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ESTATE PLANNING QUESTIONNAIRE

Note: Please print all names and addresses as clearly and legibly as possible, making sure all proper names are the full, correctly spelled legal names.

Date: ____________________

Full Name (Client 1): ____

Nickname: ____________________ Date of Birth: ______________ SS#:_____-____-_____

Client 2's Name: ______________________________ Relation to Client 1? ____________

Nickname: ____________________ Date of Birth: ______________ SS#:_____-____-_____

____
Address

____
County City State Zip

____
Home Phone Work (or alternate) Phone

Client 1:

Client 2:

____
Cell Phones E-mail Addresses

What/Who referred you to us? ____________________________________

CPA affiliation: ____________________________________

Investment Advisor: ____________________________________

Bank affiliation: ____________________________________

Safe deposit box location: ____________________________________

Client 1 Employer: ____________________ Position: ____________________

Spouse 2 Employer: ____________________ Position: ____________________

Child #1 (indicate if child not from both clients:__________________)

Name:____Phone #:__________________________

Address:____

Date of Birth:__________________________ Spouse:___________________________________

Children and birthdates: ____

____

____

Child #2 (indicate if child not from both clients:__________________)

Name:____Phone #:__________________________

Address:____

Date of Birth:__________________________ Spouse:___________________________________

Children and birthdates: ____

____

Child #3 (indicate if child not from both clients:__________________)

Name:____Phone #:__________________________

Address:____

Date of Birth:__________________________ Spouse:___________________________________

Children and birthdates: ____

____

[attach sheet if more than 3 children]

Deceased children:____

Questions to Consider in Advance of Conference

1. Do your children, grandchildren, or beneficiaries have any problems or special needs which should be considered or currently receiving state or federal assistance due to a disability?

2. Do you have the responsibility for supporting anyone other than your spouse and children?

3. Do you wish to make any gifts or contributions of property or money to any friends, relatives, or charities?

4. If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a common disaster, whom would you want to receive your property? Note, our default provision is ½ to Client 1 heirs and ½ to Client 2 heirs.

5. Have you filed a gift tax return (i.e., made gifts that exceed annual exclusion amount)?

6. Are any of your children or grandchildren adopted or in the process of being adopted?

7. Indicate any unique family circumstances, problems, and other planning concerns?

8. Your ordinary income tax rate (circle one) 15% 28% 31% 36% 39.6%
Or indicate your gross family income __________________

9. Predicted date of retirement for Client 1? _______________ Client 2? ________________

10. Citizenship (if not U.S.) for Client 1?___________________ Client 2?_________________

11. Client 1 ever been divorced (note year)?________________ Client 2?_________________

12. Client 1's general health? ___________________ Client 2's?______________________

13. Do you expect to inherit any substantial property in the near future which should be considered in planning your estate or are you the beneficiary of any trust? (If so, please describe.)

14. Do you have any assets that require special consideration in your Will? (If so, please describe.)

15. Special instructions regarding body disposition (e.g., burial or cremation)
Client 1: _______________________________ Client 2: _______________________________

Estate Evaluation

Note: The manner in which your property is legally titled is integral to proper estate planning.

ASSET	***CLIENT 1***	***CLIENT 2***	***JOINT***
Primary Residence	$__________	$__________	$__________
Other real property (include location by state)	$__________	$__________	$__________
	$__________	$__________	$__________
Listed or traded securities (exclude retirement accounts)	$__________	$__________	$__________
Closely held and untraded securities	$__________	$__________	$__________
Partnership or sole proprietor interests	$__________	$__________	$__________
Cash, savings accounts, CDS, etc.	$__________	$__________	$__________
Automobiles	$__________	$__________	$__________
Other notable personal property	$__________	$__________	$__________
Retirement Accounts (e.g. 401k, IRAs) (provide detail on next page)	$__________	$__________	$__________
Life Insurance Cash Value (provide detail on next page)	$__________	$__________	$__________
Other	$__________	$__________	$__________
Other	$__________	$__________	$__________
TOTAL	$__________	$__________	$__________
Mortgage debt	$__________	$__________	$__________
Other debts	$__________	$__________	$__________
NET TOTAL	$__________	$__________	$__________

Do you own property jointly with any person other than your spouse? (If so, whom, and is the ownership a joint tenancy with right of survivorship?)

Custodial Accounts [in which you are the owner]?

Are you currently handling [or expected to handle] the financial affairs of another?

Note: Do the best you can to gather the information requested below, but do not let this effort delay the planning process. If the answers are hard to get or time consuming, put a question mark.

Life Insurance:

Insured	*Owner of Policy*	*Company*	*Face Amount*	*Primary Beneficiary*	*Contingent Beneficiary*	*Is this policy T (term) WL (whole life) U (universal) or O (other)*	*Cash Surrender Value (ADD THIS VALUE TO PRIOR PAGE)*
________	________	________	________	________	________	________	________
________	________	________	________	________	________	________	________
________	________	________	________	________	________	________	________

Benefit Plans (e.g., IRA, 401(k), deferred compensation, annuities)

Type of Plan (e.g. IRA, 401(k))	Benefit Provided or Amount	Primary Death Beneficiary (If Any)	*Contingent* Death Beneficiary (If Any)	Comments
________	________	________	________	________
________	________	________	________	________
________	________	________	________	________
________	________	________	________	________

Other documents and information

Please bring the following to the planning session:

- ❑ Your present documents (including Wills & Powers of Attorney)
- ❑ Declaration page of life insurance policies and annuities (if any uncertainty of values)
- ❑ Account statements (if uncertain as to type of account or ownership)
- ❑ Property deeds showing ownership
- ❑ other documents or contracts affecting your estate [such as Divorce Decree and Business Buy-Sell Agreement]
- ❑ Names, ages, and contact information of your family members (e.g., parents, sisters, and brothers).
- ❑ List of personal property items you want to pass to specific individuals
- ❑ Trust agreements [that you have either signed or are a beneficiary of]

Please give careful advance consideration to the following questions and attempt to fill them in before your initial meeting. We will discuss all choices with you prior to delivering your drafts.

Specific Bequests or other special instructions:

Client 1:____

____

Client 2:____

____

Executor/Executrix. This is the person/entity charged with the responsibility to assemble and transfer your assets after your passing, probate the Will, file tax returns, etc. This may be served by one or more individuals (including your spouse) and/or a bank or other corporate fiduciary. We recommend avoiding co-Executors (two individuals serving at same time) but can be done.

***Client 1*:**

Name of Initial Executor:

____

Street Address:______________________

City/State/Zip:______________________

Relationship:________________________

Name of Backup Executor if the original is unable or unwilling:

____

Street Address:______________________

City/State/ZIP:_____________________

Relationship:________________________

Name of Backup #2 Executor if the original is unable or unwilling:

____

Street Address:______________________

City/State/ZIP:_____________________

Relationship:________________________

Client 2:

Name of Initial Executor:

____

Street Address:______________________

City/State/Zip:______________________

Relationship:________________________

Name(s) of Backup Executor(s) if the original is unable or unwilling:

____

Street Address:______________________

City/State/ZIP:_____________________

Relationship:________________________

Name of Backup #2 Executor if the original is unable or unwilling:

____

Street Address:______________________

City/State/ZIP:_____________________

Relationship:________________________

Trustees. In the event a Trust becomes part of the estate plan, the Trustee will serve to manage assets and administer the Trust based on your direction. This role may be filled by one or more individuals (including your spouse), and/or a bank or other a corporate fiduciary.

***Client 1*:**

Name of Initial Trustee:

____

City/State/ZIP:____________________

Relationship:______________________

Name of Backup Trustee:

____

Street Address:____________________

City/State/ZIP:____________________

Relationship:______________________

Name of Backup #2 Trustee:

____

Street Address:____________________

City/State/ZIP:____________________

Relationship:______________________

Client 2:

Name of Initial Trustee:

____

City/State/ZIP:____________________

Relationship:______________________

Name of Backup Trustee:

____

Street Address:____________________

City/State/ZIP:____________________

Relationship:______________________

Name of Backup #2 Trustee:

____

Street Address:____________________

City/State/ZIP:____________________

Relationship:______________________

Guardians. The Guardians are the individuals appointed under your Will to raise your minor children, if applicable, should something happen to both parents. If two people are named below as initial Guardians, consider whether you want the survivor of them to serve alone if the other dies.

Name of Initial Guardian____

____

Street Address:_______________________________

City/State/ZIP:_______________________________

Relationship To You:__________________________

If you have named two Guardians to serve together, do you want the survivor to continue alone prior to the backups named below?________________________(yes/no/don't know)

Name of Backup Guardian:____

____

Street Address:_______________________________

City/State/ZIP:_______________________________

Relationship To You:__________________________

Financial Power of Attorney. You may name one or more individuals (including your spouse) to make decisions regarding your assets if you are incapacitated. For example, if you are disabled and cannot manage your financial affairs, your "Financial Agent" would have the authority to do so.

Client 1:

Name of Initial Agent:

____

Street Address:__________________
City/State/ZIP:__________________
Relationship:____________________

Name of Backup Agent:

____

Street Address:__________________
City/State/ZIP:__________________
Relationship:____________________

Name of Backup #2 Agent:

____

Street Address:__________________
City/State/ZIP:__________________
Relationship:____________________

Client 2:

Name of Initial Agent:

____

Street Address:__________________
City/State/ZIP:__________________
Relationship:____________________

Name of Backup Agent:

____

Street Address:__________________
City/State/ZIP:__________________
Relationship:____________________

Name of Backup #2 Agent:

____

Street Address:__________________
City/State/ZIP:__________________
Relationship:____________________

Health Care Advance Directive. You may name one or more individuals (including your spouse) to make health care-related decisions on your behalf, including life-sustaining measures.

Client 1:

Name of Initial Agent:

____

Street Address:__________________
City/State/ZIP:__________________
Relationship:____________________

Name of Backup Agent:

____

Street Address:__________________
City/State/ZIP:__________________
Relationship:____________________

Client 2:

Name of Initial Agent:

____

Street Address:__________________
City/State/ZIP:__________________
Relationship:____________________

Name of Backup Agent:

____

Street Address:__________________
City/State/ZIP:__________________
Relationship:____________________