

ESTATE PLANNING QUESTIONNAIRE FOR:

DATE:

| PERSONAL INFORMATION | | | |
|--|---------------------------------|----------------------------------|--|
| Name | | | |
| Birth date | | U.S. Citizen | |
| Principal Residence | | | |
| Any other Domicile: | | | |
| Domicile in community property states(s) (if ever): | | | |
| Birthplace: | | Social Security Number | |
| Dates of such domicile | | | |
| Community property acquired | | | |
| Business or profession | | | |
| Still: | Active <input type="checkbox"/> | Retired <input type="checkbox"/> | |
| Current marital status | Single <input type="checkbox"/> | Married <input type="checkbox"/> | Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |
| Prior Marriages (if any) | | | |
| Name of former spouse(s) | | | |
| Name and ages of children of prior marriages | | | |
| How and when prior marriage(s) ended: (if divorce, get copies of any agreements and decrees) | | | |
| Principal bank(s) | | | |
| Personal Trust officer | | | |
| Location of safe deposit box(es) | | | |
| Accountant | | | |
| Investment advisor | | | |
| Insurance advisor | | | |

| SPOUSE | | | |
|--|--|--------------|--|
| Name | | | |
| Date and place of birth | | U.S. Citizen | |
| Social Security Number | | | |
| Date and place of marriage | | | |
| Legally separated | | | |
| When and where | | | |
| Residence (if different from estate owner's) | | | |
| Business or profession | | | |

CHILDREN AND GRANDCHILDREN

(Designate which children or grandchildren, if any, are adopted, are stepchildren or are children of a prior marriage)

| Name | Birth date | Relationship | Domicile | Name of Spouse |
|------|------------|--------------|----------|----------------|
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WHO WILL BENEFIT UNDER WILL

| Name | Address | Age | Status (e.g. child, friend, employee) |
|------|---------|-----|---------------------------------------|
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FIDUCIARIES

| Executor(s) | |
|-------------------------------|--|
| Name | |
| Address | |
| Successor(s) | |
| Name | |
| Address | |
| Trustee(s) | |
| Name | |
| Address | |
| Successor(s) | |
| Name | |
| Address | |
| Children's Guardian(s) | |
| Name | |
| Address | |
| Successor(s) | |
| Name | |
| Address | |

GIFTS MADE DURING LIFE
(obtain copies of instruments of transfer and gift tax returns)

| | |
|--|--|
| Donee | |
| Date of Gift | |
| Type of property given | |
| Date of gift value | |
| Outright or trust gift | |
| Was gift split with spouse? If yes, who paid gift tax? | |

FINANCIAL INFORMATION

A. REAL ESTATE (including condominium, apartment)

| Date | Cost | Current Mortgages | Net Current | Date Purchased | Improvements | Value |
|-------------------------|------|-------------------|-------------|----------------|--------------|-------|
| Description or Address: | | | | | | |
| | | | | | | |
| Description or Address: | | | | | | |
| | | | | | | |
| Description or Address: | | | | | | |
| | | | | | | |
| Description or Address: | | | | | | |
| | | | | | | |
| Description or Address: | | | | | | |
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B. STOCKS AND BONDS

| Name | Type of Business | Date Acquired | Original Cost | # of Shares | Current Market Value |
|----------|------------------|---------------|---------------|-------------|----------------------|
| Address: | | | | | |
| | | | | | |
| Address: | | | | | |
| | | | | | |
| Address: | | | | | |
| | | | | | |
| Address: | | | | | |
| | | | | | |
| Address: | | | | | |

C. U.S. government bonds (e.g., Series "E" or "EE" bonds)

| Payable on Death to | Face Value | Issue Date | Current Value |
|---------------------|------------|------------|---------------|
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FINANCIAL INFORMATION

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D. CASH

| Name & Address Of Bank | Account Number | Checking or Savings | Trust Account Beneficiary |
|---------------------------|----------------|---------------------|---------------------------|
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E. MORTGAGES AND PROMISSORY NOTES

| Name of Mortgagor or Creditor | Unpaid Face Value | Repayment Balance | Interest Terms Rate |
|----------------------------------|-------------------|-------------------|---------------------|
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F. LIFE INSURANCE

| Company | Policy Number | Name of Insured | Current Beneficiary | Date |
|------------------------|------------------|-------------------|---------------------|------|
| | | | | |
| Face Amount of Policy: | | Death/Loan Value: | | |
| | | | | |
| Face Amount of Policy: | | Death/Loan Value: | | |
| | | | | |
| Face Amount of Policy: | | Death/Loan Value: | | |
| | | | | |
| Face Amount of Policy: | | Death/Loan Value: | | |
| | | | | |
| Face Amount of Policy: | | Death/Loan Value: | | |
| | | | | |

