

Estate Planning Questionnaire

INSTRUCTIONS:

In order to properly advise you in planning your estate and drafting your will and related documents I need to have a wide range of information about you and your family. Some of this information will be incorporated directly into your will. Some of it will not actually be used in the will, but will be helpful as we discuss your estate planning goals and objectives. All of the information you provide will be kept in the strictest confidence. I will not discuss this information with anyone but you, unless you request me to do so. If, in my opinion, it becomes necessary for me to discuss this information with other professionals (i.e.: accountants, tax attorneys), I will obtain your permission to do so *before* any contact with those professionals is made.

Please complete all of the applicable portions of the attached pages. If a question does not apply to you, simply write n/a and go on to the next question. You need not type your answers to questions, but please write legibly. It is especially important that names be spelled correctly and that all information provided is accurate.

Thank you for your assistance.

DATE: _____

NAME: _____

ARE YOU KNOWN BY ANY OTHER NAME YES NO

IF YES, WHAT OTHER NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ SOCIAL SECURITY NO. _____

CELL PHONE: _____ EMAIL ADDRESS _____

OCCUPATION: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ IS IT OK TO CALL YOU AT WORK? _____

DATE OF BIRTH: _____ ARE YOU A U. S. CITIZEN? _____

PLACE OF BIRTH: _____

ARE YOU ADOPTED? YES NO DATE OF ADOPTION: _____

PLACE OF ADOPTION: _____

DO YOU HAVE ANY TERMINAL OR UNUSUAL HEALTH PROBLEMS? _____

PLEASE DESCRIBE: _____

EDUCATION: _____

HAVE YOU SERVED IN THE MILITARY? _____ HOW LONG? _____

FINAL (CURRENT) RANK AND SERIAL NO.: _____

ARE YOU IN A RELATIONSHIP? YES NO ARE YOU MARRIED? YES NO

DATE OF MARRIAGE: _____ WHERE MARRIED: _____

CURRENT PARTNER OR SPOUSE: _____

HAVE YOU EVER BEEN MARRIED? YES NO HOW MANY TIMES? _____

FORMER SPOUSE: _____

FORMER SPOUSE'S ADDRESS: _____

DATE OF PRIOR MARRIAGE: _____ DATE OF DIVORCE: _____

PLACE OF PRIOR MARRIAGE: _____

PLACE OF DIVORCE: _____

ANY FINANCIAL RESPONSIBILITIES TO FORMER SPOUSE: _____

IF THERE ARE ADDITIONAL FORMER SPOUSES, PLEASE USE ADDITIONAL PAPER AND INDICATE THE NAMES AND CURRENT ADDRESS OF EACH SPOUSE. ALSO INDICATE DATE AND PLACE OF MARRIAGE AND DATE AND PLACE OF DIVORCE. IF A FORMER SPOUSE IS DECEASED, PLEASE GIVE DATE AND PLACE OF DEATH.

Please complete the following for all your children, whether living or deceased:

	CHILD 1	CHILD 2
NAME	_____	_____
NICKNAME	_____	_____
DATE OF BIRTH	_____	_____
CURRENT ADDRESS	_____ _____	_____ _____
OTHER PARENT	_____	_____
PLACE OF BIRTH	_____	_____
PLACE OF ADOPTION	_____	_____
OCCUPATION	_____	_____
SOCIAL SEC. NO.	_____	_____
HEALTH PROBLEMS	_____ _____	_____ _____
EDUCATIONAL GOAL	_____	_____
SPOUSE	_____	_____
MARRIAGE DATE	_____	_____
SPOUSE'S OCCUPATION	_____	_____
CHILD'S CHILDREN	_____	_____
List name and birth date	_____ _____	_____ _____

