

ESTATE PLANNING QUESTIONNAIRE

In order for us to make a complete appraisal of your estate, including tax, personal and probate aspects, please complete this questionnaire as accurately as possible. If a specific question does not apply, please note "N/A."

I. FAMILY INFORMATION

A. Name: _____
Birth Date: _____ Social Security No.: _____
Home Address: _____
Occupation: _____
Business Address: _____
Telephone: Home: _____ Business: _____
Cell phone: _____ E-mail Address: _____
Place of Birth: _____ Citizenship: _____
Date of Military Service, Rank and Serial Number: _____

Comment on Health Problems, if any: _____

B. Spouse's Name: _____
Birth Date: _____ Social Security No.: _____
Occupation: _____
Business Address: _____
Telephone: Business: _____
Cell phone: _____ E-mail Address: _____
Place of Birth: _____ Citizenship: _____
Date of Military Service, Rank and Serial Number: _____

Comment on Health Problems, if any: _____

C. Children:
Children and deceased children who have issue now living. Indicate prior marriage (P) or stepchild (S) of Husband (H) or Wife (W).

1. Name: _____
Birth Date: _____ Social Security No.: _____
Home Address: _____
Adopted? ____ Yes ____ No
Stepchild? ____ Yes ____ No If "Yes," natural parent is: _____
Place of Birth: _____
Education Goal: _____
Spouse's Name: _____
Date of Marriage: _____

Is your relationship good:

- with child _____

- with child's spouse? _____

Amount of annual support provided by client and spouse: \$ _____

Are there health problems or special needs of the child? _____

2. Name: _____

Birth Date: _____ Social Security No.: _____

Home Address: _____

Adopted? Yes No

Stepchild? Yes No If "Yes," natural parent is: _____

Place of Birth: _____

Education Goal: _____

Spouse's Name: _____

Date of Marriage: _____

Is your relationship good:

- with child? _____

- with child's spouse? _____

Amount of annual support provided by client and spouse: \$ _____

Are there health problems or special needs of the child? _____

3. Name: _____

Birth Date: _____ Social Security No.: _____

Home Address: _____

Adopted? Yes No

Stepchild? Yes No If "Yes," natural parent is: _____

Place of Birth: _____

Education Goal: _____

Spouse's Name: _____

Date of Marriage: _____

Is your relationship good:

- with child? _____

- with child's spouse? _____

Amount of annual support provided by client and spouse: \$ _____

Are there health problems or special needs of the child? _____

4. Name: _____

Birth Date: _____ Social Security No.: _____

Home Address: _____
 Adopted? ____ Yes ____ No
 Stepchild? ____ Yes ____ No If "Yes," natural parent is: _____
 Place of Birth: _____
 Education Goal: _____
 Spouse's Name: _____
 Date of Marriage: _____
 Is your relationship good:
 - with child? _____
 - with child's spouse? _____
 Amount of annual support provided by client and spouse: \$ _____
 Are there health problems or special needs of the child? _____

D. Grandchildren:

NAME OF		
<u>Their Parents</u>	<u>Grandchildren</u>	<u>Age</u>
(a)	(1)	
	(2)	
	(3)	
	(4)	
(b)	(1)	
	(2)	
	(3)	
	(4)	
(c)	(1)	
	(2)	
	(3)	
	(4)	
(d)	(1)	
	(2)	

NAME OF		
<u>Their Parents</u>	<u>Grandchildren</u>	<u>Age</u>
	(3)	
	(4)	

E. Comments on health problems or special needs of grandchildren, if any:

F. Other Beneficiaries (including great-grandchildren):

<u>Name</u>	<u>Relationship</u>	<u>Amount or Type of Gift</u>

G. Parents (state age, if living):

Husband's: Father _____ Mother _____

Wife's: Father _____ Mother _____

H. Comment on support provided to parents, if any:

I. Date and Place of Marriage: _____

J. While married to each other, have you lived in Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Puerto Rico, Texas, Wisconsin, Washington, or other community property jurisdictions? If so, please

list the state and period lived in the state, and property acquired while a resident of the state. (Furnish details on back of this page if additional space is needed.) _____

K. Prior Marriage? If yes, do you have financial responsibilities? Husband Wife
 (Furnish details on back of this page) _____ _____
_____ _____

II. FINANCIAL DATA (USE APPROXIMATE VALUES)

Bank/Savings Accounts:

<u>Bank</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>

Total \$ _____ \$ _____ \$ _____

Bonds:

Description	Husband		Wife		Joint	
	Face Value @ Maturity	Current	Face Value @ Maturity	Current	Face Value @ Maturity	Current

Total \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Stocks and Mutual Fund Shares

<u>Company & Description</u>	<u># Shares</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>

Total \$ _____ \$ _____ \$ _____

Notes, Mortgages & Accounts Receivable

Indicate if owned by Husband (H) or Wife (W)

<u>Description</u>	<u>Balance</u>	<u>Face Value</u>	<u>Terms of Payment</u>	<u>Names of Person Who Owes You</u>

Total \$ _____ \$ _____

Real Estate: (List all real property including condominiums and co-ops. List farmland in Section III, page 11.)

