

ESTATE PLANNING QUESTIONNAIRE FOR PERSONAL AND FINANCIAL INFORMATION

Date Prepared: ____/____/0____

I. FAMILY FACTS

Is Husband a U.S. Citizen? Yes ____ No ____

Is Wife a U.S. Citizen? Yes ____ No ____

A. Husband Name: _____

Birth Date: _____

Soc. Sec. No.: _____

Birth Place: _____

Wife Name: _____

Birth Date: _____

Soc. Sec. No.: _____

Birth Place: _____

B. Home Address: _____

Telephone Numbers: Home: _____ Office: _____

Business Address: _____

C. Date of Marriage: _____

Prior Marriages? Yes ____ No ____

D. Previous Names (Prior marriages): _____

How marriage(s) ended: _____

E. Children (Natural or adopted):

Name	Birth Date	Address/Phone No.
1.	/ /	
2.	/ /	
3.	/ /	
4.	/ /	
5.	/ /	
6.	/ /	

F. Stepchildren:

Name/Parent	Birth Date	Address/Phone No.
1.	/ /	
2.	/ /	
3.	/ /	
4.	/ /	

G. Grandchildren:

Name/Parent	Birth Date	Address/Phone No.
1.	/ /	
2.	/ /	
3.	/ /	
4.	/ /	

H. Other dependents? If yes, please attach a separate sheet with the information requested above, specifying relationship.

II. REAL PROPERTY

For each piece of property you own, please list the following information. ***PLEASE SUPPLY A COPY OF THE DEED BY WHICH YOU ACQUIRED EACH PIECE OF PROPERTY AND INCLUDE THE ASSESSOR'S PARCEL NUMBER IF KNOWN.***

Address	Date Acquired	Purchase Price	Current Value	Liens	How is Title Held?
	/				
	/				
	/				
	/				

V. IRA/RETIREMENT PLAN ASSETS

For any Individual Retirement Accounts or other retirement plans, please list the following information. ***PLEASE BRING COPIES OF THE LAST ACCOUNT STATEMENT AND CURRENT BENEFICIARY DESIGNATION FOR EACH WITH YOU.***

Name and Address of Account Custodian	Approximate Value	Account Number	Owner

VI. LIFE INSURANCE

For each life insurance policy you own, please list the following information. ***PLEASE BRING A COPY OF EACH POLICY.***

Company Name	Policy No.	Insured	Owner/Beneficiary	Face Amount

PLEASE LIST THE NAME OF YOUR INSURANCE AGENT ON THE ABOVE POLICIES: _____

VII. OTHER INVESTMENTS

Please list any other investment assets which are not otherwise scheduled. (Eg. Limited partnerships, businesses operated as a sole proprietor, time shares, oil and mineral rights, etc.) ***PLEASE BRING COPY OF ANY IDENTIFYING DOCUMENT.***

Description	Date of Acquisition	Estimated Value

VIII. BANK ACCOUNTS

Please list all bank accounts not otherwise scheduled. ***(PLEASE PROVIDE COPY OF LAST STATEMENT ON EACH ACCOUNT.)***

Bank Name/Address	Account Number	Account Type and How Owned? (ckg./savings/CD - joint or individual)	Approximate Balance

IX. GIFTS

Please list all gifts (other than to a bona fide charity) in excess of \$10,000 during your lives. **(PLEASE PROVIDE COPY OF ANY GIFT TAX RETURNS — FORM 709.)**

IX. PLANNING DECISIONS

Who will act as the trustee of your trust if you are no longer able to act due to death or disability?

- Spouse Other: (Give name and address) _____

Do you want the same persons to act as the Personal Representative of your Will?

- Yes No: (Give name and address) _____

If you have minor children, who do you want to act as their guardian until age 18? (List name and address)

Before you come for your appointment you should give some thought to the following issues:

- Who you want to receive your estate after your death and whether any special restrictions are to be placed on distribution. Typical issues this raises are:
 - Whether there are specific assets you want to go to particular individuals.
 - When minor children should receive their shares of the estate.
 - Whether a bequest to a charity is desirable.
- Whether you want to have a Durable Power of Attorney for Health Care, giving some third party (typically your spouse or your children) the power to make health care decisions for you if you become unable to do so yourself.
- Whether you want to have a Durable Power of Attorney for Asset Management, giving some third party (typically your spouse) the power to make asset management decisions for you if you become unable to do so yourself.

QUESTIONS YOU HAVE THOUGHT OF AND WANT TO ASK THE ATTORNEY:
