Your estate planning questionnaire

Create a legacy to remember

Estate planning is essential to ensure that your assets are utilized and distributed according to your goals and objectives. This fact-finding guide is designed to help you organize your estate information. The more information you can provide, the more satisfying and successful your estate planning experience will be. **Let's get started today.**

Personal information

	Client	Spouse
Name		
Date of birth		
State of residence		
Smoker	☐ Yes ☐ No	☐ Yes ☐ No
Health status		
Home phone		
Mobile phone		
Email		
States resided in during marriage (Certain states are community property states.)		

Notes:

Children		
Name		
Age		
Married	☐ Yes ☐ No	☐ Yes ☐ No
Name		
Age		
Married	☐ Yes ☐ No	☐ Yes ☐ No

Grandchildren		
Name		
Age		
Married	☐ Yes ☐ No	☐ Yes ☐ No
Name		
Age		
Married	☐ Yes ☐ No	☐ Yes ☐ No

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

Financial information

	✓	Type	Owner	Start age	End age	Gross annual income	Expected growth rate
Preretirement		Earned income (salary)	Client			$	%
		Earned income (salary)	Spouse			$	%
		Other				$	%
		Other				$	%
		Total preretirement income				$	%
Postretirement		Earned income	Client			$	%
		Earned income	Spouse			$	%
		Social Security	Client			$	%
		Social Security	Spouse			$	%
		Pension	Client			$	%
		Pension	Spouse			$	%
		Other	Client			$	%
		Other	Spouse			$	%
		Total postretirement income				$	
		Total sources of income				$	

Financial professional(s)		
Phone		
Email		
Attorney		
Phone		
Email		
Accountant		
Phone		
Email		

Notes:

Please place a check mark in the left column if you have a recent statement.

Other assets

✓	Type	Owner/titling	Current value	Cost basis	Expected year of sale
☐	Primary residence		$	$	
☐	Other real estate		$	$	
☐	Business assets		$	$	
☐			$	$	
	Total other assets		$	$	

Liabilities

✓	Type	Financial institution	Outstanding balance	Monthly payment	Interest rate	Payments remaining
☐	First mortgage		$	$	%	
☐	Second mortgage		$	$	%	
☐	Other real estate loans		$	$	%	
☐	Auto loan		$	$	%	
☐	Auto loan		$	$	%	
☐	Credit cards		$	$	%	
☐			$	$	%	
	Total liabilities		$	$	%	

Life insurance

✓	Company	Type	Insured	Owner	Beneficiary	Death benefit	Annual premium	Cash value
☐						$	$	$
☐						$	$	$
☐						$	$	$
	Total life insurance					$	$	$

Notes:

Please place a check mark in the left column if you have a recent statement.

Long-term care insurance

✓	Insured	Daily benefit	Benefit duration	Death benefit	Cost of living	Annual premium	Premium payments remaining	Policy end date
☐		$		$	%	$		
☐		$		$	%	$		
	Total long-term care					$		

Current estate plan details

Have you and your spouse drawn a will?	☐ Yes ☐ No	Year	In what state?
Provide details:			
Revocable living trusts?	☐ Yes ☐ No		
Provide details:			
Durable powers of attorney?	☐ Yes ☐ No		
Provide details:			
Healthcare directives?	☐ Yes ☐ No		
Provide details:			
Community property agreements?	☐ Yes ☐ No		
Provide details:			
Pre/postmarital agreements?	☐ Yes ☐ No		
Provide details:			
Do you or your spouse have any continuing obligations under a divorce decree or property settlement?	☐ Yes ☐ No	Explain:	
Describe provisions for charities:			
Irrevocable trusts?	☐ Yes ☐ No		
Life insurance trust?	☐ Yes ☐ No		
Charitable remainder or lead trusts?	☐ Yes ☐ No		
Grantor retained annuity trusts?	☐ Yes ☐ No		
Qualified personal residence trusts?	☐ Yes ☐ No		

Notes:

Estate planning goals

Rate your estate planning goals. (0=Not Important, 5= Very Important)

