



# ANDERSEN BASICS SNAPSHOT QUESTIONNAIRE

ANDERSEN FIRM

DATE COMPLETED:

## YOUR PERSONAL INFORMATION

Salutation	Your legal name	Name you want us to call you	Current occupation. If retired, from what?	Gross annual income
Your Mailing Address/Street		City	State/Zip	County and state of residence
Home phone	Business phone	Date of Birth	Date of Marriage	Social Security number
Other phone	E-mail	Your health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	Have you ever lived as a married couple and acquired property in CA, WA, NV, AZ, NM, TX, ID, LA or WI? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently have an estate plan (i.e. trust, will, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## YOUR SPOUSE/PARTNER'S PERSONAL INFORMATION

Salutation	Your legal name	Name you want us to call you	Current occupation. If retired, from what?	Gross annual income
Your Mailing Address/Street		City	State/Zip	County and state of residence
Home phone	Business phone	Date of Birth	Date of Marriage	Social Security number
Other phone	E-mail	Your health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	Have you ever lived as a married couple and acquired property in CA, WA, NV, AZ, NM, TX, ID, LA or WI? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently have an estate plan (i.e. trust, will, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## YOUR CHILDREN, if any (please use an additional sheet if necessary)

Legal name	Sex	Whose child is this?	Date of Birth	Social Security No.	Spouse's name	How many children?
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## BENEFICIARIES OTHER THAN YOUR CHILDREN, if any (please an additional sheet if necessary)

Legal name	Sex	Relationship	Date of Birth	Social Security No.	Any special Notes
Legal name	Sex	Relationship	Date of Birth	Social Security No.	Any special Notes

Who referred you to us?	Name	Firm	Phone
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## OTHER KEY PEOPLE

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Your Assets		Value in Spouse/ Partner's Name	Value Held Jointly	Amount of Debt on Asset
Company Name	Value In Your Name			
<b>Cash Accounts</b>				
<b>Investment Accounts</b>				
<b>Stocks</b>				
<b>Bonds</b>				
<b>Personal Effects</b>				
<b>Retirement Plans</b>				

<b>Your Assets</b>				
<b>Company Name</b>	<b>Value In Your Name</b>	<b>Value in Spouse/ Partner's Name</b>	<b>Value Held Jointly</b>	<b>Amount of Debt on Asset</b>
<b>Insurance Policies</b>				
<b>Pension Plans</b>				
<b>Annuities</b>				
<b>Monies Owed To You</b>				
<b>Partnership, LLC, or LPA Interests</b>				
<b>Corporate Business Interests</b>				
<b>Sole Proprietorship Business Interests</b>				
<b>Oil, Gas &amp; Mineral Interests</b>				
<b>Real Property</b>				
<b>TOTALS</b>				

## Andersen Basics Questionnaire

A Disability Panel is a group of people, including your Primary Care Physician and medical Specialist and a family member or friend who would make the decision whether or not you have the ability to make financial decisions for yourself. The Disability Panel avoids the need for a Guardianship hearing with the courts.

Who would you want to include on your Disability Panel to serve along with your Primary Care Physician and Specialist?

**Your Information**

**Your Spouse/Partner's Information**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

If you are ever declared mentally incapacitated (unable to control your own finances), who would you want making your financial decisions for you?

**Your Information**

**Your Spouse/Partner's Information**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

At death, would the same people settle your estate? \_\_\_\_ YES \_\_\_\_ NO  
(This is the position most people would think of as the "executor") If not, who do you want to be in charge of settling the estate?

**Your Information**

**Your Spouse/Partner's Information**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

If you are unable to make healthcare decisions for yourself, who would you want to make those decisions for you?

**Your Information**

**Your Spouse/Partner's Information**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Answer YES or NO: : If you are ever in a permanent, irreversible, vegetative state, do you want to be kept alive via mechanical means and tube feeding? (This is NOT the same as a Do Not Resuscitate (DNR). If you are able to be resuscitated, they are not going to look at this document.)

**Your Information**

**Your Spouse/Partner's Information**

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At what age do you want your beneficiaries to have full control of the inheritance you leave them? Up until this point your trustee will manage the trust assets and any distributions to the beneficiaries. (35 is a good rule of thumb for minors, at that point most people are generally more forward thinking and less likely to do something with the assets they might regret in the future)

**Your Information**

**Your Spouse/Partner's Information**

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If you have minor children, who do you want to serve as a back-up parent or Guardian caring for your minor children in the event of your disability or death? (You and your spouse must agree on the person(s) designated.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Is there anyone you want to specifically disinherit?

**Your Information**

**Your Spouse/Partner's Information**

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Anything else you want to make sure your plan includes?