

ESTATE PLANNING QUESTIONNAIRE

A. PERSONAL & FAMILY INFORMATION

<u>1. Personal:</u>	<u>Client</u>	<u>Spouse</u>
a. Name	_____	_____
b. Home address	_____	_____
	_____	_____
c. Home phone	_____	_____
d. Employer & Business address	_____	_____
e. Business telephone	_____	_____
f. Principal residence	_____	_____
g. Other residences	_____	_____
h. Birth date	_____	_____
i. Place of birth (citizenship)	_____	_____
k. Marital status	_____	_____
l. If married, date and place of marriage	_____	_____
m. If divorced, prior marriages (name of former spouse(s), date & place of divorce(s))	_____	_____
n. If unmarried, and living with another person, name and age of that person	_____	_____

2. Your Children:

	<u>Birth Date</u>
<u>Name and Address</u>	
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

3. Your Grandchildren:

	<u>Names of Grandchildren</u>	<u>Birth Date</u>
<u>Their Parents</u>		
a. _____	(1) _____	_____
_____	(2) _____	_____
_____	(3) _____	_____
b. _____	(1) _____	_____
_____	(2) _____	_____
_____	(3) _____	_____

4. Parents:

	<u>Of Wife</u>
<u>Of Husband</u>	
Father _____	_____ Name
Name	
Mother _____	_____ Name
Name	

Circle if Parent is Living Father Mother

Father Mother

5. Other dependent persons (names, addresses, relationships and date of birth:

6. Have you lived in any other state or foreign country? If so, where and for how long?

7. Did you or your spouse own any substantial separate property before marriage? If so, describe.

8. Have either you or your spouse received any gifts or inheritances separately or do you expect any in the future? If so, describe.

B. REPRESENTATIVES

Names, address and telephone numbers:

1. Attorney: _____

2. Accountant: _____

3. Executor: _____

 First Alternate Executor: _____

 Second Alternate Executor: _____

*An Executor makes sure that the terms of your will are carried out. Co-Executors are allowed.
4. Trustee: _____

 First Alternate Trustee: _____

 Second Alternate Trustee: _____

* A Trustee makes sure that the terms of your trust are carried out. Co-Trustees are allowed.
5. Who do you want to care for your minor children if you pass away? _____

6. Who do you want to care for you if you are unable to care for yourself? _____

7. Who do you want to manage your affairs if you are unable to do so? _____

C. DISTRIBUTION OBJECTIVES

1. How and to whom do you want your assets distributed upon your death?

2. If you and your spouse both die prematurely, should children receive property at age of majority or should it be held until they reach a more mature age? _____

3. Do any of your children have special educational, medical or financial needs? If so, describe.

4. Whom do you want to manage your estate from an investment standpoint?

To whom would that person look for management help? _____

5. Is reducing or eliminating estate taxation of great importance to you? _____

6. Is minimizing income taxes of great importance to you? _____

7. Do you contemplate making future gifts? _____

Furnish details: _____

8. Do you wish to make bequests to a religious organization or order or to any other charitable organization? _____ In cash or in kind? _____

Furnish details: _____

9. If none of your children are living at the time of your spouse's death, do you want your estate to go to: Your family? _____ Spouse's family? _____ Elsewhere? _____

D. OTHER INFORMATION

What are your burial/cremation instructions? If these arrangements are already made, give details of these arrangements. _____

List all Powers of Attorney that you have created. _____

E. ASSETS

1. CASH AND PERSONAL EFFECTS.

	Bank	Amount	Form of Ownership and with Whom
Bank accounts:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Certificates of Deposit:	_____	_____	_____
_____	_____	_____	_____
Other (money market funds, etc.):	_____	_____	_____
_____	_____	_____	_____
			Total \$ _____

	Fair Market Value
Automobiles (state whether leased or owned)	_____
Household furnishings	_____
Club memberships	_____
Aircraft	_____
Boats	_____
Furs	_____
Jewelry	_____
Collections (Art, etc.)	_____
Others (describe)	_____
	\$ _____

2. STOCKS AND MUTUAL FUNDS.

Company or Fund and Type	Ownership*	Number of Shares	Date of Purchase or Acquisition	Basis	Total Current Market Value
Total \$					

*Indicate restrictions on transfer if any.

