

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

EXPLANATION

The purpose of this Confidential 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 Designation of Patient Advocate. 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 Will, Trust, Power of Attorney, & Designation of Patient Advocate	<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:

- A. Attach additional sheets if necessary.
- B. Mark "N/A" by those items which are not applicable.
- C. Return to me at your earliest convenience.
- D. When describing your assets, it is assumed you are the sole owner. If any of your assets are jointly owned, indicate "J" and print the name of the joint owner.

SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)

Full Legal Name: (including middle name)	
Address:	
County:	
Home Phone:	
United States Citizen?	<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:	

CHILDREN (IF APPLICABLE)

Name	Address	Birthdate	SSN:

GRANDCHILDREN (IF APPLICABLE)

Name	Address	Parents' Names	Birthdate	SSN:

SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)		
PARENTS (IF STILL LIVING)		
Father's Name		
Father's Address		
Father's Date of Birth		
Mother's Name		
Mother's Address		
Mother's Date of Birth		
OTHER RELATIVES (IF NO SPOUSE, CHILDREN OR PARENTS)		
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
_____	_____
_____	_____
_____	_____

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

not applicable
 age of majority (18); or
 held in trust and distributed at age _____.

SECTION C. PLANNING AND DISTRIBUTION OBJECTIVES (CONTINUED)

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

Name and Address of Charities

Amount of Gift

_____	_____
_____	_____
_____	_____

5. If none of your children are living at the time of your death, do you want your estate to go to:

not applicable

SECTION D. ESTATE PLANNING DOCUMENTS

WILL

Personal Representative: Person responsible for administering your estate and probate proceedings.

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 you are deceased.

not applicable

1st Choice _____

2nd Choice _____

Conservator: Person who will manage any minor child's finances and property, until that child attains age 18, if you are deceased.

not applicable

1st Choice _____

2nd Choice _____

SECTION D. ESTATE PLANNING DOCUMENTS (CONTINUED)

TRUST

Trustee: Person or bank that will manage your assets in a trust and distribute assets after your death.

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.

1st Choice _____

2nd Choice _____

3rd Choice _____

DESIGNATION OF PATIENT ADVOCATE

Designation of Patient Advocate: Person who will make your health care decisions if you are unable to do so.

1st Choice _____

2nd Choice _____

3rd Choice _____

SECTION E. ASSETS		
BANK ACCOUNTS		
CHECKING		
Account Number	Ownership	Amount
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:	
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:	
SAVINGS		
Account Number	Ownership	Amount
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:	
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:	

SECTION E. ASSETS (CONTINUED)		
CERTIFICATES OF DEPOSIT		
Account Number	Ownership	Amount
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:	
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:	
TOTAL OF CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT:		

SAFETY DEPOSIT BOX	
Number	Location

PERSONAL PROPERTY	
AUTOMOBILES	
Make & Year	Fair Market Value
HOUSEHOLD FURNISHINGS	
Description	Fair Market Value
JEWELRY	
Description	Fair Market Value
COLLECTIONS (ART, ETC.)	
Description	Fair Market Value
OTHER (DESCRIBE)	
Description	Fair Market Value
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"/> Sole Owner <input type="checkbox"/> Joint with:			
Date of Acquisition			Cost	
Current Market Value		Amount of Debt	Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____			
PARCEL NO. 2				
Address				
Legal Description	Please attach a copy of deed and other instrument of title			
Ownership	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:			
Date of Acquisition			Cost	
Current Market Value		Amount of Debt	Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____			
PARCEL NO. 3				
Address				
Legal Description	Please attach a copy of deed and other instrument of title			
Ownership	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:			
Date of Acquisition			Cost	
Current Market Value		Amount of Debt	Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____			

SECTION E. ASSETS (CONTINUED)

INVESTMENTS

STOCKS AND MUTUAL FUNDS

Company	Ownership	No. of Shares	Cost	Date Acquired	Fair Market Value
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:				
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:				
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:				
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:				
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:				
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:				
TOTAL OF STOCKS AND MUTUAL FUNDS:					

BONDS AND TREASURY NOTES

Type	Ownership	No. of Shares	Cost	Date Acquired	Fair Market Value
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:				
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:				
	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint with:				
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:	
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)	

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	

SECTION E. ASSETS (CONTINUED)	
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 Information
Company	
Policy No.	
Type	
Insured	
Owner	
Beneficiary	
Contingent Beneficiary	
Cash Value	
Death Benefit	
Amount of Loan	
Employee's Contribution	
OWNED BY CLIENT	
	Policy Information
Company	
Policy No.	
Type	
Insured	
Owner	
Beneficiary	
Contingent Beneficiary	
Face Value	
Amount of Loan	
Employee's Contribution	

SECTION E. ASSETS (CONTINUED)

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