (last four digits only): _____

Policy Owner: _____ Beneficiary: _____

Value: \$ _____ Duration: _____

Company: _____ Policy # (last four digits only): _____

Policy Owner: _____ Beneficiary: _____

Value: \$ _____ Duration: _____

**PREPAID
FUNERAL**

Spouse #1

Funeral Home: _____

Policy Owner: _____

Spouse #2

Funeral Home: _____

Policy Owner: _____



**ESTATE
PLANNING
DOCUMENT
INFORMATION**

Spouse #1

Does the person have a Will? Yes No

Does the person 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 party 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? _____

Spouse #2

Does the person have a Will? Yes No

Does the person 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 party 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

Is the party 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.

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

If so, please explain: _____

Where are the important papers kept? _____

Is there a safe deposit box? Yes No

If so, please provide the name and address: _____

Have any gifts been made to any one person in the excess of \$15,000 in any one calendar year? Yes No

Has a Federal Gift Tax Return ever been filed? Yes No