

OFFICE USE ONLY  
Date:  
Matter:  
File:

## THE LAW OFFICES OF ERNEST H. TUTTLE, IV QUESTIONNAIRE

Thank you for your interest in our legal services. In order to assist in the preparation of your estate plan, please fill in as much information as possible. If the question does not apply, please mark "N/A"

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### PERSONAL INFORMATION

Name (Client 1) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name (Client 2): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

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### FAMILY INFORMATION

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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### CLOSEST RELATIVES/FRIENDS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**QUESTIONS**

What goals do you want to accomplish with your estate plan? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a Will, Trust, Power of Attorney or Advanced Health Care Directive? Please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever served as an Executor or Trustee for another family member or friend? If yes, describe general experience: \_\_\_\_\_

\_\_\_\_\_

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**ASSETS TO PROTECT**

REAL ESTATE/TITLE:

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

STOCKS, BONDS, MUTUAL FUNDS:

\_\_\_\_\_

\_\_\_\_\_

401K, IRA's OR RETIREMENT PLANS:

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LIFE INSURANCE:

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OTHER ASSETS:

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**MISCELLANEOUS**

Do you have a C.P.A.? If yes, please provide the name, address and phone number:

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Do you have a financial Planner? If yes, please provide the name, address and phone number:

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Other pertinent information:

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**1. Living Trust:**

(a) Names as they are to be listed on Trust document:

Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

(b) Successor Trustee(s):

First Successor Trustee: \_\_\_\_\_

Alternate Successor Trustee: \_\_\_\_\_

(c) Distribution:

(1) Name of beneficiary: \_\_\_\_\_

Amount to be distributed: \_\_\_\_\_

(2) Name of beneficiary: \_\_\_\_\_

Amount to be distributed: \_\_\_\_\_

(3) Name of beneficiary: \_\_\_\_\_

Amount to be distributed: \_\_\_\_\_

(4) Name of beneficiary: \_\_\_\_\_

Amount to be distributed: \_\_\_\_\_

**2. Pour-Over Wills:**

(a) Names of all living children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(b) First Successor Executor: \_\_\_\_\_

(c) Alternate Successor Executor: \_\_\_\_\_

(d) Guardian of Minor Children: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Durable Power of Attorney:**

(a) Attorney in Fact: \_\_\_\_\_

(b) Alternate Attorney in Fact: \_\_\_\_\_

**4. Advanced Health Care:**

(a) Attorney in Fact: \_\_\_\_\_

(b) Alternate Attorney in Fact: \_\_\_\_\_

(c) Medical concerns or wishes to be addressed: \_\_\_\_\_

\_\_\_\_\_

**5. Miscellaneous:**

Other pertinent information: \_\_\_\_\_

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