



ESTATE and FINANCIAL PLANNING FACT QUESTIONNAIRE

Strictly Confidential

I. PERSONAL DATA:

Home Telephone: _____
Husband's Work: _____ Pager _____
Wife's Work: _____ Fax _____
e-mail: _____ Mobile _____

Residence:

Street Address: _____
City: _____ State: _____ Zip: _____

Husband & Wife:

Husband's Full Name: _____
Social Sec. No.: _____
Employer: _____
Position: _____
Date of Birth: _____ Place of Birth: _____
U.S. Citizen?: _____ If Not, what Country: _____
Marriage Date: _____
Previous marriages (list names of former spouse and children; provide copy of Divorce Decree):

Military Service: _____

Wife's Full Name: _____
Social Sec. No.: _____
Employer: _____
Position: _____
Date of Birth: _____ Place of Birth: _____
U.S. Citizen?: _____ If Not, what Country: _____
Marriage Date: _____
Previous marriages (list names of former spouse and children; provide copy of Divorce Decree):

Military Service: _____



Your Children:

Child's Name _____ Date of Birth: _____
Address: _____
City State Zip: _____
Occupation: _____
Spouse's Name: _____
Grandchildren (Names & Ages): _____

Child's Name _____ Date of Birth: _____
Address: _____
City State Zip: _____
Occupation: _____
Spouse's Name: _____
Grandchildren (Names & Ages): _____

Child's Name _____ Date of Birth: _____
Address: _____
City State Zip: _____
Occupation: _____
Spouse's Name: _____
Grandchildren (Names & Ages): _____

Child's Name _____ Date of Birth: _____
Address: _____
City State Zip: _____
Occupation: _____
Spouse's Name: _____
Grandchildren (Names & Ages): _____

(Please list any additional children on back of sheet)

Is there a physical possibility of more children? _____
Are any children adopted? _____
Are any children handicapped or in poor health? _____
Are any children deceased? _____ If so, make sure to list any grandchildren
of deceased children: _____



Husband's Parents

Father

Mother

Name: _____

Name: _____

Address: _____

Address: _____

Age: _____

Age: _____

Health: _____

Health: _____

Financially Independent? _____

Financially Independent? _____

Expected Inheritance: _____

Expected Inheritance: _____

Wife's Parents

Father

Mother

Name: _____

Name: _____

Address: _____

Address: _____

Age: _____

Age: _____

Health: _____

Health: _____

Financially Independent? _____

Financially Independent? _____

Expected Inheritance: _____

Expected Inheritance: _____

II. FINANCIAL DATA:

Accountant or Tax Preparer (and/or Financial Planner - if any)

Tax Preparer: _____ Phone: _____

Stockbroker: _____ Phone: _____

Financial Planner _____ Phone: _____

Life Insurance Agent: _____ Phone: _____

Real Estate Owned:

Address

Form of Ownership

Value (\$)

<u>Address</u>	<u>Form of Ownership</u>	<u>Value (\$)</u>
_____	_____	_____
_____	_____	_____

*** Note: If you are a property owner, please bring in copies of deed(s), title insurance and/or recent tax bills to our first meeting



Stocks, Bonds, Mutual Funds, etc.:

<u>Name</u>	<u># of Shares</u>	<u>Type Joint/Indv./etc.</u>	<u>Value (\$)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Accounts:

<u>Name</u>	<u>Type of Account</u>	<u>Ownership Joint/Indv./etc.</u>	<u>Value (\$)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Interests:

<u>Name</u>	<u>Type</u>	<u>Joint/Indv..</u>	<u>Value (\$)</u>
_____	_____	_____	_____
_____	_____	_____	_____

*Type Code: C-Corporation P-Partnership
 S-S Corporation LLC Limited Liability Company
 SP-Sole Proprietorship

<u>Collectibles/Art (Please Describe)</u>	<u>Value (\$)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Please describe any Retirement Plan, IRA's or Profit Sharing Plans:

Value (\$)

_____	_____
_____	_____
_____	_____
_____	_____

Life Insurance and/or Annuities (List company & Type)

Value (\$)

_____	_____
_____	_____
_____	_____
_____	_____

Do you have Long-Term Care and/or Nursing Home Insurance?

Yes No

Estimated Gross Estate: (Please attach a financial statement, if available)

Husband Only	Wife Only	Joint Total
\$ _____	\$ _____	\$ _____

III. DISPOSITION PLAN:

Specific Bequests and Instructions for Personal Property:

Please list the items of personal property (such as jewelry, furniture art work, etc.) and the beneficiary of such property (if any).

