

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

[Editor's note: This form is designed to be used when both the husband and wife are clients, and should be slightly revised if only one spouse or a single person is being represented by the estate planner.]

Please attempt to complete all applicable questions and bring in all requested documents, but do not be concerned if you are unable to complete all of the questions before the first meeting or are unable to bring all requested documents with you.

The following is a list of documents you should bring with you for the initial estate planning consultation:

- (1) Existing estate planning documents, such as wills, trusts, and powers of attorney.
- (2) Information provided by employer(s), including copies of retirement plans and group life insurance policies.
- (3) Deeds to real estate owned by either husband or wife.
- (4) Documents indicating legal title to investments.
- (5) Copies of trust agreements under which either spouse is a beneficiary.
- (6) Any gift tax returns.
- (7) Personal financial statements and income tax returns for the last five years.
- (8) Financial statements and federal income tax returns for the last five years for businesses, farms, partnerships, etc., as well as partnership agreements, buy-sell agreements, and other relevant documents.
- (9) Property settlement agreements, divorce decrees, separation agreements from prior marriages.
- (10) Pre-nuptial and post-nuptial agreements.

Please use additional pages if necessary to complete answers to any questions.

Date Prepared: _____

DEMOGRAPHIC INFORMATION

1. Husband's:
Name: _____

Social security number: _____ - _____ - _____

Date of birth: __/__/__

Total number of marriages (including the current marriage): __

United States citizen? Yes __ No __

2. Wife's:
Name: _____

Social security number: _____ - _____ - _____

Date of birth: __/__/__

Total number of marriages (including the current marriage): __

United States citizen? Yes __ No __

3. Full names of all children (adult and minor) and all other dependents. Indicate the name of the other parent if the child is not of the current marriage, or the nature of the relationship if the person listed is not a child, and whether any person listed below has any particular problems or needs, such as a physical or mental handicap. If the child's or dependent's address and telephone are different from yours, please list them below. Use the back of this page if necessary.

Name	Social Security	Birth Date	Marital Status (S,D, W, 1st M, 2nd M, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. County or City of Residence: _____

5. Home Address: _____

City: _____ State: _____ Zip: _____

6. Office Address: _____

City: _____ State: _____ Zip: _____

7. Billing Address (Check one): Home __ Office __ Other __

If other, please specify address: _____

8. Phone Numbers: Husband's work number: (____)_____

Wife's work number: (____)_____

Home number: (____)_____

9. Husband's occupation: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Annual Salary: _____

Please furnish information on all benefits provided by employer, including retirement plans and group life insurance.

10. Wife's occupation: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Annual Salary: _____

Please furnish information on all benefits provided by employer, including retirement plans and group life insurance.

ESTATE PLANNING CONSIDERATIONS

11. Do you have current wills, trust agreements, powers of attorney, or other estate planning documents? Yes ___ No ___

If yes, please bring them with you to your first conference.

12. Please indicate your preference for:

a. Husband's:

Executor: _____ State of Residence: _____

Alternate: _____ State of Residence: _____

Trustee: _____ State of Residence: _____

Alternate: _____ State of Residence: _____

b. Wife's:

Executor: _____ State of Residence: _____

Alternate: _____ State of Residence: _____

Trustee: _____ State of Residence: _____

Alternate: _____ State of Residence: _____

c. Guardian of minor children: _____

Guardian's state of residence: _____

Discuss these selections with the individuals named before your first conference, if possible.

13. At death, assuming no death tax consequences, how do you wish your property to be distributed?

Husband:

- a. If your wife survives you?
- b. If your wife does not survive you and minor children survive you?
- c. If your wife does not survive you and all children are adults?
- d. If your wife does not survive you and all descendants still living are grandchildren or more remote descendants?
- e. If your wife does not survive you and no descendants survive you?

Wife:

- a. If your husband survives you?
- b. If your husband does not survive you and minor children survive you?
- c. If your husband does not survive you and all children are adults?
- d. If your husband does not survive you and all descendants still living are grandchildren or more remote descendants?
- e. If your husband does not survive you and no descendants survive you?

14. At what age do you want your children to receive their property outright (free of trust)? _____

15. Do you want to leave any property or cash to charity? Yes ___ No ___

If yes, please attach a sheet indicating the names and addresses of such organizations and the items of property or approximate amounts of cash you wish to leave them.

16. Do you want to leave any items of property (such as jewelry) or cash to certain persons?
Yes ___ No ___

If yes, please attach a sheet indicating the amounts, detailed descriptions of all items, and the name of each recipient. Indicate the relationship of the recipient to the donor (e.g., nephew, niece, friend, etc.).

17. Other professionals with whom you do business:

a. Other Attorney(s): _____ Phone: _____

b. Accountant: _____ Phone: _____

c. Trust Officer or Banker: _____ Phone: _____

d. Insurance Agent: _____ Phone: _____

e. Stockbroker: _____ Phone: _____

f. Investment/Financial Adviser: _____ Phone: _____

g. Real Estate Adviser: _____ Phone: _____

h. Physician: _____ Phone: _____

i. Minister, priest, rabbi, or other religious counselor: _____ Phone: _____

18. Life insurance policies (bring all policies with you to your first conference): On the back of this page, for each policy list (1) insured, (2) company, (3) type (whole life, term, other (explain)), (4) policy number, (5) face amount, (6) beneficiary, (7) owner (Who purchased the policy?), (8) annual premium, and (9) cash value.

a. Are there any loans outstanding on any of the above policies? Yes ___ No ___

b. If yes, please furnish details.

c. Who purchased the policy? _____

ASSETS AND LIABILITIES

19. Real estate (bring all real estate deeds with you to your first conference):

	Cost (Basis)	Fair Market Value
a. residence	_____	_____
b. vacation home	_____	_____
c. other	_____	_____

20. Personal property:

	Fair Market Value
a. automobile(s)	_____ _____

- b. boat(s) _____

- c. antiques and
 other collectibles _____

- d. miscellaneous
 (household effects,
 etc.) _____

21. Investments and cash (please provide documents indicating the legal title of investments and a detailed schedule, if possible):

- | | Amount |
|---------------------------|--------|
| a. cash and bank accounts | |
| husband: | _____ |
| wife: | _____ |
| joint: | _____ |
| b. stocks and bonds | |
| husband: | _____ |
| wife: | _____ |
| joint: | _____ |

DEBTS

22. Mortgages on residence: _____
23. Other real estate mortgages: _____
24. Other debts: _____

MISCELLANEOUS

25. Does either spouse expect to receive substantial gifts or inheritances in the near future?
 Yes ___ No ___

If yes, please attach a sheet that provides specific information.

26. Is either spouse a beneficiary of any trusts? Yes ___ No ___

If yes, please furnish the trust documents and a list of assets in each trust.

27. Has either of you made taxable gifts? Yes ___ No ___

If yes, please furnish gift tax returns relating to such gifts.

28. Do you have a safe deposit box? Yes ___ No ___

If yes, at what location(s)? _____

29. Are there any continuing financial responsibilities as a result of prior marriages? Yes ___ No ___

If yes, please furnish details, including relevant documents such as property settlement and separation agreements. 30. Have you lived in one of the following states during your current marriage?

Yes ___ No ___

If yes, check applicable state(s):

Arizona	_____
California	_____
Idaho	_____
Louisiana	_____
Nevada	_____
New Mexico	_____
Texas	_____
Washington	_____
Wisconsin	_____