**FAMILY FINANCIAL QUESTIONNAIRE**

This Questionnaire should help your family with transferring assets and coping with financial matters after your death.

I. **Estate Plan Information**

 A. Wills and Trusts

 1. Location of Original Will (and Codicils), Personal Effects

 Memo, and Trust Agreements:

 2. Fiduciaries named in Will or revocable trust:

 a. Personal Representative (name, address and phone):

 b. Guardian of children (name, address and phone):

 c. Trustee (name, address and phone):

 B. Financial Power of Attorney: Agent (name, address and phone):

 Location of original:

 C. Medical Power of Attorney: Agent (name, address and phone):

 Location of original:

 D. Living Will:

 Location of original:

 E. Organ Donor Card:

 F. Wishes for burial/Disposition of Last Remains form:

 Location of original:

 G. Are you a Trustee of any trusts? Describe and give name and

 address of Successor Trustee:

II. **Personal Information**

 A. Family Members

 Name Relationship Address Birth Date SS#

 B. Are you a veteran? Yes No

 If yes, list branch of service and date of discharge:

 C. E-mail accounts with passwords:

III. **Advisors (name, address, e-mail and phone)**

 A. Accountant:

 B. Attorney:

 C. Insurance Agent:

 D. Financial Planner:

 E. Investment Advisor:

**IV. Asset Information**

 A. Attach a list of assets and liabilities, or fill out the following schedules. Indicate where original policies and other information is kept. Also indicate electronic billing, banking and investment accounts with usernames and passwords.

 B. Insurance/Annuities

 1. Location of policies: 2. List of policies:

 Insured Owner Beneficiary Company Face Amount

 C. Real Property, Oil and Gas Interests

 1. Location of Deeds, Leases, Division Orders:

 2. List of Properties:

 Owner Address of Property Mortgage Company

 3. Tenants of the above properties:

 Name Address Lease End Rental

 D. Partnership Interests/Limited Liability Companies

 1. Location of Agreements:

 2. List of Interests:

 Name of

 Partnership/Company % Interest Person to Contact at Your Death

 E. Securities

 1. Investment accounts (company and account numbers):

 2. Closely held companies:

 Name of

 Company No. of Shares Person to Contact at Your Death

 F. Bank Accounts

 1. Location of bank books, original certificates of deposit:

 2. List of Accounts:

 Bank Owner Number Amount

 G. Employee Benefits

 1. Person to contact at place of employment:

 2. Benefits at company:

 Life Insurance

 Salary Benefit

 Pension

 Profit Sharing

 Stock account

 H. Individual Retirement Accounts

 Bank or Company Beneficiary Amount

 I. Miscellaneous

 1. Collections: art, coin, etc. (Describe and list person to contact

 for valuation/sale):

 2. Vehicles: Location of titles:

 3. Jewelry, furs, silver: Location of appraisals, if any; person to contact

 for valuation:

 4. Are you a beneficiary of any trusts: (Describe and give name and

 address of Trustee):

 5. Safe Deposit Box (Name of Bank, box number, location of key):

 6. Persons with access to Safe Deposit Box: (Include name, address & phone number):

 7. E-bills usually received (list companies):

 8. E-statements usually received (list banks, investment companies, others):