G. GENERAL POWERS OF APPOINTMENT

| Instrument conferring Power created | Date power subject to power | Value of property |
|-------------------------------------|-----------------------------|-------------------|
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FINANCIAL INFORMATION

H. ANNUITIES AND DEATH BENEFITS (Include Keogh plans and IRAs) (get copies of contracts, plans, etc.)

| Annuity or Lump sum Type of Plan | Estate Designated Payment | Owner's Beneficiary | Approx. Contribution | Value |
|-------------------------------------|------------------------------|------------------------|-------------------------|-------|
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| ASSETS: DESCRIPTION OF ALL ASSETS (To avoid confusion at a later date, describe each item as clearly as possible.) | Current Fair Market Value |
|---|----------------------------------|
| <input type="checkbox"/> Cash (on hand) | |
| <input type="checkbox"/> Cash (in banks/credit unions)(From List Above) | |
| <input type="checkbox"/> Other Cash: | |
| <input type="checkbox"/> Stocks/Bonds (From List Above) | |
| <input type="checkbox"/> Other Stocks and Bonds | |
| <input type="checkbox"/> Notes (money owed to you in writing) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Money owed to you (not evidenced by a note) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Real estate: (From List Above) | |
| <input type="checkbox"/> (Other) | |
| <input type="checkbox"/> Business Interests | |
| <input type="checkbox"/> Automobiles | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Boats | |
| <input type="checkbox"/> Other vehicles | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.) | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Furniture & furnishings in home | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Furniture & furnishings elsewhere | |
| <input type="checkbox"/> | |

| ASSETS: DESCRIPTION OF ALL ASSETS (To avoid confusion at a later date, describe each item as clearly as possible.) | | Current Fair Market Value |
|---|--|----------------------------------|
| <input type="checkbox"/> Collectibles | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Jewelry | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Life insurance (cash surrender value) | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Other assets | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Total Assets | | |

| LIABILITIES AND (To avoid confusion at a later date, describe each item as clearly as possible.) | Monthly Payment | Current Amount Owed |
|--|------------------------|----------------------------|
| <input type="checkbox"/> Mortgages on real estate: (Home) | | |
| <input type="checkbox"/> (Other) | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Charge/credit card accounts | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Auto loan | | |
| <input type="checkbox"/> Auto loan | | |
| <input type="checkbox"/> Bank/credit union loans | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Money you owe (not evidenced by a note) | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Judgments | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> Other | | |

| LIABILITIES AND (To avoid confusion at a later date, describe each item as clearly as possible.) | Monthly Payment | Current Amount Owed |
|--|------------------------|----------------------------|
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Total Debts and Liabilities | | |
| Summary of Assets and Liabilities | | |
| Total Assets | | |
| Less Total Liabilities | | |
| Net Worth | | |

| Retirement Accounts | Account Number | Current Fair Market Value |
|----------------------------|-----------------------|----------------------------------|
| Husband Accounts: | | |
| | | |
| | | |
| Wife Accounts: | | |
| | | |
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| Income of Husband (Monthly) | Monthly | Yearly |
|---|----------------|---------------|
| <input type="checkbox"/> Salary | | |
| <input type="checkbox"/> Dividends | | |
| <input type="checkbox"/> Rental Income | | |
| <input type="checkbox"/> Notes Receivable | | |
| <input type="checkbox"/> Bonuses | | |
| <input type="checkbox"/> Business | | |
| <input type="checkbox"/> Other | | |
| Total Income | | |

| Income of Wife | Monthly | Yearly |
|---|----------------|---------------|
| <input type="checkbox"/> Salary | | |
| <input type="checkbox"/> Dividends | | |
| <input type="checkbox"/> Rental Income | | |
| <input type="checkbox"/> Notes Receivable | | |
| <input type="checkbox"/> Business | | |
| <input type="checkbox"/> Bonuses | | |
| <input type="checkbox"/> Other | | |
| Total Income | | |

Addendum
(For Additional Information)