

Estate Planning Questionnaire

Date: _____

SECTION I: PERSONAL INFORMATION

1. HUSBAND INFORMATION			
First Name:		Middle Initial:	Last Name:
Date of Birth:	Place of Birth:		SSN:
U.S. Citizen Yes No (If No, please fill out last page addendum)			
Other Names Known by:			
Are you presently employed? Yes No If Yes, for how long?			
Occupation (former if retired):			
Employer:			
Business Address:			
Office Phone:		Email Addr:	
Cell Phone:		Fax No.:	

2. WIFE INFORMATION			
First Name:		Middle Initial:	Last Name:
Date of Birth:	Place of Birth:		SSN:
U.S. Citizen Yes No (If No, please fill out last page addendum)			
Other Names Known by:			
Are you presently employed? Yes No If Yes, for how long?			
Occupation (former if retired):			
Employer:			
Business Address:			
Office Phone:		Email Addr:	
Cell Phone:		Fax No.:	

3. HOME ADDRESS		
Street:		
City:	State:	Zip Code:
Country (if not USA):	County:	Home Phone:
Other Residences:		

SECTION II: GENERAL QUESTIONS

1.	Do you have an existing Will? Husband Wife Both Neither If Yes, please provide a copy
2.	Do you have an existing Trust? Husband Wife Both Neither If Yes, please provide a copy
3.	Date and place of current marriage: Date: Place:
4.	Do you currently have a prenuptial agreement? Yes No If Yes, please attach a copy.
5.	Have you previously been married? Husband: Widowed Divorced No Wife: Widowed Divorced No If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available.
6.	Please indicate your state of domicile and the date established . If you spend more than a nominal amount of time in another state or country, please identify.
7.	Have you given away cash or assets in excess of the annual gift tax exclusion to anyone in a single year? (Annual exclusion was \$3,000 until 1982, then \$10,000; has risen to \$16,000 with modest future increases.) Yes No If Yes, list amounts by years below or on the reverse side: Year Amount: \$ Husband Wife Both Year Amount: \$ Husband Wife Both Year Amount: \$ Husband Wife Both
8.	Are you receiving or will you receive an annuity? Yes No If Yes, to whom will the payments be made? How long will payments be made? Life Fixed Term Joint Lives If Fixed Term, for how long? Amount of each payment? \$
9.	Have either of you ever filed a gift tax return (IRS Form 709)? Yes No (If Yes, please provide a copy of the last one filed with the IRS)
10.	Have either of you ever filed a corporate or partnership tax return? Yes No (If Yes, please provide a copy of the last one filed with the IRS)

11.	Do either of you have any interest under a Will or Trust of another person, including a power of appointment? Yes No If Yes, please supply a copy of the document if available.				
12.	Are either of you a Trustee of any Trust? Husband Wife Both Neither				
13.	Have you received, or do you expect to receive, any inheritances? Husband Wife Both Neither				
14.	Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the US? Yes No				
15.	Do you have relatives dependent upon you for support? Yes No If Yes, give names and relationships:				
16.	Please list any specific items or amounts that you wish to give to any individuals or organizations at your death: (Check here if attaching separate sheet)				
	Name: Address:		Item or Amount: Relation:		
	Name: Address:		Item or Amount: Relation:		
	Name: Address:		Item or Amount: Relation:		
17.	All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: Spouse? Yes No: If No, or if Spouse is deceased, to: Only living children Children and grandchildren (if child is deceased) Other (specify):				
18.	Are either of you self-employed or a member of a partnership or small business subject to any buy/sell arrangements? Yes No If Yes, please supply a copy of any pertinent documents.				
19.	Do either of you hold stock in a closely-held corporation? Yes No Sub-S If Yes, attach details of any stock redemption agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable.				
20.	Do either of you have any medical issues we should be aware of for planning purposes? Husband Wife Both Neither				
21.	Do you have long term care insurance? Husband Wife Both Neither Do you have disability insurance? Husband Wife Both Neither Do you have an umbrella policy? Yes No				
22.	Please check any of the following states in which you have lived or acquired property together (if applicable): Arizona Idaho Nevada Texas Wisconsin California Louisiana New Mexico Washington None				

