

EXPLANATION

The purpose of this Estate Planning Questionnaire ("Questionnaire") is to record information that will be used to prepare your estate plan, including, as necessary, a Will, Trust Agreement, Durable Power of Attorney, and Durable Power of Attorney-Health Care. All of the information is essential. Portions of it will be helpful in the administration of the estate or trust and, in some cases, is required for the preparation of tax returns.

Your time spent in accurately completing this Questionnaire will certainly save considerable time, effort and confusion later.

SECTION A. DOCUMENTS TO BE ATTACHED:

	Attached	N/A
1. Existing Wills, Trusts, & Powers of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
2. Most recent income tax return	<input type="checkbox"/>	<input type="checkbox"/>
3. Business agreements and documents regarding interests in corporations, partnerships, limited liability companies, and sole proprietorships	<input type="checkbox"/>	<input type="checkbox"/>
4. Deeds and land contracts	<input type="checkbox"/>	<input type="checkbox"/>
5. Brokerage account statements	<input type="checkbox"/>	<input type="checkbox"/>
6. Life insurance policies and annuities	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B. GENERAL ESTATE PLANNING INFORMATION Date of Completion: _____

INSTRUCTIONS:

1. Attach additional sheets if necessary.
2. Mark "N/A" by those items which are not applicable.
3. Return to us at your earliest convenience.
4. When describing your assets, use "J" for assets jointly owned and state the numbers of the joint owners, use "#1" for assets owned in Client #1's name alone (normally the husband in the case of a married couple) and use "#2" for assets owned in Client #2's name alone (normally the wife in the case of a married couple).

SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)

	CLIENT #1	CLIENT #2
Full Legal Name: (including middle name)		
Address:		
County:		
Home Phone:		
United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home E-mail Address:		
Social Security Number:		
Date of Birth:		
Employer:		
Business Address:		
Business Telephone:		
Business E-mail Address:		
Business Facsimile:		
Marital Status:		
Date of Marriage:		

CHILDREN OF CLIENT #1 AND CLIENT #2

Name	Address	Date of Birth	Social Security Number

SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)**CHILDREN BY PRIOR MARRIAGE**

Name	Address	Children of Client #1 or Client #2	Date of Birth	Social Security Number

GRANDCHILDREN

Name	Address	Name of Parents	Date of Birth	Social Security Number

PARENTS

	CLIENT #1	CLIENT #2
Father's Name		
Father's Address		
Father's Date of Birth		
Mother's Name		
Mother's Address		
Mother's Date of Birth		

OTHER RELATIVES

Name	Address	Relationship

SECTION C. PLANNING AND DISTRIBUTION OBJECTIVES:

1. Upon your death, how and to whom do you want your assets distributed?

2. Are there any people who should receive particular items? If so:

Name

Item

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3. If both of you die prematurely leaving minor children, should your children receive property at:

☐ age of majority (18); or ☐ held in trust and distributed at age _____.

4. Do you want to make gifts to any charities? If so:

Name and Address of Charities

Amount of Gift

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

5. If Client #1 dies first and none of your children is living at the time of Client #2's death, do you want your estate to go to:

☐ Client #1's Family ☐ Client #2's Family ☐ Elsewhere (explain below):

SECTION D. ESTATE PLANNING DOCUMENTS		
WILL		
Personal Representative: Person responsible for administering your estate and probate proceedings.		
	Name	Address
1st Choice		
2nd Choice		
3rd Choice		
Guardian: Person responsible for the well-being and daily care of your minor children, until they attain age 18, if both parents are deceased.		
	Name	Address
1st Choice		
2nd Choice		
Conservator: Person who will manage any minor child's finances and property, until that child attains age 18, if both parents are deceased.		
	Name	Address
1st Choice		
2nd Choice		
TRUST		
Trustee: Person or bank that will manage your assets in a trust and distribute assets after your death.		
	Name	Address
1st Choice		
2nd Choice		
3rd Choice		
DURABLE POWER OF ATTORNEY		
Durable Power of Attorney Agent: Person who will manage your financial affairs if you are unable to do so.		
	Name	Address
1st Choice		
2nd Choice		
DURABLE POWER OF ATTORNEY – HEALTH CARE		
Durable Power of Attorney – Health Care Agent: Person who will make your health care decisions if you are unable to do so.		
	Name	Address
1st Choice		
2nd Choice		

