

ANNE M. MCKINNEY, P.C.  
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**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE – Single Client**

- I. FAMILY DATA** **DATE:** \_\_\_\_\_
- Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_
- Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- County of Residence: \_\_\_\_\_ Date, Place of Birth, Citizenship: \_\_\_\_\_
- Details on all prior marriages: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- E-mail: \_\_\_\_\_

**CHILDREN:** Names, Dates of Birth and Residence

\_\_\_\_\_

\_\_\_\_\_

**PARENTS:** Please list Names, Dates of Birth and Death:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

**II. SPECIAL CONSIDERATIONS: Please circle your answer.**

- Is any member of your family incapacitated or does anyone have significant health problems? **Yes, let's discuss** **No**
- Have you made any significant (greater than \$3,000 per person per year) gifts? **Yes, let's discuss** **No**
- Have you filed gift tax returns? **Yes** (bring copies with you) **No**
- Have you created any trusts? **Yes** (bring copies with you) **No**
- Are you serving as Trustee of any trust? **Yes** (bring copies with you) **No**
- Are you the beneficiary of any trust? **Yes** (bring copies with you) **No**

**III. ITEMS TO BRING WITH YOU WHEN YOU COME IN FOR OUR CONFERENCE:**

- A copy of your most recent Will and any Codicil(s)
- Copies of all Divorce Decrees/Settlement Agreements
- Copies of all prior Gift Tax Returns
- A copy of your Federal Tax Return for the last year
- Copies of any Buy-Sell Agreements you have signed
- A copy of any Pre-Nuptial Agreement you have signed
- Copies of any trusts that have been created by or for you
- Copies of deeds and tax receipts to any real property you own.

**IV. ESTATE PLANNING GOALS:** Please describe your overall estate planning goals.

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**V. FINANCIAL CONTACTS:** We may need to contact your accountant or other professionals in order to serve your needs. If you use any of the following professionals, please provide us with their names and phone numbers:

CPA: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Private Wealth Banker: \_\_\_\_\_

**VI. ASSET SUMMARY:** (Please use Fair Market Value and Round to Nearest \$1000)

<u>Asset</u>	<u>Client's Name</u>	<u>Joint w/any other person</u>
Real Estate		
Residence	_____	_____
Farm	_____	_____
Rental	_____	_____
Commercial	_____	_____
Out-of-State	_____	_____
Other	_____	_____
Cash, Bank Accounts CDs, etc.	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Stocks, Bonds, Mutual Funds Brokerage Accounts.	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Business Interests	_____	_____
	_____	_____
	_____	_____
Furniture, Jewelry, Etc	_____	_____
	_____	_____
	_____	_____

Tax Deferred Annuities, IRAs and Other Retirement Accounts and Life Insurance (**See Below**)

**RETIREMENT BENEFITS, 401(k) PLANS, IRAs and  
TAX-DEFERRED ANNUITIES**

<u>Description</u>	<u>\$Value</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIFE INSURANCE**

<b>On Client's Life:</b>			<u>Face Value</u>	<u>Cash Value</u>	<u>Beneficiary</u>	<u>Annual Premium</u>
<u>Desc.</u>	<u>Owner</u>	<u>Type</u>				
_____	_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	\$ _____	_____	\$ _____

**LIABILITIES**

Owed by Client

Guaranteed by Client

**WE WILL COMPLETE THE FOLLOWING**

**VII. SUMMARY**

Assets in CLIENT'S name alone:

Joint Assets: \_\_\_\_\_

Life Insurance on CLIENT'S Life: \_\_\_\_\_

CLIENT'S Retirement: \_\_\_\_\_

**TOTAL ASSETS:** \_\_\_\_\_

Less Total Liabilities: \_\_\_\_\_

**NET ESTATE:** \_\_\_\_\_

Death Taxes If No Tax Planning \$ \_\_\_\_\_

Death Taxes with Basic  
Tax Planning \$ \_\_\_\_\_

Death Taxes Saved \$ \_\_\_\_\_