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Estate Planning Questionnaire - Single Male

Date: _____

Single Male Information

Name: _____ Citizenship: _____

Date of Birth: _____

Prior Marriages: _____

Health History: _____

Employment _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ email: _____

Current estate plan: _____

Residence Address: _____

Home Phone: _____ Home Fax: _____ email: _____



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Child #1 Name _____ Date of Birth _____
Parents _____
Spouse's name _____ No. of Children _____
Location _____
Special Needs in this family? _____

Child #2 Name _____ Date of Birth _____
Parents _____
Spouse's name _____ No. of Children _____
Location _____
Special Needs in this family? _____

Child #3 Name _____ Date of Birth _____
Parents _____
Spouse's name _____ No. of Children _____
Location _____
Special Needs in this family? _____

Child #4 Name _____ Date of Birth _____
Parents _____
Spouse's name _____ No. of Children _____
Location _____
Special Needs in this family? _____

Child #5 Name _____ Date of Birth _____
Parents _____
Spouse's name _____ No. of Children _____
Location _____
Special Needs in this family? _____

*Add additional children's information in Additional Information and Notes at the end.



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Parties to the Documents

Revocable Living Trust

Trust Name (e.g. The Jane Doe Revocable Trust) _____

Trustees

Original Trustee(s) _____

1st Successor: _____

2nd Successor: _____

Trust Distribution: (Describe how you would like to have your assets distributed upon your death.)

Wills

Personal Representative

Primary _____

1st Alternate _____

2nd Alternate _____

Guardians:

1st Choice _____

2nd Choice _____

Powers of Attorney

Health Care Power of Attorney

Primary _____

1st Alternate _____

2nd Alternate _____

General Durable Power of Attorney

Primary _____

1st Alternate _____

2nd Alternate _____



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Assets and Liabilities

<u>Description</u>	<u>Debt</u>	<u>Fair Market Value</u>
Personal Property, Collectables, etc.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Vehicles, Boats, Toys, etc.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Cash, Checking & Savings Accounts		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Consumer / Credit Card Debt		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Personal Use Real Estate		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Rental Real Estate		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Land & Development Real Estate

Closely-Held Businesses, Partnerships, etc.

Notes or Accounts Receivable:

IRAs & Retirement Plans

Investments



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Life Insurance:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Inheritance:

_____	_____
_____	_____

Sources of Income

Source	Annual Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional Information & Notes



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Questionnaire

1. Do you have a pre or post-nuptial agreement?
2. Do you have any legal or financial obligations to prior spouses or children?
3. Do you have any NON-USA assets?
4. Do you owe the IRS any money?
5. Are you currently under audit by the IRS?
6. Are there any years for which you have not filed a tax return?
7. Do you have any outstanding judgments or unsatisfied creditor claims?
8. Are you a sole proprietor, partner or general partner in a business venture?
9. Are you a guarantor on any obligations not disclosed in the above financial information?