SECTION E. ASSETS ***Only Complete "Bank Accounts" if assets total over 10 million		
BANK ACCOUNTS		
CHECKING		
Financial Institution	Ownership	Amount
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
SAVINGS		
Financial Institution	Ownership	Amount
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
CERTIFICATES OF DEPOSIT		
Financial Institution	Ownership	Amount
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
TOTAL OF CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT:		
SAFETY DEPOSIT BOX		
Number	Location	

PERSONAL PROPERTY		
AUTOMOBILES		
Make & Year	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
HOUSEHOLD FURNISHINGS		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
JEWELRY		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
COLLECTIONS (ART, ETC.)		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
OTHER (DESCRIBE)		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
TOTAL OF PERSONAL PROPERTY:		

SECTION E. ASSETS (CONTINUED)					
REAL ESTATE					
PARCEL NO. 1					
Address					
Legal Description	Please attach a copy of deed and other instrument of title				
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Tenants in Common				
Date of Acquisition			Cost		
Current Market Value		Amount of Debt		Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) <hr/> <hr/> <hr/>				
PARCEL NO. 2					
Address					
Legal Description	Please attach a copy of deed and other instrument of title				
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Tenants in Common				
Date of Acquisition			Cost		
Current Market Value		Amount of Debt		Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) <hr/> <hr/> <hr/>				
PARCEL NO. 3					
Address					
Legal Description	Please attach a copy of deed and other instrument of title				
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Tenants in Common				
Date of Acquisition			Cost		
Current Market Value		Amount of Debt		Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) <hr/> <hr/> <hr/>				

SECTION E. ASSETS (CONTINUED)**INVESTMENTS****STOCKS AND MUTUAL FUNDS**

Attach a copy of the most recent statement for each brokerage account.

Company or Brokerage Firm	Ownership	No. of Shares	Cost	Date Acquired	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				

TOTAL OF STOCKS AND MUTUAL FUNDS:

--

BONDS AND TREASURY NOTES

Type	Ownership	Face Amount	Cost	Date Acquired	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				

TOTAL OF BONDS AND TREASURY NOTES:

--

SECTION E. ASSETS (CONTINUED)**RETIREMENT, DISABILITY, AND DEATH BENEFITS**

If you have any interest in a pension, profit-sharing, stock bonus, self-employed retirement plan, individual retirement account or deferred compensation plan, or any other similar type of benefit, complete the following:

CLIENT #1		CLIENT #2
RETIREMENT PLAN NO. 1		
Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		
RETIREMENT PLAN NO. 2		
Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		
RETIREMENT PLAN NO. 3		
Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		

SECTION E. ASSETS (CONTINUED)**CLOSELY HELD BUSINESS INTERESTS**
(Use separate sheet for each business interest)**ENTITY 1**

Name of Entity	
Percentage Owned	
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
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(s) during your lifetime? If so, please describe	
What are your wishes as to disposition of ownership after death	<input type="checkbox"/> Transfer to Family <input type="checkbox"/> Sale to Key-Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other
Is there a buy/sell or redemption agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

ENTITY 2

Name of Entity	
Percentage Owned	
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
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(s) during your lifetime? If so, please describe	
What are your wishes as to disposition of ownership after death	<input type="checkbox"/> Transfer to Family <input type="checkbox"/> Sale to Key-Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other
Is there a buy/sell or redemption agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE PROVIDE FINANCIAL STATEMENTS AND TAX RETURNS FOR THE PREVIOUS THREE YEARS, AND A COPY OF ANY BUY/SELL OR REDEMPTION AGREEMENTS FOR EACH ENTITY.

SECTION E. ASSETS (CONTINUED)		
LIFE INSURANCE		
PROVIDED BY EMPLOYER		
	Policy No. 1	Policy No. 2
Company		
Policy No.		
Type		
Insured		
Owner		
Beneficiary		
Contingent Beneficiary		
Face Value		
Amount of Loan		
Employee's Contribution		
OWNED BY CLIENT #1 OR CLIENT #2		
	Policy No. 1	Policy No. 2
Company		
Policy No.		
Type		
Insured		
Owner		
Beneficiary		
Contingent Beneficiary		
Face Value		
Amount of Loan		

OTHER ASSETS

Please provide information on any other assets, including description, value, etc.

Do you expect to receive an inheritance? If so, from whom and estimate the amount.

SECTION F. LIABILITIES (NOT PREVIOUSLY LISTED):

Creditor	Secured by	Due Date	Current Balance Owed