



V E S T E D
P A R T N E R S
A MULTI-FAMILY OFFICE

CONFIDENTIAL
ESTATE PLANNING
QUESTIONNAIRE

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CONFIDENTIAL QUESTIONNAIRE:

Date: _____

Referred by: _____

1. PERSONAL INFORMATION OF FIRST CLIENT

Full Name of Client: _____

Nickname: _____

Mailing Address: _____

Home Address (if different): _____

City or County of Residence: _____

Email Address: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Citizenship: _____

Military Service (branch and dates): _____

Describe any significant health issues requiring urgent preparation of documents:

Date and State of Marriage (if applicable): _____

Pre- or Post-Nuptial Agreements YES NO

If previously married, attach copies of divorce decree and property settlement agreement. If widowed, attach a copy of Form 706 (federal estate tax return), if any, for predeceased spouse's estate.

Former Spouse's Name: _____

Date and State of Marriage: _____

Date and State of Divorce: _____

Describe any ongoing obligations to former spouses, such as a requirement to maintain insurance:

2. PERSONAL INFORMATION OF SECOND CLIENT (if applicable)

Full Name of Client: _____

Nickname: _____

Mailing Address: _____

Home Address (if different): _____

City or County of Residence: _____

Email Address: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Citizenship: _____

Military Service (branch and dates): _____

Describe any significant health issues requiring urgent preparation of documents:

Date and State of Marriage (if applicable): _____

Pre- or Post-Nuptial Agreements YES NO

If previously married, attach copies of divorce decree and property settlement agreement. If widowed, attach a copy of Form 706 (federal estate tax return), if any, for predeceased spouse's estate.

Former Spouse's Name: _____

Date and State of Marriage: _____

Date and State of Divorce: _____

Describe any ongoing obligations to former spouses, such as a requirement to maintain insurance:

3. PERSONAL INFORMATION OF CHILDREN

Name(s) of Any Deceased Children: _____

CHILD #1

Full Name: _____

Nickname: _____ Child belongs to: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date of Birth: _____

Marital Status: _____

Name of Spouse (if applicable): _____

Name(s) and Age(s) of Children:

List any special needs or disabilities for this child:

CHILD #2

Full Name: _____

Nickname: _____ Child belongs to: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date of Birth: _____

Marital Status: _____

Name of Spouse (if applicable): _____

Name(s) and Age(s) of Children:

List any special needs or disabilities for this child:

CHILD #3

Full Name: _____

Nickname: _____ Child belongs to: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date of Birth: _____

Marital Status: _____

Name of Spouse (if applicable): _____

Name(s) and Age(s) of Children:

List any special needs or disabilities for this child:

CHILD #4

Full Name: _____

Nickname: _____ Child belongs to: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date of Birth: _____

Marital Status: _____

Name of Spouse (if applicable): _____

Name(s) and Age(s) of Children:

List any special needs or disabilities for this child:

Please attach additional pages for more children.

For the remainder of this document, you do not need to duplicate address and telephone information already provided in an earlier section. **Attach additional pages where necessary.**

4. EXECUTOR

Name the person you would like to act as executor of your estate.

Spouse

Other

Full Name: _____

Address: _____

Preferred Phone Number: _____

Name of alternate or second executor:

Address: _____

Preferred Phone Number: _____

5. TRUSTEES OF TESTAMENTARY OR REVOCABLE LIVING TRUST

Name the person, bank or trust company to serve as trustee for any trust you anticipate creating (if any).

Full Name: _____

Address: _____

Preferred Phone Number: _____

Name of alternate or second trustee:

Address: _____

Preferred Phone Number: _____

6. ADVANCE MEDICAL DIRECTIVE

Name the person you wish to appoint to make medical decisions on your behalf should you become unable to make such decisions yourself.

Spouse

Other

Full Name: _____

Address: _____

Preferred Phone Number: _____

Name of alternate or second agent:

Address: _____

Preferred Phone Number: _____

Name of your Primary Care Physician: _____

How do you feel about life-prolonging procedures, such as a feeding tube or ventilator, if your doctor determines you are terminally ill and if your doctor determines the application of such procedures would serve only to artificially prolong the dying process?

I **WOULD NOT** want such services

I **WOULD** want such services

I would like to discuss this further...

Do you authorize organ donation? YES NO

Additional notes or questions:

7. GENERAL POWER OF ATTORNEY

Name the person you wish to appoint to make financial and legal decisions on your behalf should you become unable to make such decisions yourself.

Spouse

Other

Full Name: _____

Address: _____

Preferred Phone Number: _____

Name of alternate or second agent:

Address: _____

Preferred Phone Number: _____

Would you like to authorize your agent to make gifts of your assets to your family members?