<u>Description</u>	<u>Encumbrance</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>

Total \$ _____ \$ _____ \$ _____ \$ _____

Tangible Property:

	Husband	Wife	Joint
1. Cars/Motor Vehicles			
2. Personal Effects, Jewelry			
3. Collections, Art, Etc.			
4. Household Effects			
5. Other: (Describe)			

Total \$ _____ \$ _____ \$ _____

Employee Benefits:

	Husband	Wife
1. Qualified Employer Pension or Profit Sharing		
2. IRA's		
3. Post-Death Salary Continuation		
4. Stock Options		
5. Other: (Describe)		

Total \$ _____ \$ _____

Oil and Gas Interests:

<u>Description</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>

Total \$_____ \$_____ \$_____

Business Interests: (Complete itemized schedule attached to questionnaire)

<u>Description</u>	<u>Husband</u>	<u>Wife</u>
Schedule #		
Schedule #		

Total \$_____ \$_____

Life Insurance: (Complete itemized schedule attached to questionnaire)

<u>Description</u>	<u>Husband</u>	<u>Wife</u>
Schedule #		
Schedule #		

Total \$_____ \$_____

Other Assets:

<u>Description</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. Taxable Interests in self-created trusts			
2. Powers of Appointment			
3. Expectancies (Describe)			
4. Investment Club Interest			
5. Copyrights, Trademarks, Patents, Franchises			

<u>Description</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
6. Foreign Assets			
7. Taxable Beneficial Interests in estates and trusts created by others			
8. Incentive Stock Options			
9. Stock Appreciation Rights			
10. Other: (Describe)			

Total \$ _____ \$ _____ \$ _____

Liabilities: (not previously listed)

<u>Creditor</u>	<u>Secured By</u>	<u>Due Date</u>	<u>Repayment Schedule</u>	<u>Current Balance</u>

Total \$ _____

Is your spouse or are you the guarantor on any debt, either business or personal? _____.

If so, please attach a copy of all promissory notes and other documentation relating to the guarantee.

III. ADVISERS

A. Names and Addresses of Advisers:

1. Stockbrokers: _____

2. Life Insurance Adviser: _____

- 3. General Insurance Adviser: _____

- 4. Banker and Trust Officer: _____

- 5. Investment Adviser: _____

- 6. Other Attorney: _____

- 7. Accountant: _____

IV. FARM BUSINESS INFORMATION (IF APPLICABLE)

I farm _____ acres, of which _____ acres are owned and _____ acres are farmed on land owned by _____
are: _____

My farm business is operated as a:

- _____ Sole proprietorship _____ Partnership
- _____ Regular Corporation _____ Subchapter S Corporation
- _____ Other (please specify) _____

Farm Real Estate:

<u>Description</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Other (corp. etc.)</u>

Total \$ _____ \$ _____ \$ _____ \$ _____

Personal Property:

<u>Item</u>	<u>Description</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Other</u>
Livestock					
Farm Machinery					
Crop Inventory					
Other					

Total \$ _____ \$ _____ \$ _____ \$ _____

Liabilities:

<u>Creditor</u>	<u>Secured By</u>	<u>Due Date</u>	<u>Repayment Schedule</u>	<u>Current Balance</u>

Total \$ _____

V. CLOSELY HELD BUSINESS INTERESTS (IF APPLICABLE)

(Use separate sheet for each business interest)

Name _____ Percent Owned: _____

Address _____

Type of Entity:

Regular Corporation _____ Subchapter S Corporation _____
Partnership _____ Sole Proprietorship _____
Limited Liability Company _____

Is interest jointly owned with spouse or relative? If so, list each person and interest owned.

Estimated fair market value of your interest _____

Method of arriving at value _____

Annual income of business _____

Prospects of growth _____

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?

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 _____

Please provide financial statements and tax returns for the previous two years.