CHILD 3

CHILD 4

NAME	_____	_____
NICKNAME	_____	_____
DATE OF BIRTH	_____	_____
CURRENT ADDRESS	_____	_____
	_____	_____
OTHER PARENT	_____	_____
PLACE OF BIRTH	_____	_____
PLACE OF ADOPTION	_____	_____
OCCUPATION	_____	_____
SOCIAL SEC. NO.	_____	_____
HEALTH PROBLEMS	_____	_____
	_____	_____
EDUCATIONAL GOAL	_____	_____
SPOUSE	_____	_____
MARRIAGE DATE	_____	_____
SPOUSE'S OCCUPATION	_____	_____
CHILD'S CHILDREN	_____	_____
List name and birth date	_____	_____
	_____	_____

IS YOUR RELATIONSHIP WITH YOUR CHILDREN GOOD? YES NO

IF NO, WHICH CHILDREN DO YOU NOT GET ALONG WITH? _____

IS YOUR RELATIONSHIP WITH YOUR CHILDREN'S SPOUSES GOOD? YES NO

IF NO, WHICH SPOUSES DO YOU NOT GET ALONG WITH? _____

IS YOUR RELATIONSHIP WITH YOUR GRANDCHILDREN GOOD? YES NO

IF NO, WHICH GRANDCHILDREN DO YOU NOT GET ALONG WITH? _____

IF ANY OF YOUR CHILDREN ARE MINORS, WHO WOULD YOU LIKE TO DESIGNATE AS
GUARDIAN FOR THEM IN THE EVENT OF YOUR DEATH? _____

WHAT IS THE PERSON'S ADDRESS? _____

_____ PHONE NUMBER? _____

DO YOU WANT TO DESIGNATE AN ALTERNATE GUARDIAN? YES NO

IF YES, WHAT IS THAT PERSON'S NAME? _____

WHAT IS THE PERSON'S ADDRESS? _____

_____ PHONE NUMBER? _____

IF ANY OF YOUR CHILDREN ARE MINORS, DO YOU WANT TO APPOINT A CONSERVATOR
TO MANAGE THEIR FINANCES? YES NO

IF YES, WHAT IS THAT PERSON'S NAME? _____

WHAT IS THE PERSON'S ADDRESS? _____

_____ PHONE NUMBER? _____

DO YOU WANT TO DESIGNATE AN ALTERNATE CONSERVATOR? YES NO

IF YES, WHAT IS THAT PERSON'S NAME? _____

WHAT IS THE PERSON'S ADDRESS? _____

_____ PHONE NUMBER? _____

ON THIS PAGE, PLEASE LIST ALL THE LIVING MEMBERS OF YOUR FAMILY AND THEIR ADDRESSES INCLUDING: PARENTS, BROTHERS, SISTERS, NIECES, AND NEPHEWS.

ARE THERE ANY OTHER PERSONS WHO ARE DEPENDENT ON YOUR SUPPORT?

YES NO IF YES, PLEASE LIST THOSE PERSONS ON THIS PAGE BY NAME, ADDRESS, RELATIONSHIP AND CURRENT SUPPORT ARRANGEMENTS.

LOCATION OF ASSETS; IDENTITY OF ADVISERS

WHERE IS (ARE):

YOUR CHECKING ACCOUNTS (name of bank, location, account number, name on account):

YOUR SAVINGS ACCOUNTS: _____

PASS BOOKS, BANK RECORDS (where kept): _____

YOUR SAFE DEPOSIT BOX (location, in what name, who has access, where are keys stored):

YOUR PRIVATE SAFE (where located, who has access): _____

YOUR SECURITIES: _____

YOUR REAL ESTATE (where located and how owned): _____

YOUR MORTGAGE (who holds mortgage and where are records stored): _____

YOUR DEEDS TO REAL ESTATE (where stored): _____

INSURANCE POLICIES (where stored): _____

CONTRACTS AND BUSINESS RECORDS (where kept): _____

INCOME TAX RECORDS (where kept): _____

JEWELRY AND OTHER VALUABLE PERSONAL POSSESSIONS (where kept): _____

TRUST AGREEMENTS (where kept): _____

MILITARY DISCHARGE PAPERS (where kept): _____

BIRTH, ADOPTION, MARRIAGE, DIVORCE PAPERS (where kept): _____

PASSPORT, NATURALIZATION PAPERS (where kept): _____

CEMETERY PLOT (location of plot, location of deed): _____

FUNERAL ARRANGEMENTS, INSTRUCTIONS: _____

DO YOU WISH TO BE CREMATED? YES NO

INSTRUCTIONS FOR DISTRIBUTION OF SENTIMENTAL FAMILY VALUABLES (where stored):

WHO ARE YOUR ADVISORS AND WHAT ARE THEIR ADDRESSES?

