

Figure 25-1

I. GENERAL INFORMATION

	You	Your Spouse
Name	_____	_____
Alias	_____	_____
Occupation	_____	_____
Employer	_____	_____
Date & Place of Birth	_____	_____
Home Address	_____ _____	
Home Telephone	_____	
Business Telephone	_____	_____
Social Security No.	_____	_____
Date & Place of Marriage	_____	
Length of Residence in this State	_____	_____
Prior Residences (states) During Marriage	_____	
Prior Marriages	_____ (Attach a copy of decree of dissolution and other documents regarding property settlement and custody of children.)	
Describe any agreement between spouses regarding property (ante-nuptial or post-nuptial agreements.)	_____ _____ (Attach a copy of any written agreement.)	
Citizenship	_____	_____

II. CHILDREN

1.

2.

Name

Date & Place of Birth

Age

Social Security No.

Home Address

Occupation

Name of Spouse

Name & Ages of Children

Special Needs of this Child

Note if adopted, divorced
or separated

3.

4.

Name

Date & Place of Birth

Age

Social Security No.

Home Address

Occupation

Name of Spouse

Name & Ages of Children

Special Needs of this Child

Note if adopted, divorced
or separated

III. PARENTS, BROTHERS, AND SISTERS

1. Parents

	You	Your Spouse
Name	_____	_____
Address	_____ _____	_____ _____
Health	M_____F_____	M_____F_____
Age (if deceased, please indicate date of death)	M_____F_____	M_____F_____
Estimated size of estate	M_____F_____	M_____F_____

2. Brothers and Sisters

	You	Your Spouse
Name and ages (or dates of death)	_____ _____ _____ _____	_____ _____ _____ _____

3. Are any persons other than minor children dependent on either you or your spouse? If so, describe relationship and degree of dependency.

IV. GIFTS AND INHERITANCES

1. Describe the date and amount of any large gifts that have been made to you or your spouse (i.e. \$3,000 prior to 1982 or \$10,000 after 1981).

2. Describe any inheritance that you or your spouse have received from any person.

3. Describe any gifts or inheritances that you or your spouse anticipates receiving from any person.

4. Describe any large gifts that you or your spouse have made to any person in any one year.

(Please attach a copy of any state or federal gift tax returns filed by you or your spouse.)

5. Describe any large gifts that you or your spouse expect to make to any person in any one year.

6. Attach a copy of any trust under which you or your spouse are a beneficiary or holds any power of appointment.

7. Attach a copy of any will or trust agreement that has been executed by you or your spouse.

V. ASSETS & LIABILITIES

ASSETS	<u>Your Name</u>	<u>Spouse's Name</u>	<u>Joint Names</u>
Residences:	\$ _____	\$ _____	\$ _____
Other Real Estate:	_____	_____	_____
[Name State]	_____	_____	_____
Non-[Name State]	_____	_____	_____
Cash & Equivalents:			
Checking Account(s)	_____	_____	_____
Savings Account(s)	_____	_____	_____
CD's & Money Market	_____	_____	_____
Marketable Securities:			
Stocks	_____	_____	_____
Taxable Bonds	_____	_____	_____
Tax-Exempt Bonds	_____	_____	_____
Mutual Funds	_____	_____	_____
Tax Shelters	_____	_____	_____
Life Insurance (Part VI):	_____	_____	_____
Annuities (Part VII):	_____	_____	_____
Business Interests (Part VIII):	_____	_____	_____
Retirement Plans:			
Pension/Profit sharing	_____	_____	_____
IRA's	_____	_____	_____
Personal Property:	_____	_____	_____
Collections of value	_____	_____	_____
TOTAL ASSETS:	_____	_____	_____

LIABILITIES

Residences:	<u>Your Name</u>	<u>Spouse's Name</u>	<u>Joint Names</u>
Primary mortgage	\$ _____	\$ _____	\$ _____
Second mortgage	_____	_____	_____
Other Real Estate Mortgages:	_____	_____	_____
Personal Loans:	_____	_____	_____
Income Taxes:	_____	_____	_____
Other Debts:	_____	_____	_____
TOTAL LIABILITIES:	\$ _____	\$ _____	\$ _____
NET WORTH: (Assets minus Liabilities)	\$ _____	\$ _____	\$ _____

VI. LIFE INSURANCE INFORMATION

<u>Company</u>	<u>Type</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

VII. ANNUITIES

<u>Issuing Company</u>	<u>Contract No</u>	<u>First Payment Date</u>	<u>Schedule of Payments and Amount</u>	<u>Payee</u>	<u>Beneficiary in case of Payee's Death</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VIII. BUSINESS INTERESTS

Name of Business: _____ Phone _____

Address: _____

Nature of Business: _____

Kind of Entity:
(Check One)

Sole Proprietorship: _____ Partnership: _____

Corporation: _____ Limited Liability Company _____

* S Corporation: _____

Other (explain): _____

*It is important for us to know if your business is an S Corporation because only special types of trusts can be shareholders of S corporation stock.

Percentage of interest owned by you: _____ By your spouse: _____

Children involved in business: _____

Percentage owned by child (each): _____

Tax basis: _____ Book Value: _____

Your estimate of present value of entire business: _____

IX. DISPOSITIVE OBJECTIVES

1. Please list as completely as possible, any specific property you wish to give to a particular person at your death:

Item

Beneficiary

a. _____

b. _____

c. _____

d. _____

2. Are there any members of your family with special needs and/or problems?

3. Are there any special charitable provisions you wish to make?

4. Whom do you wish to name as Guardian of your minor children?

First Choice:

Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

Second Choice:

Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

5. Whom do you wish to name as Executor of your estate?

First Choice:

Spouse's First Choice:

Name: _____

Address: _____

Relationship: _____

Second Choice:

Spouse's Second Choice:

Name: _____

Address: _____

Relationship: _____

X. ADVISORS

Please list the names, addresses, and telephone numbers of other persons who serve as advisors to you or your spouse.

You

Spouse

Other lawyers

Stockbroker

Investment Counselor

Life Insurance

Accountant

Real Estate Advisors

Physician

Dentist

Minister, priest, rabbi, or other
religious counselor

XI. ADDITIONAL INFORMATION

Please attach copies of the following documents, if applicable:

1. Current Wills.
2. Current Trust Agreements.
3. Any trusts of which you are a beneficiary.
4. Pre/Post Nuptial Agreements.
5. Divorce Decrees and/or Settlement Agreements.
6. Copies of any gift tax returns filed.
7. Buy/Sell Agreements.
8. Partnership Agreements.
9. Limited Liability Company Operating Agreements.
10. Pension/Profit-Sharing Plans or summaries.
11. Copies of deeds and recent property tax invoices to real estate.

Any additional comments, thoughts or questions?

I understand and anticipate that in making recommendations to me and drafting documents for me, you will be relying on the information in this Estate Planning Questionnaire. I have completed the Questionnaire myself or have provided the information for this purpose.

Your signature: _____ Date: _____

Spouse's signature: _____ Date: _____