

Unmarried Couples Estate Planning Questionnaire

Personal Information

Partner 1 Full Name

Partner 2 Full Name

Partner 1 Date of Birth

Partner 2 Date of Birth

Partner 1 Address

Partner 2 Address

Partner 1 Phone

Partner 2 Phone

Partner 1 Email

Partner 2 Email

Children & Dependents

List names and birthdates of children or dependents

Assets

Real Estate (address, ownership, value)

Bank Accounts (institution, owner(s), type, balance)

Investments (type, owner(s), value)

Other Significant Assets

Liabilities

List debts (credit cards, loans, mortgages, etc.)

Beneficiaries

Primary Beneficiary(ies) names and relationships

Contingent Beneficiary(ies)

Health Care Directives

Who do you want to make health care decisions if you cannot?

Financial Power of Attorney

Who do you want to handle your finances if you are unable?

Funeral & Burial Wishes

Please specify any wishes

Additional Instructions or Notes