23.	Do either of you own any property in a foreign country? Yes No If Yes, which country?
24.	Do you own any real estate in joint names acquired before 1977? Yes No
25.	<p>Who will serve as <u>Personal Representative/Executor</u> for you?</p> <p>Each Spouse for the other? Yes No; If no, or to name co-fiduciaries, use space below.</p> <p>Name: Co-fiduciary Alternate City/State: Male Female Corp Group Relation:</p> <p>Name: Co-fiduciary Alternate City/State: Male Female Corp Group Relation:</p> <p>Name: Co-fiduciary Alternate City/State: Male Female Corp Group Relation:</p>
26.	<p>Who will serve as <u>Trustee</u> for you?</p> <p>Each Spouse for the other? Yes No As Co-Trustee</p> <p>If No, or to name co-fiduciaries, use space below.</p> <p>Name: Relation: City/State:</p> <p>Alternate (if above person(s) unable to serve): City/State: Relation:</p>
27.	<p>Who will serve as <u>guardian</u> of your minor children (if applicable)?</p> <p>Name: Relation: City/State: Male Female Couple</p> <p>Alternate (if above person(s) unable to serve): Male Female Couple City/State: Relation:</p>
28.	<p>Who will serve as <u>Agent</u> under a durable power of attorney (if desired)?</p> <p>Each Spouse for the other? Yes No; If No, or to name another, use space below</p> <p>Name: Relation: City/State: Male Female</p> <p>Alternate (if above person(s) unable to serve): Male Female City/State: Relation:</p>

29.	<p>Who will serve as <u>Health Care Surrogate/Agent</u> (person to make medical decisions)?</p> <p>Each Spouse for the other? Yes No</p> <p>If No, or to name an alternate if Spouse is unable to serve, use space below</p> <p>Name: _____ Relation: _____</p> <p>Male Female Phone: _____</p> <p>Address: _____</p> <p>City/State: _____</p> <p>Alternate (if above person(s) unable to serve):</p> <p>Relation: _____ Male Female</p> <p>Phone: _____</p> <p>Address: _____</p> <p>City/State: _____</p>
30.	<p>Do you want a <u>Living Will</u> to address end of life issues?</p> <p>Husband Wife Both Neither</p>
31.	<p>Do you wish to be cremated? Husband Wife Both Neither</p> <p>If Yes, please provide details of the disposition of your ashes, directing if they are to be scattered or preserved in one location.</p>
32.	<p>Are you an organ donor? Husband Wife Both Neither</p>
33.	<p>Are you concerned that any of your beneficiaries will not behave responsibly with money that you give them? Yes No</p>
34.	<p>Do you have any children or grandchildren attending private school, college, or graduate school?</p> <p>Yes No</p>
35.	<p>Do you have any relative who regularly incurs significant medical bills? Yes No</p>
36.	<p>Is there any member of your family disabled or receiving medical benefits from State or Federal government? Yes No</p>
37.	<p>Do you wish to discuss the impact of Assisted Reproductive Technology on your estate plan?</p> <p>Yes No</p>
38.	<p>Do you have pets for which you would like to make special provisions (such as custodial or financial arrangements)? Yes No</p>
39.	<p>How did you first learn about our firm?</p>

SECTION III: BENEFICIARY INFORMATION

Names of living children as they are to appear in your documents (attach additional pages if necessary)

1.	Name of Child: Child of: Both Husband Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: Male Female Nationality of child: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name of child's spouse: _____		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:		
Names:		Ages:

2.	Name of Child: Child of: Both Husband Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: Male Female Nationality of child: _____
Married? Yes No If Yes, please provide name of child's spouse: _____		
Grandchildren? Yes No If Yes, please provide names and ages below:		
Names:		Ages:

3.	Name of Child: Child of: Both Husband Wife	Date of Birth: _____ Phone: _____ Address: _____ Gender of child: Male Female Nationality of child: _____
Married? Yes No If Yes, please provide name of child's spouse: _____		
Grandchildren? Yes No If Yes, please provide names and ages below:		
Names:		Ages:

