



PREGENZER  
BAYSINGER  
& WIDEMAN  
SALE, PC

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Albuquerque, NM 87110  
505-872-0505

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**  
**PERSONAL INFORMATION**

**CLIENT**

**CLIENT**

**Spouse 1** Legal Name: \_\_\_\_\_

**Spouse 2** Legal Name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Also known as: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_

Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_

Citizenship: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Previous Marriage(s): Yes  No

Previous Marriage(s): Yes  No

**Employment Information:**

**Employment Information:**

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Date Completed: \_\_\_\_\_

**YOUR CONCERNS**

Please rate the following as to how important they are to each of you:

*(H high concern, M moderate concern, L low concern, 0 no concern, or N/A not applicable)*

**Description**

**Level of Concern**

**SP1**

**SP2**

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability

\_\_\_\_\_

Providing for and protecting spouse

\_\_\_\_\_

Providing for and protecting children

\_\_\_\_\_

Providing for and protecting grandchildren

\_\_\_\_\_

Planning for a child or family member with disabilities or special needs

\_\_\_\_\_

Disinheriting a family member

\_\_\_\_\_

Providing for charities at the time of death

\_\_\_\_\_

Plan for the transfer and survival of a family business

\_\_\_\_\_

Minimizing or reducing estate taxes

\_\_\_\_\_

Avoiding probate

\_\_\_\_\_

Addressing concerns related to multiple marriages

\_\_\_\_\_

Avoiding guardianship and conservatorship in case of a disability

\_\_\_\_\_

Minimizing the risk of will contests or other disputes upon death

\_\_\_\_\_

Protecting assets from nursing home costs

\_\_\_\_\_

Protecting children's inheritance from bad relationships, financial problems, and addictions

\_\_\_\_\_

Maintaining Retirement Plan benefits, such as Individual Retirement Accounts, for future generations

\_\_\_\_\_

Providing that your death shall not be unnecessarily prolonged by artificial means or measures

\_\_\_\_\_

Other Concerns (Please list below):

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT FAMILY QUESTIONS**

*(Please check "Yes" or "No" for your answer)*

Yes No

Are either of you receiving social security, disability, or other governmental benefits?

\_\_\_\_ \_

Describe \_\_\_\_\_

Have either of you been diagnosed with a chronic or life threatening disease?

\_\_\_\_ \_

Do either of you have a specific diagnosis? If yes, please describe \_\_\_\_\_

\_\_\_\_ \_

Is either of you making payments pursuant to a divorce or property settlement order? *Please furnish a copy of divorce or property settlement agreement.*

\_\_\_\_ \_

Have either of you signed a pre- or post-nuptial contract? *Please furnish a copy.*

\_\_\_\_ \_

Have either of you been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy.*

\_\_\_\_ \_

Have either of you ever filed a federal or state gift tax return? *Please furnish copies of these returns.*

\_\_\_\_ \_

Have either of you completed previous will, trust, or estate planning documents? *Please furnish copies of these documents.*

\_\_\_\_ \_

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*

\_\_\_\_ \_

Do any of your children or grandchildren have financial problems, relationship problems, drug or alcohol problems, and/or spending problems? *If so, please explain below.*

\_\_\_\_ \_

Are either of you currently the beneficiary of anyone else's trust? *If so, please explain below. Indicate if you are serving as trustee of a trust not created by you.*

\_\_\_\_ \_

Do you provide primary or other major financial support to adult children or others?

\_\_\_\_ \_

**ADDITIONAL RELEVANT INFORMATION**

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

**CHILDREN**

(Use full legal name. Use "B" if both spouses are the parents, "SP1" if Spouse 1 is the parent, "SP2" if Spouse 2 is the parent)

**Child 1**

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, SP1, SP2
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\_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**Child 2**

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, SP1, SP2
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\_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**Child 3**

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, SP1, SP2
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\_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**Child 4**

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, SP1, SP2
_____	_____	_____	_____	_____	_____
Address: _____			Home Phone: _____		Cell Phone: _____
Comments: _____					

**Child 5**

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, SP1, SP2
_____	_____	_____	_____	_____	_____
Address: _____			Home Phone: _____		Cell Phone: _____
Comments: _____					

**Child 6**

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, SP1, SP2
_____	_____	_____	_____	_____	_____
Address: _____			Home Phone: _____		Cell Phone: _____
Comments: _____					

**Additional Information on your children:**

Do you have any deceased children? Yes  No

If yes, please provide date of death and indicate if your deceased child was survived by any children. Please provide name(s), age(s):

Do you have any minor foster children? Yes  No  If yes, who? \_\_\_\_\_

Are all of your children/grandchildren in good health? Yes  No  If no, explain: \_\_\_\_\_

