



**ESTATE PLANNING QUESTIONNAIRE
(UNMARRIED & SAME SEX COUPLES)**

Date _____
Home Phone No. _____
Partner A's Work Phone No. _____ Partner B's Work Phone No. _____
Partner A's Fax No. _____ Partner B's Fax No. _____
Partner A's Cell No. _____ Partner B's Cell No. _____
E-mail Address _____ E-mail Address _____

It is important that you complete this questionnaire accurately and thoroughly. Please use full legal names and print them legibly. Please bring the completed questionnaire and the requested information with you to your appointment. This will help Hook Law Center prepare your estate planning documents.

A. PERSONAL DATA

(Partner A) Full Name _____ **(Partner B)** Full Name _____

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Birth Date _____

Social Security No. _____ Social Security No. _____

U.S. Citizen? ___ Yes ___ No U.S. Citizen? ___ Yes ___ No

Veteran? ___ Yes ___ No Veteran? ___ Yes ___ No

If Veteran, dates of service _____

Date and Location of Marriage/Civil Union/Registration, if applicable _____

Annual Income _____ Annual Income _____

How did you hear about Hook Law Center or who referred you to this office? _____

B. CHILDREN (please print full legal names so they are legible)

Child's Name	Address (including zip code)	Telephone Number Fax Number Email Address	Date of Birth	Name of Parent or Legal Guardian
		T: F: E:		
		T: F: E:		
		T: F: E:		

Are all of your children in good health? Yes No

Are any of your children blind? Yes No

Are any of your children disabled? Yes No

Have all of your children completed their education? Yes No

Are any of your children receiving SSI or other form of government entitlement? Yes No

Do any of your family members have any problems with: Aids? Yes No

Drug Addiction? Yes No

Alcoholism? Yes No

Spendthrift? Yes No

Marital Problems? Yes No

C. GRANDCHILDREN (please print full legal names so they are legible)

Grandchild's Name	Address (including zip code)	Telephone Number Fax Number Email Address	Date of Birth
		T: F: E:	
		T: F: E:	
		T: F: E:	

D. FINANCIAL SUMMARY

Assets/Liabilities	Partner A	Partner B	Joint	Liability
Residence	\$	\$	\$	\$
Other Real Estate	\$	\$	\$	\$
Business Interests	\$	\$	\$	\$
Automobile	\$	\$	\$	\$
Additional Automobile	\$	\$	\$	\$
Bank Accounts: Checking, Savings, CD's, Money Markets Account# Account# Account#	\$	\$	\$	\$

Investments: Brokerage Accounts, Stocks, Bonds, IRA's, Retirement Accounts, 401k, Annuities, etc.	\$	\$	\$	\$
Account#				
Account#				
Account#				
Other Assets:	\$	\$	\$	\$
Total Values	\$	\$	\$	\$

E. LIFE INSURANCE (Please attach copies of all policies)

Company Name	Type Term, Universal, Whole Life, etc	Death benefit	Face Value	Cash Value

F. OTHER INSURANCE: Long-term Care, Disability, Umbrella Personal Liability, etc.

Please attach copies of all policies.

Company Name	Type of Policy

G. ALL INFORMATION YOU PROVIDE TO US WILL BE KEPT CONFIDENTIAL AND USED FOR ESTATE AND FINANCIAL PLANNING PURPOSES ONLY.

Please bring copies of the following documents if you have them. If you do not have a copier, bring the originals and we will copy them for you.

Wills	Trusts
Powers of Attorney	Advance Medical Directives
Marriage Certificate, Proof of Civil Union, Registration	

Please also bring the following financial information if it applies to you:

- Current bank statements
- Deeds to all of your real property
- Current real estate tax assessments
- Notes or mortgages receivable to you
- Investment, Brokerage, or Mutual Fund statements
- Savings Bonds, Stock Certificates
- Annuity contracts and annuity statements
- Insurance Policies
- Retirement Accounts, IRA statements, or 401K statements
- Certificates of deposit
- Titles to all of your Motor Vehicles

Estate Planning involves more than just documents, it is the coordination of planning and asset management. The copies we have requested will help us understand how the assets are titled and how they may affect your estate plan. In some cases, we may even recommend certain assets be titled differently.

H. AGENTS, EXECUTORS, TRUSTEES, AND BENEFICIARIES

These representatives will have an important role in caring out your wishes and must be capable of managing the fiduciary responsibility associated with each position.

Will or Trust: Please give some thought regarding how you want your estate distributed to your beneficiaries and who you will want to act on your behalf as executor and/or trustee.

Power of Attorney: Please give some thought to who you would want to manage your affairs should you become incapacitated and unable to do so.



Advanced Medical Directive: Please give some thought to who you would want to make health care decisions for you if you are unable to do so.

I. CERTIFICATION

The undersigned hereby represents to Hook Law Center, and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Date

Signature of Client or Client Representative

Date

Signature of Client or Client Representative