	0	1	2	3	4	5	N/A
Provisions for spouse	◎	◎	◎	◎	◎	◎	◎
Pay off mortgages and debt	◎	◎	◎	◎	◎	◎	◎
Provisions for children	◎	◎	◎	◎	◎	◎	◎
Provisions for grandchildren	◎	◎	◎	◎	◎	◎	◎
Provisions for others	◎	◎	◎	◎	◎	◎	◎
Equalize children's inheritances	◎	◎	◎	◎	◎	◎	◎
Beneficiaries with special needs	◎	◎	◎	◎	◎	◎	◎
Minimize taxes and other transfer costs	◎	◎	◎	◎	◎	◎	◎
Other (please specify)	◎	◎	◎	◎	◎	◎	◎
Other (please specify)	◎	◎	◎	◎	◎	◎	◎
Other (please specify)	◎	◎	◎	◎	◎	◎	◎

Business planning

Company name	
Address	
Phone	
Email	
Nature of business	
Business owners	
Annual salaries/bonuses	$
Annual exclusion gift amounts	$
Other key employees	
Annual salaries/bonuses	$

Notes:

Gifting

Current gifts	Client	Spouse
Annual exclusion gifts	$	$
Number of years to continue		
Other planned lifetime taxable gifts	$	$
Number of years to continue		
Prior taxable gifts	$	$
Total pre-1977 taxable gifts	$	$
Federal gift taxes paid	$	$
Total post-1976 taxable gifts	$	$
Remaining applicable exclusion amount	$	$

Charitable gifts	Client	Spouse
Annual gifts to charity	$	$
Number of years to continue		
One-time gifts to charity	$	$
Describe any future gift plans:		

Some assumptions for planning			
Pay off liabilities at	☐ First death	☐ Second death	☐ Other
Federal estate tax	$		
State estate and/or inheritance taxes	$		
Estimated probate fees	$		
Estimated administrative fees	$		
Additional death expenses	$		

Notes:

Business valuation

Fair market value	$
Address	
How and when determined	
Book value	$
Annual growth rate	%

Business objectives What will happen to the business upon the owner's:

Disability	
Retirement	
Death	
Are other family members active in the business?	☐ Yes ☐ No Explain:

Management succession plan

Ownership interests transferred by gift		
Is there a buy-sell agreement?	☐ Yes ☐ No	If yes, what type?
When was the buy-sell agreement last reviewed with an attorney?		
How was the purchase price determined in the agreement?		
Existing corporate-owned life insurance	$	
Existing split dollar arrangement	$	
Qualified and nonqualified plans/benefits in place	$	

Business professionals

Attorney	
Phone	
Email	
Accountant	
Phone	
Email	

Other	
Phone	
Email	

Notes:

Notes:

Not a deposit
Not FDIC-insured
Not insured by any federal government agency
Not guaranteed by any bank or savings association
May go down in value

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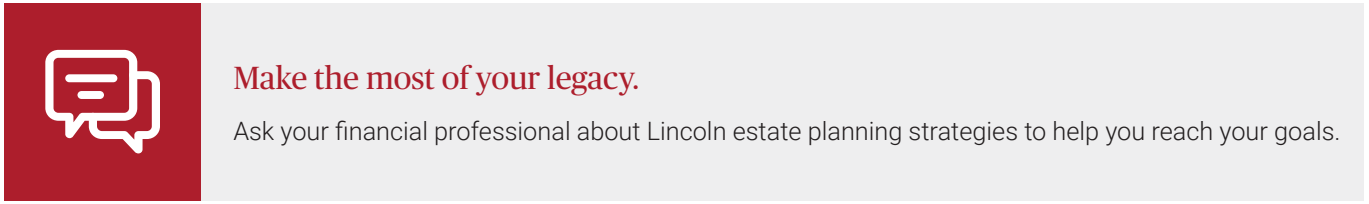
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Make the most of your legacy.

Ask your financial professional about Lincoln estate planning strategies to help you reach your goals.

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