

**DUBOIS, COOKSEY & BISCHOFF, P.A.**

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**ESTATE PLANNING QUESTIONNAIRE**

This confidential Estate Planning Questionnaire is designed to provide DUBOIS, COOKSEY & BISCHOFF, P.A. with the pertinent information and data necessary to complete your Living Trust or Will.

Please fill in all spaces provided in the following pages. If a particular question is not applicable, please so indicate. Do not hesitate to add additional information.

**A. PERSONAL DATA**

**HUSBAND**

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

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

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

Residence Telephone No.: ( ) \_\_\_\_\_

Occupation and/or Title: \_\_\_\_\_

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

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

Company Telephone No.: ( ) \_\_\_\_\_ Extension: \_\_\_\_\_

**WIFE**

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

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

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

Residence Telephone No.: \_\_\_\_\_

Occupation and/or Title: \_\_\_\_\_

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

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

Company Telephone No.: ( ) \_\_\_\_\_ Extension: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage \_\_\_\_\_

**SIZE OF YOUR ESTATE (Net Worth):**

Over \$1,000,000 Yes G No G  
Under \$1,000,000 Yes G No G

**CHILDREN OF THIS MARRIAGE**

Children's Names	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

**PRIOR MARRIAGES**

Husband's Spouse: \_\_\_\_\_

Wife's Former Spouse: \_\_\_\_\_

Date and Place of Death: \_\_\_\_\_

Date and Place of Divorce: \_\_\_\_\_

Children of Prior Marriage:

Full Name	Birth Date
_____	_____
_____	_____
_____	_____

**B. DESIGN DATA**

1. Who do you wish to name as your successor trustee?

1st. Choice: \_\_\_\_\_

2nd. Choice: \_\_\_\_\_

3rd. Choice: \_\_\_\_\_

2. Distribution of personal property upon death of both Husband and Wife or upon death of a single person. Upon your death, to whom do you desire to leave your furniture, furnishings, jewelry, art,

automobiles, etc?

- Option 1. Outright to children equally.    Yes   G    No   G
- Option 2. Other beneficiaries.                    Yes   G    No   G

(Please Describe)

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3. Cash Gifts.

Do you desire to leave cash to specific beneficiaries?    Yes   G    No   G

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

4. Specific Gifts.

Are there any special assets which you desire to give to specific beneficiaries?    Yes   G    No   G

(Please Describe)

Name \_\_\_\_\_ Asset \_\_\_\_\_

Name \_\_\_\_\_ Asset \_\_\_\_\_

5. Residue of the Estate.

After the above referenced distribution is made, to whom do you desire to leave the remaining balance of your estate?

Option 1. Outright equally to living children and then to grandchildren upon children's deaths?    Yes   G    No   G

Option 2. Outright to the following individuals in the following percentages?    Yes   G    No   G

Name	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Option 3. Assets to be held in trust for children until they reach older ages? Yes **G** No **G**

Age \_\_\_\_\_ Receives \_\_\_\_\_ % of balance

Age \_\_\_\_\_ Receives \_\_\_\_\_ % of balance

Age \_\_\_\_\_ Received balance of inheritance

Option 4. Any other distribution of your choice. (*Please Describe*)

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6. Alternate Beneficiaries.

In the event that all of your children and other beneficiaries named in paragraph 5 above were to predecease you, then to whom do you desire that your assets be distributed.

Husband's Assets to: \_\_\_\_\_

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Wife's Assets to: \_\_\_\_\_

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**C. FINANCIAL DATA (Optional)**

ASSETS

	Address/Location	How Title Held	Market Value
1. Real Property a.	_____	_____	\$ _____
b.	_____	_____	\$ _____
c.	_____	_____	\$ _____
2. Secured Notes a.	_____	_____	\$ _____
b.	_____	_____	\$ _____

☐☐☐ PLEASE BRING COPIES OF ALL DEEDS AND COPIES OF ANY SECURED NOTE AND MORTGAGES TO YOUR APPOINTMENT

	Description	How Title Held	Market Value
3. Limited Partnerships	_____	_____	_____

4. Securities \_\_\_\_\_ \$ \_\_\_\_\_  
 (stocks, bonds, \_\_\_\_\_ \$ \_\_\_\_\_  
 certificates of \_\_\_\_\_ \$ \_\_\_\_\_  
 deposit, unsecured \_\_\_\_\_ \$ \_\_\_\_\_  
 notes) \_\_\_\_\_ \$ \_\_\_\_\_

5. Cash Accounts \_\_\_\_\_ \$ \_\_\_\_\_  
 (cash, savings, \_\_\_\_\_ \$ \_\_\_\_\_  
 checking accounts) \_\_\_\_\_ \$ \_\_\_\_\_

6. Name of business owned: \_\_\_\_\_

Partnership  Corporation  Sole Proprietorship  \$ \_\_\_\_\_

7. Retirement Plan:  Beneficiary: \_\_\_\_\_ \$ \_\_\_\_\_  
 Spouse's Beneficiary: \_\_\_\_\_ \$ \_\_\_\_\_

8. Life Insurance:

Company	Owner	Beneficiary	Death Benefit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(indicate whether whole or term insurance)

9. Other Assets: (attach schedule) \$ \_\_\_\_\_

GROSS ESTATE (TOTAL OF ALL VALUES): \$ \_\_\_\_\_

LIABILITIES

Description	Whose Liability (Husband/Wife/Both)	Amount
Notes _____	_____	\$ _____
Mortgages _____	_____	\$ _____
Judgments _____	_____	\$ _____
TOTAL DEBTS.....		\$ _____

NET TAXABLE ESTATE.....

ANTICIPATED INHERITANCES:

Husband: From Whom: \_\_\_\_\_ \$ \_\_\_\_\_

Wife: From Whom: \_\_\_\_\_ \$ \_\_\_\_\_

ANTICIPATED GIFTS:

Husband: From Whom: \_\_\_\_\_ \$ \_\_\_\_\_

Wife: From Whom: \_\_\_\_\_ \$ \_\_\_\_\_