YES

To my spouse only

To my spouse and descendents

To my descendents only

Other: _____

NO

I would like to discuss this further...

Additional notes or questions:

8. ADVISORS

Other Attorney: _____

Phone Number: _____

Stock Broker: _____

Phone Number: _____

Investment Advisor: _____

Phone Number: _____

Insurance Agent: _____

Phone Number: _____

Accountant: _____

Phone Number: _____

9. ASSETS

List additional assets on a separate sheet if necessary.

BANK ACCOUNTS:

Name of Institution: _____ Owner(s): _____

Type of Account (checking, savings, money market, CD): _____

Approx. Balance: _____ Beneficiary (if any): _____

Name of Institution: _____ Owner(s): _____

Type of Account (checking, savings, money market, CD): _____

Approx. Balance: _____ Beneficiary (if any): _____

Name of Institution: _____ Owner(s): _____

Type of Account (checking, savings, money market, CD): _____

Approx. Balance: _____ Beneficiary (if any): _____

Name of Institution: _____ Owner(s): _____

Type of Account (checking, savings, money market, CD): _____

Approx. Balance: _____ Beneficiary (if any): _____

STOCKS, BONDS, MUTUAL FUNDS OR BROKERAGE ACCOUNTS:*

Security or Company Name: _____ Owner: _____
Type of Account (stock, mutual fund, brokerage acct.): _____
Approx. Balance: _____ Beneficiary (if any): _____

Security or Company Name: _____ Owner: _____
Type of Account (stock, mutual fund, brokerage acct.): _____
Approx. Balance: _____ Beneficiary (if any): _____

Security or Company Name: _____ Owner: _____
Type of Account (stock, mutual fund, brokerage acct.): _____
Approx. Balance: _____ Beneficiary (if any): _____

Security or Company Name: _____ Owner: _____
Type of Account (stock, mutual fund, brokerage acct.): _____
Approx. Balance: _____ Beneficiary (if any): _____

**For closely held businesses, see question #15 below.*

REAL ESTATE:

Property Address: _____
Owner(s): _____ City or County: _____
Approx. Value: _____ Mortgage (if any): _____

Property Address: _____
Owner(s): _____ City or County: _____
Approx. Value: _____ Mortgage (if any): _____

Property Address: _____
Owner(s): _____ City or County: _____
Approx. Value: _____ Mortgage (if any): _____

PROMISSORY NOTES (Amounts owed to you):

Name of Debtor: _____ Date of Note: _____

Approx. Balance: _____ To Whom Owed: _____

Name of Debtor: _____ Date of Note: _____

Approx. Balance: _____ To Whom Owed: _____

LIFE INSURANCE:

Insured: _____ Owner(s): _____

Death Benefit: _____ Cash Value (if any): _____

Company: _____ Beneficiary(ies): _____

Insured: _____ Owner(s): _____

Death Benefit: _____ Cash Value (if any): _____

Company: _____ Beneficiary(ies): _____

Insured: _____ Owner(s): _____

Death Benefit: _____ Cash Value (if any): _____

Company: _____ Beneficiary(ies): _____

Insured: _____ Owner(s): _____

Death Benefit: _____ Cash Value (if any): _____

Company: _____ Beneficiary(ies): _____

ANNUITIES (Not including retirement assets):

Owner(s): _____ Company/Carrier: _____

Approx. Value: _____ Beneficiary(ies): _____

Owner(s): _____ Company/Carrier: _____

Approx. Value: _____ Beneficiary(ies): _____

OTHER RETIREMENT ACCOUNTS AND RETIREMENT PLANS:

Plan Provider or Custodian: _____ Owner: _____

Type of Account (401(k), IRA, Roth IRA, etc.): _____

Approx. Balance: _____ Beneficiary: _____

Plan Provider or Custodian: _____ Owner: _____

Type of Account (401(k), IRA, Roth IRA, etc.): _____

Approx. Balance: _____ Beneficiary: _____

Plan Provider or Custodian: _____ Owner: _____

Type of Account (401(k), IRA, Roth IRA, etc.): _____

Approx. Balance: _____ Beneficiary: _____

Plan Provider or Custodian: _____ Owner: _____

Type of Account (401(k), IRA, Roth IRA, etc.): _____

Approx. Balance: _____ Beneficiary: _____

OTHER ASSETS NOT LISTED ABOVE, INCLUDING VALUABLE TANGIBLE PERSONAL PROPERTY:

10. SOURCES OF INCOME (Select all that apply):

Employment: _____/month

Self-employment: _____/month

Disability: _____/month

Social Security: _____/month

Railroad Retirement: _____/month

Pension: _____/month

Other: _____/month

11. LIABILITIES

Owed by Whom: _____

Owed to Whom: _____

Approx. Amount Owed: _____

Pay-off Date (if any): _____

Owed by Whom: _____

Owed to Whom: _____

Approx. Amount Owed: _____

Pay-off Date (if any): _____

Owed by Whom: _____

Owed to Whom: _____

Approx. Amount Owed: _____

Pay-off Date (if any): _____

Owed by Whom: _____

Owed to Whom: _____

Approx. Amount Owed: _____

Pay-off Date (if any): _____

Owed by Whom: _____

Owed to Whom: _____

Approx. Amount Owed: _____

Pay-off Date (if any): _____

Owed by Whom: _____

Owed to Whom: _____

Approx. Amount Owed: _____

Pay-off Date (if any): _____

12. POTENTIAL INHERITANCES

From Whom: _____

Notes or comments regarding inheritance:

13. LONG TERM CARE INSURANCE

Owner/Insured: _____ Company/Carrier: _____
Owner/Insured: _____ Company/Carrier: _____
Owner/Insured: _____ Company/Carrier: _____
Owner/Insured: _____ Company/Carrier: _____

14. APPOINTMENT OF GUARDIAN FOR MINOR CHILDREN

Name the person you wish to serve as guardian of your minor children:

Full Name: _____
Address: _____
Preferred Phone Number: _____

Name of second or alternative guardian:

Address: _____
Preferred Phone Number: _____

15. CLOSELY HELD BUSINESS INFORMATION

Name of Business: _____ Owner: _____
Type of Business (S Corp., LLP, LLC, etc.): _____
Business Address: _____
Ownership Interest (percentage, # of shares, units, etc.): _____
Total Value of Business: _____ Value of Owner's Interest: _____

OTHER OWNERS:

Name: _____ Interest: _____
Name: _____ Interest: _____
Name: _____ Interest: _____

15. CLOSELY HELD BUSINESS INFORMATION (cont'd)

Do you have a plan for transferring your interest in the business at death or retirement?

YES NO

Details:

Do you have key-person life and/or disability insurance?

YES NO

Details:

Do you have a buy/sell agreement (if so, include a copy)?

YES NO

Is it "funded"?

YES NO

16. MISCELLANEOUS (Please answer for both clients, if applicable)

Do you have any existing trusts?

YES NO

Details:

Have you ever had a name change other than by marriage?

YES NO

Details:

Do you wish to forgive any loans at death?

YES NO

Details:

Do you have any specific instructions for your funeral, burial, cremation, etc.?

YES NO

Details:

Do you want to prepare a separate written list of specific items of tangible personal property (such as jewelry, furniture, heirlooms, etc.) as a guide for your executor?

YES NO

Details:

Are you the beneficiary of any trusts?

YES NO

Details:

Have you ever made gifts to any one person in excess of \$10,000 during any calendar year?

YES NO

Details:

Have you ever filed any gift tax returns?

YES NO

Details:

Do any of your family members have issues with drugs or alcohol, marital problems, or serious financial problems?

YES NO

Details:

Do you want to make any special provisions for your pet(s)?

YES NO

Details:

Where will you keep your estate planning documents? _____

Please attach copies of your current estate planning documents, as well as copies of all prior federal and state gift tax returns.

17. NOTES/COMMENTS

**Describe the desired disposition of your assets and beneficiaries.
I prefer to discuss this at our upcoming meeting...**

Do you have any other legal matters that may affect how we prepare your estate planning documents?



VESTED PARTNERS A MULTI-FAMILY OFFICE

Putting the Pieces Together: What is a Multi-Family Office?

LEGAL

- Wills and Trusts
- Powers of Attorney
- Advance Medical Directives (AMD)
- Gifting strategies
- Planning for/managing incapacity
- Guardianship/conservatorship representation
- Medicaid planning for nursing home care
- Business entity formation and governance



FINANCIAL

- Comprehensive financial planning
- Investment Policy Statement (IPS) preparation
- Investment research
- Discretionary asset management
- Account aggregation
- Consolidated performance reporting
- Legacy planning
- Client reviews
- Financial and investment education



INSURANCE


- Insurance needs analysis
- Policy and coverage reviews
- Beneficiary reviews
- Market research and policy illustrations
- Life, long term care and disability insurance brokerage services



FIDUCIARY

- Trustee and executor services
- Serving as agent under power of attorney
- Serving as guardian/conservator
- Estate and trust administration
- Family governance
- Bill payment



A large, stylized white dove is the central graphic, facing right. It is set against a background of overlapping, semi-transparent light blue and grey shapes that create a sense of depth and movement. The dove's head is at the top right, and its tail feathers are at the bottom left.

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