Are any of your children/grandchildren blind or disabled? Yes  No  If yes, explain: \_\_\_\_\_

Are any of your children/grandchildren receiving SSI, Medicaid or any other form of government benefits? If yes, please list Yes  No

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

**DEPENDENTS OR BENEFICIARIES OTHER THAN YOUR CHILDREN** (If a charity, disregard birth date and relationship)

Beneficiary 1 Name	Birth Date	Relationship
_____	_____	_____

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

Comments: \_\_\_\_\_

**Beneficiary 2 Name**

**Birth Date**

**Relationship**

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

Comments: \_\_\_\_\_

**Beneficiary 3 Name**

**Birth Date**

**Relationship**

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

Comments: \_\_\_\_\_

**PETS:** Do you have pets? Yes  No  If yes, explain: \_\_\_\_\_

Do you want to provide for them after your death? If so, who do you want to care for your pets: \_\_\_\_\_

Do you want to leave money for the care of your pets? Yes  No  If yes, what amount? \$ \_\_\_\_\_

What do you want done with any amount remaining after your pets have died? \_\_\_\_\_

**ADVISORS**

**Name**

**Telephone**

Accountant: \_\_\_\_\_

\_\_\_\_\_

Financial Advisor: \_\_\_\_\_

\_\_\_\_\_

**ESTATE PLANNING APPOINTMENTS**

**WILL: PERSONAL REPRESENTATIVE:** (Upon your death, who do you want to settle your estate?)

For Spouse 1:        Spouse

1<sup>st</sup> Choice \_\_\_\_\_  
Name    Relation                                  City, State

2<sup>nd</sup> Choice \_\_\_\_\_  
Name    Relation                                  City, State

3<sup>rd</sup> Choice \_\_\_\_\_  
Name    Relation                                  City, State

For Spouse 2:        Spouse

1<sup>st</sup> Choice \_\_\_\_\_  
Name    Relation                                  City, State

2<sup>nd</sup> Choice \_\_\_\_\_  
Name    Relation                                  City, State

3<sup>rd</sup> Choice \_\_\_\_\_  
Name    Relation                                  City, State



**TRUST: TRUSTEE:** (Upon your death or incapacity while living, who do you want carrying out your instructions for distribution to and, if desired, management of property for your beneficiaries?)

Spouse

1<sup>st</sup> Choice \_\_\_\_\_  
Name Relation City, State

2<sup>nd</sup> Choice \_\_\_\_\_  
Name Relation City, State

3<sup>rd</sup> Choice \_\_\_\_\_  
Name Relation City, State

**GUARDIAN & CONSERVATOR OF MINOR OR DISABLED CHILDREN:** (If you have any minor or disabled children at the time of your deaths, who would you want to be responsible for them?)

Spouse

1<sup>st</sup> Choice \_\_\_\_\_  
Name Relation City, State

2<sup>nd</sup> Choice \_\_\_\_\_  
Name Relation City, State

3<sup>rd</sup> Choice \_\_\_\_\_  
Name Relation City, State

**DURABLE POWER OF ATTORNEY:** (Who would you want to act as your agent for legal or financial decisions during your life if you are unable to do so?)

Agent For Spouse 1:

Spouse

1 <sup>st</sup> Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____
2 <sup>nd</sup> Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____
3 <sup>rd</sup> Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____

Agent For Spouse 2:

Spouse

1 <sup>st</sup> Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____
2 <sup>nd</sup> Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____
3 <sup>rd</sup> Choice _____	_____	_____	_____
Name	Relation	Address	Phone: _____

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND ADVANCE HEALTH-CARE DIRECTIVE:** (Who would you want to act as your agent for medical treatment and end-of-life decisions?)

Agent For Spouse 1:

Spouse

1 <sup>st</sup> Choice _____	_____	_____	_____
Name	Relation	City, State	Phone: _____
2 <sup>nd</sup> Choice _____	_____	_____	_____
Name	Relation	City, State	Phone: _____
3 <sup>rd</sup> Choice _____	_____	_____	_____
Name	Relation	City, State	Phone: _____

Agent For Spouse 2: Spouse

1<sup>st</sup> Choice \_\_\_\_\_  
Name Relation City, State Phone: \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_  
Name Relation City, State Phone: \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_  
Name Relation City, State Phone: \_\_\_\_\_

**DECISIONS REGARDING BURIAL/CREMATION:**

Is it your wish to be buried or cremated?

Spouse 1: Buried  Cremated  Spouse 2: Buried  Cremated

Do you have a prepaid plan?