VI. RECAP OF ASSETS & LIABILITIES

<u>Assets</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Bank/Savings Accounts			
Bonds (Face Value @ Maturity)			
Stocks and Mutual Fund Shares			
Notes, Mortgages & Accounts Receivable (face value)			
Real Estate			
Tangible Property			
Employee Benefits			
Oil and Gas Interests			
Business Interest			
Life Insurance			
Other Assets			
Farm Business Information:			
Real Estate			
Personal Property			

TOTAL ASSETS \$ _____ \$ _____ \$ _____

<u>Liabilities</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Real Estate			
Other Liabilities (page 9)			
Farm Business Information			

TOTAL LIABILITIES \$ _____ \$ _____ \$ _____

NET TOTAL \$ _____ \$ _____ \$ _____

VII. DOCUMENTS TO BE ATTACHED

Unless otherwise noted, please attach a copy of the following documents to this questionnaire. If they do not apply to you, please mark "N/A."

	<u>Attached or N/A</u>
1. Existing Wills of both spouses	_____
2. Gifts tax returns filed by either spouse	_____
3. Life insurance policies, or an analysis of each policy prepared by your insurance agent	_____
4. Buy/sell or redemption agreements	_____
5. Trust instruments under which either spouse is a beneficiary or trustee	_____
6. Trust instruments created by either spouse	_____
7. Personal income tax return for prior year	_____
8. Business financial statements for past five years	_____
9. Business agreements and documents regarding interests in corporations, partnerships and sole proprietorships	_____
10. Pre- or post-nuptial agreements	_____
11. Instruments creating spouses' joint tenancies or tenancies by the entirety	_____
12. Copy of deeds to real property	_____
13. Copy of stock certificates and bonds, or latest broker statement if held in street account	_____
14. Power of appointments	_____
15. Decree of Divorce (if prior marriage)	_____
16. All promissory notes and other documentation in which your spouse or you have guaranteed any debt	_____

VIII. DISTRIBUTION OBJECTIVES

A. Are there any members of your family, relatives, friends or charities to whom you would like to leave specific gifts?

<u>Name & Address</u>	<u>Relationship</u>	<u>Item or Amount</u>

B. Upon your death, how and to whom do you want your assets distributed, if:

(1) Your spouse survives you: _____

(2) Your spouse does not survive you: _____

C. In the event of death:

(1) If your spouse and you both die prematurely, should children receive property at age of majority (age 18) or should it be held to a more mature age?

(2) Is your spouse a good money manager? _____

(3) Do you want your spouse to manage your estate from an investment standpoint?

(4) To whom would your spouse look for management help? _____

(5) Is avoiding unnecessary estate taxation of great importance to you?

- (6) Do you contemplate making future gifts? _____
 Furnish details: _____

- (7) Do you wish to make bequests to your church or synagogue or to any other charitable organization? _____
 Furnish Details: _____

- (8) 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? _____
- (9) Does your spouse have employment skills? Do you expect the survivor will work?

- (10) Will your spouse live in your present home? _____
- (11) To what extent has your spouse or you utilized your unified credit exemption?

- (12) Has your spouse or you ever filed a gift tax return? If so, provide a copy.

- (13) Are you willing to make gifts to your spouse or other beneficiaries now if it will accomplish an estate tax savings? _____
- (14) Is your spouse or are you a grantor of a Trust? If so, provide a copy of the agreement.

IX. EXECUTORS/TRUSTEES/GUARDIANS/POWER OF ATTORNEY

A. Executor:

If it should be necessary to probate all or any part of your estate, who should be your executor and their successor?

<u>Name</u>	<u>Relationship</u>	<u>Address</u>

B. Corporate Executor:

If the individual executors were unable to serve, what bank would you prefer as executor?

C. Individual Trustees:

If your Will established a testamentary trust, who should be your trustee? List at least two. (Your spouse may act as trustee in certain circumstances.)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>

D. Corporate Trustee:

If the individual trustees were unable to serve, what bank or trust company would you prefer as trustee?

E. Guardians:

If your spouse and you should both be deceased, who do you wish to serve as guardian and conservator of your minor children?

<u>Name</u>	<u>Relationship</u>	<u>Address</u>

F. Bond:

If you want the Executor, Trustee, Guardian or their successors to furnish bond, specify:

G. Do you have a Durable Power of Attorney? _____

H. Do you have a Durable Power of Attorney for Health Care Decisions? _____

I. Would you like to discuss a Living Will or "right to die" statement? _____

LIFE INSURANCE ON YOU AND YOUR SPOUSE

<u>No.</u>	<u>Company Name</u>	<u>Insured</u>	<u>Face Amount</u>	<u>Policy Loans</u>	<u>Type of Policy (whole, life, term, etc.)</u>	<u>Owner</u>	<u>Value</u>	<u>Beneficiary (Primary or Second)</u>	<u>Annual Premium</u>
1.									
2.									
3.									
4.									
5.									

1. Does any corporation or partnership in which you or your spouse have an interest own insurance on either of your lives? _____
2. Do you or your spouse own insurance on any other person? _____ If so, please list above.
3. Do you have any plans to increase or decrease insurance coverage? _____ If so, please explain.
