



RUBERG LAW PLLC

ESTATE PLANNING QUESTIONNAIRE
Confidential Personal / Financial Information

25 Town Center Blvd, Suite 204, Crestview Hills, KY 41017

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Please complete both columns if you are married. If you are not married, only complete one column. If you have a pre-nuptial, ante-nuptial or post-nuptial agreement, please attach a copy. If you have been divorced, please attach a copy of your divorce decree and settlement agreement.

DESCRIPTION	INDIVIDUAL 1	INDIVIDUAL 2
PERSONAL INFORMATION		
Full Name		
Street Address		
City, State, Zip		
County		
E-mail Address		
Cell Phone		
Home Phone		
Work Phone		
Social Security Number		
Date of Birth		
Employer Name/Address		
EXECUTOR OF WILL		
Name of Executor		
Relationship		
Name 1 st Alternate Executor		
Relationship		
Name 2 nd Alternate Executor		
Relationship		
Name of Bank (if used)		
TRUSTEE		
Name of Trustee		
Relationship		
Name 1 st Alternate Trustee		
Relationship		

CHILDREN and STEP-CHILDREN

Name		
Contact Info		
Date of Birth and SSN		
Child of	Both	Individual 1 Individual 2 (Please Circle)
Name		
Contact Info		
Date of Birth and SSN		
Child of	Both	Individual 1 Individual 2 (Please Circle)
Name		
Contact Info		
Date of Birth and SSN		
Child of	Both	Individual 1 Individual 2 (Please Circle)
Name		
Contact Info		
Date of Birth and SSN		
Child of	Both	Individual 1 Individual 2 (Please Circle)
Name		
Contact Info		
Date of Birth and SSN		
Child of	Both	Individual 1 Individual 2 (Please Circle)
Name		
Contact Info		
Date of Birth and SSN		
Social Security Number		
Child of	Both	Individual 1 Individual 2 (Please Circle)

Describe below any **special needs** that any of your children or other beneficiaries have. Attach additional sheets if needed.

GUARDIAN FOR CHILDREN	<i>Use only if you have children under age 18 or a special needs adult child. You should name at least 2 alternates or successors. If you would like to name more provide an attachment with their name and relationship to child.</i>	
Name - Primary Guardian		
Relationship		
Name 1 st Alternate Guardian		
Relationship		
Name 2 nd Alternate Guardian		
Relationship		
Name - 3 rd Alternate Guardian		
Relationship		
HEALTH CARE SURROGATE		
Name - Primary Surrogate		
Relationship		
Street Address		
City, State Zip Code		
Telephone Number		
Name 1 st Alternate Surrogate		
Relationship		
Street Address		
City, State Zip Code		
Telephone Number		
Name 2 nd Alternate Surrogate		
Relationship		
Street Address		
City, State Zip Code		
Telephone Number		

Describe below **GENERALLY** how you want your assets to pass after your death. If you are married, include your desires if you are not survived by your spouse. Attach additional sheets if needed. If you desire that your assets pass to someone other than your spouse and/or children, include their names and relationship to you.

ESTIMATED VALUE OF ASSETS AND LIABILITIES

DESCRIPTION	HELD IN INDIVIDUAL #1'S NAME ALONE	HELD IN INDIVIDUAL #2'S NAME ALONE	HELD JOINTLY WITH RIGHT OF SURVIVORSHIP
REAL ESTATE			
Primary Residence			
Mortgage Debt			
Mortgage Company Address			
Login/Password Mortgage Co			
OTHER REAL ESTATE			
Location of Other Real Estate (Attach Additional Sheets if Needed)			
Mortgage Debt			
Mortgage Company Address			
Login/Password Mortgage Co			
CHECKING ACCOUNT(S) Bank Name	Approximate Value	Account Number(s)	Online Login/Password
SAVINGS ACCOUNT(S) Bank Name	Approximate Value	Account Number(s)	Online Login/Password
CD'S BANK NAME	Approximate Value	Account Number(s)	Online Login/Password

STOCKS, BONDS, MUTUAL FUNDS ASSET HOLDER	Approximate Value	Account Number(s)	Online Login/Password
QUALIFIED RETIREMENT PLANS <small>(e.g. 401(k), Profit Sharing, Pension Plans)</small> Account Type	Current Balance	Account Number(s)	Online Login/Password
Primary Beneficiary(ies)			
Contingent Beneficiary(ies)			
IRA'S	Current Balance	Account No(s).	Online Login/Password
Primary Beneficiary(ies)			
Contingent Beneficiary(ies)			
LIFE INSURANCE		Policy No.	Online Login/Password
First Policy			
Death Benefit			
Cash Surrender Value			
Primary Beneficiary(ies)			
Contingent Beneficiary(ies)			
Second Policy			
Death Benefit			
Cash Surrender Value			
Primary Beneficiary(ies)			
Contingent Beneficiary(ies)			
Third Policy			

Death Benefit			
Cash Surrender Value			
Primary Beneficiary(ies)			
Contingent Beneficiary(ies)			
Fourth Policy			
Death Benefit			
Cash Surrender Value			
Primary Beneficiary(ies)			
Contingent Beneficiary(ies)			
ANNUAL SSI / PENSION INCOME	Source	Amount	Online Login/Password
OTHER ASSETS	(Describe- Attach Additional Sheets if Needed)		Online Login/Password
OTHER LIABILITIES	(Describe- Attach Additional Sheets if Needed)		Online Login/Password
SAFE DEPOSIT BOX			
Location			
Number			
Key location			
Another person's belongings that are contained in this box:			

COMPUTER, SOCIAL MEDIA, EMAIL PASSWORDS

Computer

Tablet

Cell Phone

Password Keeper (Dashlane, Last Pass, etc.)

Email 1

Email 2

Email 3

Facebook

Twitter

Other

FUNERAL WISHES

Clergy/Minister/Priest:

Church Affiliation:

Non-Family Members to be Notified:

Funeral Arrangements Made?/Prepaid? Describe:

Funeral Home Preference:

Cemetery Preference

Plot (Owned?):

Casket & Vault Preference

Music Preference

Favorite Scriptures:

Flowers:

Headstone Preference:

Type of Service (e.g. open/closed casket; religious/secular; other particulars and ideas:

Preparation, Cremation, Donation of Body:

Activities and Interests to be mentioned in Obituary:

Other information, special comments, wishes, thoughts:

Another person's belongings that are in my/our possession:

MILITARY SERVICE

Branch:

Rank:

Years of Service:

Honors/Awards:

Military Benefits:

Veteran's Insurance Policy?

Location of Discharge Paperwork?

OTHER CONTACTS:

Financial Planner/Advisor/Broker

CPA

Attorneys
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PROPERTY OWNED **Type** **Value** **VIN / Serial Number**

Automobiles

Boats

Campers/RV's/Trailers

Time Shares

Coin / Stamp / Art Collections

Antiques / Guns/ Jewelry

Provide other information which might be helpful. Attach additional sheets if needed.