3. BONDS, NOTES AND BILLS.

4. CLOSELY HELD BUSINESS INTERESTS.

Name _____ Percent Owned _____

Type of entity: C Corporation _____ Partnership _____ Sole Proprietorship _____
 S Corporation _____ Limited Liability Company _____ Other _____

Is interest jointly owned with spouse? _____

Has your spouse participated in the business? _____

Your estimate of the fair market value of your interest _____

Your tax basis for your interest _____

Do you have any plans to dispose of business interest during your lifetime? _____
 If so, please describe _____

What are your wishes as to disposition of ownership after death or during your lifetime:

1. Transfer to family _____
2. Sale to co-owner of business _____
3. Sale to key-employee _____
4. Other _____

Is there a buy/sell or redemption agreement? Yes _____ No _____
 If "yes," please furnish copy for review.

5. LIFE INSURANCE.

Policy 1:

Company/Issuer: _____
 Policy #: _____
 Type (term, whole life, variable): _____
 Value Insured: _____
 Owner: _____
 Beneficiaries: _____
 Contingent beneficiaries: _____
 Annual Premium: _____

Policy 2:

Company/Issuer: _____
 Policy #: _____
 Type (term, whole life, variable): _____
 Value Insured: _____
 Owner: _____
 Beneficiaries: _____
 Contingent beneficiaries: _____
 Annual Premium: _____

Please list any additional policies on a separate sheet of paper.

6. REAL PROPERTY.

Property 1:

Address: _____
 Legal Description/Parcel #: _____
 Type of Residence (single family, condo, land...): _____
 Owners: _____
 Form of Ownership: _____
 Purchase Price/Tax Basis: _____
 Current Market Value: _____
 Encumbrances & Amounts: _____

Property 2:

Address: _____
 Legal Description/Parcel #: _____
 Type of Residence (single family, condo, land...): _____
 Owners: _____
 Form of Ownership: _____
 Purchase Price: _____
 Current Market Value: _____
 Encumbrances & Amounts: _____

Please list any additional property on a separate sheet of paper.

7. RETIREMENT, DISABILITY AND DEATH BENEFITS.

(Include Keogh plans, IRAs and deferred compensation plans)

Type of Plan	Joint v. Survivor Annuity	Name of Beneficiary	Form of Payment	Present Vested Benefits

8. OTHER ASSETS.

Description _____

Note: Include other assets such as a remainder, reversionary, or income interest in a trust. Also include the source and approximate amount of any expected inheritance.

F. LOCATION OF ASSETS AND DOCUMENTS

1. Safe deposit box (location of box, who has access, who has keys, in whose name is box registered):

2. Original current wills: _____
3. Life, health and accident insurance policies: _____
4. Passbooks (location): _____
5. Securities: _____
6. Trust agreements: _____
7. Tax returns; years covered: _____
8. Contracts and business agreements: _____
9. Car titles: _____
10. Jewelry and other valuable tangibles: _____
11. Cancelled checks and stubs; period covered: _____
12. Cemetery plot (location of plot and deed; care arrangements): _____
13. Legal Documents (birth/death/marriage certificates, divorce decree, adoption papers, naturalization papers): _____
14. Employee benefit statements: _____
15. Employee benefit plan copies: _____
16. Military discharge papers: _____
17. Passports: _____
18. General insurance policies: _____
19. Private safe (location, who has access): _____
20. Entitlements (Social Security, veterans, etc.): _____

G. MEDICAL AND DISABILITY INSURANCE

	Company	Benefits	Beneficiary
Medical			
Surgical			
Hospital			
Disability			

Please bring the following documents to your appointment:

1. Existing will and/or trust
2. Deeds to all real property (include real property in other states)
3. Most recent bank statement
4. Most recent stock/mutual fund statements
5. Most recent IRA/401K/pension statement
6. Photocopy of certificate of deposit, Treasury note, Treasury bill or Treasury bond
7. Life insurance/annuity policies