

**ATLANTIC LAW PLC**  
**ESTATE PLANNING QUESTIONNAIRE (MARRIED)**

So that Atlantic Law PLC can provide you with quality advice, it is important that you do your best to complete this questionnaire accurately and thoroughly and bring it with you to your appointment. Please understand that all information that you provide in this questionnaire will be kept confidential.

**I. PERSONAL DATA**

SPOUSE #1

SPOUSE #2

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
How to write name on formal documents (*if different*)

\_\_\_\_\_  
How to write name on formal documents (*if different*)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt/Unit #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home #

\_\_\_\_\_  
Home #

\_\_\_\_\_  
Work #

\_\_\_\_\_  
Work #

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
E-mail:

\_\_\_\_\_  
E-mail:

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Date of Birth:

Is your home in a Condo/Homeowner's Assoc? \_\_\_\_

U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No

U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No

Veteran? \_\_\_\_ Yes \_\_\_\_ No

Veteran? \_\_\_\_ Yes \_\_\_\_ No

If yes, dates of service: \_\_\_\_\_

If yes, dates of service: \_\_\_\_\_

Any Prior Marriage? \_\_\_\_ Yes \_\_\_\_ No

Any Prior Marriage? \_\_\_\_ Yes \_\_\_\_ No

If yes, date of divorce/separation (circle one)  
or death of prior spouse:

If yes, date of divorce/separation (circle one)  
or death of prior spouse:

\_\_\_\_\_  
Currently Employed? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Retired  
Employer: \_\_\_\_\_

\_\_\_\_\_  
Currently Employed? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Retired  
Employer: \_\_\_\_\_

**II. CHILDREN** (Please attach additional pages or write on back if necessary)

Name: _____	Date of Birth: _____
Address: _____	
Telephone Number: _____	E-mail address: _____
Marital Status: _____	Child of: <input type="checkbox"/> SP 1 & SP 2; <input type="checkbox"/> Spouse 1 only; <input type="checkbox"/> Spouse 2 only
Name: _____	Date of Birth: _____
Address: _____	
Telephone Number: _____	E-mail address: _____
Marital Status: _____	Child of: <input type="checkbox"/> SP 1 & SP 2; <input type="checkbox"/> Spouse 1 only; <input type="checkbox"/> Spouse 2 only
Name: _____	Date of Birth: _____
Address: _____	
Telephone Number: _____	E-mail address: _____
Marital Status: _____	Child of: <input type="checkbox"/> SP 1 & SP 2; <input type="checkbox"/> Spouse 1 only; <input type="checkbox"/> Spouse 2 only
Name: _____	Date of Birth: _____
Address: _____	
Telephone Number: _____	E-mail address: _____
Marital Status: _____	Child of: <input type="checkbox"/> SP 1 & SP 2; <input type="checkbox"/> Spouse 1 only; <input type="checkbox"/> Spouse 2 only

- Are all of your children/grandchildren in good health?  Yes  No
- Are any of your children/grandchildren blind?  Yes  No
- Are any of your children/grandchildren disabled?  Yes  No
- Have all of your children/grandchildren completed their education?  Yes  No
- Are any children/grandchildren receiving SSI or other government entitlements?  Yes  No
- Do any of your family member have any problems with:
  - Drug addiction?  Yes  No
  - Alcoholism?  Yes  No
  - Marital Difficulty?  Yes  No
  - Spendthrift (i.e., making poor financial decisions)?  Yes  No
- Do you trust your children's/grandchildren's spouses?  Yes  No
- Are you concerned about potential litigation against you?  Yes  No
- Do you want to consider your pets in your estate plan?  Yes  No

**III. GRANDCHILDREN** (Please attach additional pages or write on the back if necessary)

Do you wish to take your grandchildren into consideration when planning for your estate? \_\_\_ Yes \_\_\_ No

Name: _____	Date of Birth: _____
Parent of Grandchild: _____	
Name: _____	Date of Birth: _____
Parent of Grandchild: _____	
Name: _____	Date of Birth: _____
Parent of Grandchild: _____	
Name: _____	Date of Birth: _____
Parent of Grandchild: _____	

**IV. LIFE INSURANCE** (Please attach copies of all policies)

Company Name:	Type: (Term, Whole, Universal, etc.)	Death benefit:	Face Value:	Cash Value:

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

Company Name:	Type of Policy:

**VI. FINANCIAL SUMMARY** (Please list additional assets on a separate page if necessary)

<b>INCOME</b>	<b>Husband</b>	<b>Wife</b>		
<b>ASSETS</b>	<b>Husband</b>	<b>Wife</b>	<b>Joint</b>	<b>Liability</b>
Residence	\$	\$	\$	\$
Other Real Estate	\$	\$	\$	\$
Business Interest	\$	\$	\$	\$
Automobile	\$	\$	\$	\$
Additional Automobile/Boat	\$	\$	\$	\$
<u>Bank Accounts</u> Checking:  Savings:  CDs:  Money Market:				<u>Account Name/Type</u>
<u>Investments</u> Brokerage Accounts, Stocks/Bonds, IRAs, Retirement Accounts, 401ks				<u>Investment Name/Type</u>
<u>Other Assets</u>	\$	\$	\$	\$
Total Values:	\$	\$	\$	\$