4.	Name of Child:			Date of Birth:	Phone:
	Child of: Both Husband Wife			Address:	
				Gender of child: Male Female	
				Nationality of child:	
Married? Yes No If Yes, please provide name of child's spouse:					
Grandchildren? Yes No If Yes, please provide names and ages below:					
Names:			Ages:		

5.	Name of Child:			Date of Birth:	Phone:
	Child of: Both Husband Wife			Address:	
				Gender of child: Male Female	
				Nationality of child:	
Married? Yes No If Yes, please provide name of child's spouse:					
Grandchildren? Yes No If Yes, please provide names and ages below:					
Names:			Ages:		

6.	Name of Child:			Date of Birth:	Phone:
	Child of: Both Husband Wife			Address:	
				Gender of child: Male Female	
				Nationality of child:	
Married? Yes No If Yes, please provide name of child's spouse:					
Grandchildren? Yes No If Yes, please provide names and ages below:					
Names:			Ages:		

Do you have any children who have predeceased you? Yes No If yes, list information below:					
Name of deceased child:			Child of: Both Husband Wife		
Married at death? Yes No If Yes, please provide name:					
Grandchildren? Yes No If Yes, please provide names and ages below:					
Names:			Ages:		

Do you have any children or grandchildren who are adopted?

Yes

No

Other Persons or Institutions to be Named in Your Documents (and not listed above):

	Names as you would like them to appear on your documents	City and State/Country	Relationship (if any);
1.			
2.			
3.			
4.			
5.			
6.			

SECTION IV: FINANCIAL INFORMATION

Check the box if held in a Revocable Trust

<u>Assets</u> (Estimate Current Fair Market Value)	<u>In Husband's Name</u>	<u>In Wife's Name</u>	<u>Owned Jointly</u>
1. Principal Residence			
2. Other Real Estate			
3. Mineral Interests			
4. Checking Account(s)			
5. Savings Account(s)			
6. Certificates of Deposit(s)			
7. TOD/POD Accounts			
8. Brokerage Account(s)			
9. Other Securities			
10. Business Interests			
11. Notes Receivable			
12. Personal Effects & Furnishings			
13. Automobiles			
14. Other			
<i>Total Assets</i>			

Liabilities	Husband's Name Only	Wife's Name Only	Owed Jointly
Home Mortgage			
Other Mortgages			
Other Loans			
Total Liabilities			

Net Assets			
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Profit Sharing, IRA, Pension Plans, 401k, Etc.

Husband

<u>OWNER</u>	DESCRIPTION	BENEFICIARY	CURRENT VALUE
Husband's Total Retirement Benefits:			

Wife

OWNER	DESCRIPTION	BENEFICIARY	CURRENT VALUE
Wife's Total Retirement Benefits:			
COMBINED TOTAL RETIREMENT BENEFITS:			

Policies Owned by Husband

Policies Owned by Wife

Wife's Total Insurance:

	+	+	=	
NET ASSETS		COMBINED TOTAL RETIREMENT BENEFITS	COMBINED TOTAL INSURANCE	TOTAL

SECTION V: PROFESSIONAL ADVISORS

ADVISOR	NAME AND FIRM	ADDRESS / PHONE NUMBER
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Trust Officer		
Other		

Do we have your permission to discuss your plan and personal information with these advisors?		
Yes	No	Ask Us First

Husband's Signature

Wife's Signature

Addendum for Noncitizen Clients

Please fill out this section only if you are not a US citizen

HUSBAND INFORMATION		
First Name:	Middle Initial:	Last Name:
Country of Citizenship		
Other Nationalities		
Residency/Visa Status	Permanent Resident	Other
If you have a green card, when was it obtained?		When does it expire?
Have you ever expatriated from the U.S., i.e., were you ever a US citizen or long term green card holder (8 out of 15 years) Yes No		
Have you purchased any property after 1981 and before July 14, 1988? Yes No		

WIFE INFORMATION		
First Name:	Middle Initial:	Last Name:
Country of Citizenship		
Other Nationalities		
Residency/Visa Status	Permanent Resident	Other
If you have a green card, when was it obtained?		When does it expire?
Have you ever expatriated from the U.S., i.e., were you ever a US citizen or long term green card holder (8 out of 15 years) Yes No		
Have you purchased any property after 1981 and before July 14, 1988? Yes No		