<u>Item</u>	<u>Beneficiary</u>
_____	_____
_____	_____
_____	_____
_____	_____



Charitable Contributions:

If there a charitable organization you would like to benefit as part of your estate plan?

Yes No

If yes, What property or amount and to whom?

Residue: (The Balance of Your Estate)

If you are married, do you want all of your estate to go to your spouse if he/she survives you?

Yes No

If not, who else do you want to receive your estate?

If your spouse does not survive you or if you are single, how would you like your estate distributed?

Trust Arrangements:

Do you want the trust funds to be held in one common fund until your youngest child has the opportunity to obtain a college education?

Yes No

Do you want your children to receive their share at a particular age?

Yes No

If yes, What age? _____



Do you want all of the shares to be disbursed at one time, or a percentage distributed at a particular age(s)?

Yes, disburse all at one time: _____.

No, disburse _____ % at the following ages: _____, _____, _____, _____.

Do your grandchildren take his or her parent's share if your child dies before you?

Yes

No

Family Disaster:

If all of the beneficiaries named so far die before you, who should receive your estate?

Parents: _____

Brother and/or Sisters: _____

Other Individuals: _____

According to Interstate Laws: _____

Charitable Organizations: _____

Special Provisions for Pet(s):

If you own pets, have you made arrangements for their continued care when you die? Assuming they survive)

Yes

No

Pet(s) Name: _____

Veterinarian's Name: _____

Address: _____

Custodial Arrangement (who will take them): _____

Special Instructions: _____

Christian or other Religious Preamble:

Some clients like to introduce their wills and trusts with a Christian or other religious or spiritual preamble. Let us know your preference:

_____ Please send along drafts of your preambles. I (we) may then select one.

_____ I (we) would like to design our own preamble. Please send samples.

_____ I (we) do not want a religious or other preamble.



IV. FIDUCIARY CHOICES:

Choice of personal representative: (The personal representative is responsible for administration of the **probate** estate, if any.)

First choice: _____

Relationship: _____

Address, if not previously stated: _____

Second choice: _____

Relationship: _____

Address, if not previously stated: _____

Third choice: _____

Relationship: _____

Address, if not previously stated: _____

Choice of Trustee (if applicable):

(The trustee is responsible for managing assets held in trust for the benefit of specified beneficiaries.)

Initial Trustee: _____

Initial Co-Trustee (if any): _____

Successor Trustee: _____

Contingent Successor Trustee: _____

Sole Trustee: _____

Other and/or Bank or Institutional Trustee: _____

Choice of Guardian and Conservator of Minor Children: (The guardian and conservator are responsible for the physical and financial care of your children under the age of 18 if you die.)

First Choice:

Full Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Second Choice:

Full Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

V. POWER OF ATTORNEY

Medical Durable Power of Attorney: (Formerly “Living Will Declaration”) (Basically, if you would want to be taken off of life support systems, check Yes)

Yes No

First Patient Advocate: _____

Address, if not previously stated: _____

Alternate Patient Advocate: _____

Address, if not previously stated: _____

General Durable Power of Attorney:

(Allows your designee to step into your shoes and handle your day-to-day affairs.)

Husband: Yes No

First Power Holder: _____

Second Power Holder: _____

Third Power Holder: _____

Wife: Yes No

First Power Holder: _____

Second Power Holder: _____

Third Power Holder: _____

Funeral Arrangements:

Cemetery Choice: Husband: _____

Wife: _____

Cremation? Yes No

Organ Donation? Yes No

Special Funeral Instructions:



Pass Along the Information:

1. Do you have other family members who could benefit by planning their estate(s) now?

Yes

No

Maybe

2. If so, should we send them some “no obligation” information?

Name: _____

Home Address: _____

CONFIDENTIALITY AND DISCLAIMER

The information you have provided in this confidential estate planning fact questionnaire is subject to the attorney-client privilege and your attorney will not reveal this information to anyone without your express approval. In addition, the advice and recommendations of your attorney are based primarily upon the information you have provided on this form. Failure on your part to complete any part of this form (especially Section II - Financial data), could result in planning which could have detrimental estate income tax implications. Please be as complete as possible so we can do the most complete job possible.

I (we) have read the above statement and understand it

Client (Husband) _____

Client (Wife) _____