

ESTATE PLANNING QUESTIONNAIRE

Effective estate planning requires that all relevant information concerning your personal, family and financial situation be assembled. This form has been prepared to aid you in organizing that information. If insufficient space is provided for any information, please include it on a separate sheet. If something does not apply, please note.

CONFIDENTIALITY: As is true in any communication between lawyer and client, the information reported here will be held in the strictest confidence and released to no one without your consent.

A. FAMILY INFORMATION

	You	Spouse
Full Name	_____	_____
Other Names Used	_____	_____
Home Address	_____	_____
	Street	Street
	_____	_____
	City, State Zip	City, State Zip
Social Security No.	_____	_____
Home Phone	_____	_____
Occupation/Business	_____	_____
Business Address	_____	_____
	Street	Street
	_____	_____
	City, State Zip	City, State Zip
Business Phone	_____	_____
Preferred Email	_____	_____
Date of Birth	_____	_____
Health	_____	_____
Send Mail To:	Home [] Business []	

CHILDREN

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Address (if not home)</u>
_____	_____	_____	_____
_____	_____	_____	_____

Should children born to or adopted by you after the date of the will be included? _____
Please note any adopted children, step-children, or children born out of wedlock above.

OTHER BENEFICIARIES: (Include parents, grandchildren, spouses of children, relatives or others you or your spouse might desire to benefit.)

<u>Name</u>	<u>Relationship</u>	<u>Date of birth</u> (if a minor)	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER CONSIDERATIONS: (Prior marriages, support or settlement objections, marital agreement, disabled children or beneficiaries.)

Are you or your spouse beneficiaries or trustees of any trust? _____

Do you or your spouse anticipate receiving a substantial inheritance? _____

IMPORTANT:

Prior wills—Please attach copies of all prior wills and trust agreements of you and your spouse with this checklist if convenient. Otherwise, bring them to your conference.

Insurance—Please bring all life insurance policies (or copies) and any insurance study prepared for you to the conference.

Gift Tax Returns—If you have filed any federal or state gift tax returns, please attach them to this form or bring them with you to the conference.

B. FINANCIAL INFORMATION

ESTIMATED PERSONAL BALANCE SHEET

Directions: Complete this form by supplying your estimate of the fair market value of the categories of assets and liabilities listed below. If you have a recent personal

financial statement, you may include that with the checklist and complete only those two items below marked with an asterisk. With respect to real property, attach a copy of the deed by which you took title, if it is convenient.

ASSETS

<i>How is title held?</i>	You	Spouse	Joint
Residence	_____	_____	_____
Other real property	_____	_____	_____
Bank Account and Certificates of Deposit	_____	_____	_____
Subchapter S and Other Closely-Held Stock and Partnership Interests	_____	_____	_____
Accounts Receivable, Mortgages Receivable, and Other Notes	_____	_____	_____
*Retirement Benefits, including IRA's (Please attach a copy of your summary, if available)	_____	_____	_____
Stocks, Bonds Mutual Funds	_____	_____	_____
Other Assets:			
(a) Automobiles	_____	_____	_____
(b) Art, Stamp, or Other Collections	_____	_____	_____
(c) Estimated Cash Value of Life Ins.	_____	_____	_____
(d) Miscellaneous Household Property	_____	_____	_____
(e) Other (Antiques, etc.)	_____	_____	_____
 TOTAL ASSETS (Other than Insurance)\$	_____	\$ _____	\$ _____

INSURANCE

Face Amount and Type	Company	Insured	Beneficiary	Owner
_____	_____	_____	_____	_____

LIABILITIES

	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
Real Estate Mortgages	_____	_____	_____
Loans and Other Liabilities	_____	_____	_____
TOTAL LIABILITES	_____	_____	_____
NET WORTH	_____	_____	_____

Have you ever lived in or owned real estate in Arizona [], California [], Idaho [], Louisiana [], Nevada [], New Mexico [], Texas [], or Washington []?

Names and contact information of your financial advisors:

Accountant: _____

Insurance Broker or Agent: _____

Broker/Trustee(s) or Investment/Financial Advisor(s): _____

C. ESTATE PLANNING PROVISIONS

FIDUCIARIES: Please consider which persons you would like to administer your estate and care for your minor or disabled children.

Personal Representatives:

<i>Primary</i>	<u>You</u>	<u>Spouse</u>
Name	_____	_____
Address	_____	_____
Relationship	_____	_____

<i>Successor</i>	<u>You</u>	<u>Spouse</u>
Name	_____	_____
Address	_____	_____

Relationship _____

Guardians:

Primary

Name _____

Address _____

Relationship _____

Successor

Name _____

Address _____

Relationship _____

Will your choice of guardian be affected by the marriage, divorce, remarriage or relocation of the person named?

DISPOSITION OF ESTATE: What are your general desires as to the disposition of your estate? Indicate any specific gifts of cash or items you wish to make.

Specific Gifts

Amount of Gift	Description	Name of Recipient	Relationship or Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS GIFTS: (Do not include gifts to charity or gifts of less than \$10,000)

Name of Recipient	Nature of Gift	Value	Date of Gift	Gift Tax Return Filed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: _____

Location of Gift Tax Returns, if any: _____

CHARITABLE INTERESTS: (Identify charities in which you are currently interested or which may benefit your estate.)

SPECIAL INSTRUCTIONS:

Do you wish to leave instructions regarding burial or cremation?

	You	Spouse
Do you wish to be an organ and tissue donor?	_____	_____
If yes, have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?	_____	_____

HEALTH CARE PROXY:

Agent for Health Care Proxy

Name: _____

Address: _____

Successor

Name: _____

Address: _____

POWER OF ATTORNEY:

Have you ever given a power of attorney to another? _____

If so, to whom and when? _____

Is it still in effect? _____

Power of Attorney

Name: _____

Address: _____

Alternate

Name: _____

Address: _____

Questions/Notes/Comments:
