



**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 descendants

To my descendants 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 body extends towards the bottom left.

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