PHYSICIANS: _____

CLERGY: _____

ACCOUNTANT: _____

STOCKBROKERS: _____

INVESTMENT COUNSELOR: _____

LIFE INSURANCE REPRESENTATIVE: _____

GENERAL INSURANCE REPRESENTATIVE: _____

LITERARY AND OTHER AGENTS: _____

PERSONAL SECRETARY: _____

MORTGAGE HOLDER: _____

BANKER: _____

PERSONAL ASSET INVENTORY

Please list all current assets using current market values. In accounts that vary monthly (i.e., checking accounts) an average figure is fine. If any account is held jointly with another person, indicate the name and address for that person. Also indicate the percentage of the asset contributed by the joint owner.

CHECKING ACCOUNT: value: \$ _____ Joint owner? Yes No
Joint owner: _____

SAVINGS ACCOUNT: value: \$ _____ Joint owner? Yes No
Joint owner: _____

CDS, OTHER ACCOUNTS: value: \$ _____ Joint owner? Yes No
Joint owner: _____

TRUST ACCOUNTS: value: \$ _____ Joint owner? Yes No
Joint owner: _____

STOCKS: value: \$ _____ Joint owner? Yes No
Joint owner: _____

TAX EXEMPT BONDS: value: \$ _____ Joint owner? Yes No
Joint owner: _____

TREASURY BONDS: value: \$ _____ Joint owner? Yes No
Joint owner: _____

E TYPE BONDS: value: \$ _____ Joint owner? Yes No
Joint owner: _____

OTHER BONDS: value: \$ _____ Joint owner? Yes No
Joint owner: _____

MORTGAGES, LEASES (which you own) value: \$ _____ Joint owner? Yes No
Joint owner: _____

COPYRIGHTS, TRADEMARKS PATENTS value: \$ _____ Joint owner? Yes No
Joint owner: _____

BUSINESS INTERESTS (attach brief description) value: \$ _____ Joint owner? Yes No
Joint owner: _____

EMPLOYEE BENEFITS

	<u>Value</u>		<u>Value</u>
Deferred compensation	\$ _____	Group Life Insurance	\$ _____
Post-death salary benefit	\$ _____	Stock option	\$ _____
Pension plan (indicate if contributory)	\$ _____	Profit sharing	\$ _____
		Savings plan	\$ _____

TANGIBLES

Motor vehicles	\$ _____	Boats, planes	\$ _____
Jewelry, furs	\$ _____	Works of art	\$ _____
Household effects	\$ _____	Guns, hobby equipment	\$ _____
Precious metals	\$ _____	Office contents	\$ _____

REAL ESTATE

Home (show value less mortgage)	\$ _____	Vacation home	\$ _____
		Co-op, condo	\$ _____

LIFE INSURANCE

Face value of policies on self (exclude group)	\$ _____	Face value of policies on others; who?	\$ _____
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OTHER ASSETS

Union or other death benefits	\$ _____	Taxable interest in other estates	\$ _____
Future possible inheritances	\$ _____	Other assets (describe)	\$ _____
		TOTAL ASSETS	\$ _____

ESTATE PLANNING NEEDS SURVEY

Have you ever executed a will before? Yes No If yes, where is the original of that will stored? _____

Who do you want to be executor of your estate? _____

What is that person's address? _____

Who should be alternate executor? _____

What is that person's address? _____

Have you ever executed a living will? Yes No If yes, where is the original of that living will stored? _____

Do you wish to execute a living will? Yes No

Do you want to execute a power of attorney for health care decisions? Yes No

Who do you want to make health care decisions for you? _____

