

ESTATE PLANNING QUESTIONNAIRE

Our estate planning recommendations are based on your present asset and family information. Therefore, we would appreciate you providing us with the enclosed confidential information. Furthermore, in the event of a significant change in this information after your estate plan has been prepared, you should contact this office for a review to see what impact any such changes will have to your existing estate plan.

FAMILY DATA

1. Basic Information

Client 1: _____ D/O/B _____

Social Security Number: _____ U.S. Citizen? Yes ___ No ___

Client 2: _____ D/O/B _____

Social Security Number: _____ U.S. Citizen? Yes ___ No ___

Home Address: _____

County: _____

City, State, Zip: _____ Home Phone: _____

Client 1's Employer: _____ Business Phone: _____

Client 2's Employer: _____ Business Phone: _____

Email Address: (1) _____ (2) Date of Marriage: _____

Has Client 1 ever been married to someone else? Yes _____ No _____

Has Client 2 ever been married to someone else? Yes _____ No _____

Children: (attach an additional sheet for additional children)

1. Name: _____ S.S.N.: _____

Address: _____ Phone: _____

Marital Status: _____ No. of Children _____

Spouse's First Name: _____

2. Who is parent of this child? Client 1 _____ Client 2 _____ Both _____
Name: _____ S.S.N.: _____

Address: _____ Phone: _____

Marital Status: _____ No. of Children _____

Spouse's First Name: _____

Who is parent of this child? Client 1 _____ Client 2 _____ Both _____

3. Name: _____ S.S.N.: _____

Address: _____ Phone: _____

Marital Status: _____ No. of Children _____

Spouse's First Name: _____

Who is parent of this child? Client 1 _____ Client 2 _____ Both _____

Do any members of your family have any special physical or mental challenges?

Yes _____ No _____

If you now support your parents or other relatives, or wish to make provisions for them in your estate plan, please provide their names, addresses and phone numbers.

1. Personal Representative of Will and Trustees (of any trust) and Attorney-in-Fact for Durable Power of Attorney (Names and Addresses)

For Client 1:

First Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Second Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Third Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

For Client 2:

First Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Second Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Third Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

2. Proposed Guardian of Any Minor Children (names and addresses)

First Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Second Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Third Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

3. Patient Advocate for Patient Advocate Designation

For Client 1:

First Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Second Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Third Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

For Client 2:

First Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Second Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Third Choice:

Name: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Please list the name and address of those who are to be primary beneficiaries of your estate.

Please provide the name, address and relationship of those to whom you would leave your estate (final takers) and the percentages for each in case all of your primary beneficiaries predecease you or perish with you.

If you wish to make any charitable or other special gifts, please indicate the charity and the amount you wish to donate.

SUMMARY OF ASSETS & LIABILITIES

1. Assets	Client 1	Client 2	Joint
A. Tangible Personal Property	_____	_____	_____
B. Non-Retirement Securities, Mutual Funds, Cash Related Accounts and Similar tangible Property	_____	_____	_____
C. Real Estate	_____	_____	_____
D. Retirement Benefits- IRA's & 401k's	_____	_____	_____

E. Insurance _____
Face Value on the Life of Named Beneficiary _____

F. Monies owed you _____

G. Government Bonds _____

H. Additional Assets (personal effects,
collections, patents, trademarks, etc.) _____

Total _____

2. Liabilities

A. Real Estate Mortgages _____

B. Notes to Financial Institutions _____

C. Loans on Insurance Policies _____

D. Other Obligations _____

E. Charitable Pledges _____

F. Tax Liabilities _____

Total _____

3. Net Worth _____

4. Potential Inheritance _____

5. Do you have long term care insurance? Yes _____ **No** _____

CHECKLIST OF DOCUMENTS & FAMILY ADVISORS

1. Safe Deposit Box Location: _____

2. Present Documents (if any)

A. Will: Dated _____

B. Trusts:

1) created by client: _____

2) created for client by others _____

C. Gift Tax Returns filed? _____ location? _____

3. Advisors (Names and Addresses)

Accountant _____

Trust Officer _____

Commercial Banker _____

Investment Advisor _____

Stockbroker _____

Life Insurance Agent _____

Casualty Insurance Agent _____

DOCUMENTATION FOR ESTATE PLAN ANALYSIS

1. Copies of Last Wills and Testaments, Revocable Trust Agreements, Durable Powers of Attorney for Health Care and General Durable Powers of Attorneys for Finances and/or any additional estate planning documentation which may currently be in effect.

2. Copies of deeds for all real estate holdings wherever situated.

3. Copies of Partnership Agreements and Operating Agreements for any partnerships, limited liability companies or other entities in which the client is a member or other participant.

4. Current personal balance sheet, if available

5. Copies of life insurance policies and current statements regarding the same.