Spouse 1: Yes  No  Spouse 2: Yes  No

If yes, with whom have you made arrangements? Spouse 1: \_\_\_\_\_  
Spouse 2: \_\_\_\_\_

Is it your wish to donate any of your organs?

Spouse 1: Yes  No  Spouse 2: Yes  No

If yes, with whom have you made arrangements? Spouse 1: \_\_\_\_\_  
Spouse 2: \_\_\_\_\_

**FINANCIAL STATEMENT**

**Estimated Current Values**

Community      Separate

**Primary Home**

Held Jointly? Yes  No  If no, how is it titled? \_\_\_\_\_  
Mortgage Balance: \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Other Real Estate:**

Address: \_\_\_\_\_ Held Jointly? Yes  No  If no, how is it titled? \_\_\_\_\_

\$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Held Jointly? Yes  No  If no, how is it titled? \_\_\_\_\_

\$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Cash, Bank Accounts, CD's, Treasury Notes, etc.:**

Community      Separate

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held Jointly? Yes  No

\$ \_\_\_\_\_

Payable on Death Designation: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held Jointly: Yes  No

\$ \_\_\_\_\_

Payable on Death Designation: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Held Jointly: Yes  No

\$ \_\_\_\_\_

Payable on Death Designation: \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Stocks, Bonds, Securities:**

Community    Separate

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_ \$ \_\_\_\_\_  
Held Jointly: Yes  No

Payable on Death Designation: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_ \$ \_\_\_\_\_  
Held Jointly: Yes  No

Payable on Death Designation: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_ \$ \_\_\_\_\_  
Held Jointly: Yes  No

Payable on Death Designation: \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Life Insurance Death Benefits:** Indicate type of insurance by the following codes: GT-Group Term, IT- Individual Term, W-Whole Life, U-Universal, A-Accidental Death, O-Other.

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Policy No. \_\_\_\_\_ Code: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_  
Cash Value: \$ \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

Community Property:  Separate Property:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Policy No. \_\_\_\_\_ Code: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_  
Cash Value: \$ \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

Community Property:  Separate Property:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Policy No. \_\_\_\_\_ Code: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

Community Property:  Separate Property:

**Vehicles:** (Automobiles, Boats, and RVs)

<u>Description</u>	<u>How Titled</u>	<u>Market Value</u>	<u>Loans</u>	<u>Community</u>	<u>Separate</u>
_____		\$ _____	\$ _____	\$ _____	_____
_____		\$ _____	\$ _____	\$ _____	_____
_____		\$ _____	\$ _____	\$ _____	_____

**Valuable Personal Property** (Jewelry, Furniture, Antiques, Collections)

<u>Item</u>	<u>Owner</u>	<u>Market Value</u>	<u>Community</u>	<u>Separate</u>
_____		\$ _____	\$ _____	_____
_____		\$ _____	\$ _____	_____
_____		\$ _____	\$ _____	_____
_____		\$ _____	\$ _____	_____

Estimated Value of All Other Items Not Listed Above

\$ \_\_\_\_\_

TOTAL

\$ \_\_\_\_\_

**Vested Pension and Profit Sharing Plans, IRA's, Thrift Plan, 401(k) Plans**

Company/Plan Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_



Company/Plan Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account No. \_\_\_\_\_

Participant: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

**Closely-held (not publicly traded) Business Interests**

Indicate type of closely held business interest by use of the following codes:

- SC - S Corporation
- CC - Regular C Corporation
- P - Sole Proprietorship
- LLC - Limited Liability Company

- GP – General Partnership
- LP-L – Limited Partnership – Limited Partner Interest
- LP-G – Limited Partnership – General Partner Interest

Please provide us with copies of articles of incorporation, partnership agreements, stockholders agreements, operating agreements or other restrictive agreements which govern transfers of these business interests during life or at death.

Legal Name of Business: \_\_\_\_\_ Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Owner Percentage: S 1 \_\_\_\_\_ S2 \_\_\_\_\_ Jt \_\_\_\_\_

Number of Other Owners: \_\_\_\_\_ Other Family Owners? Yes  No

Legal Name of Business: \_\_\_\_\_ Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Owner Percentage: S1 \_\_\_\_\_ S2 \_\_\_\_\_ Jt \_\_\_\_\_

Number of Other Owners: \_\_\_\_\_ Other Family Owners? Yes  No

**Miscellaneous Interests** (Notes, Mortgages, Patents, Trusts, Powers of Appointment, etc.)

<u>Item</u>	<u>Owner</u>	<u>Amount</u>	<u>Community</u>	<u>Separate</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

**Debts (Other Mortgage)**

Total \$ \_\_\_\_\_