

ESTATE PLANNING QUESTIONNAIRE

Please fill out this form in anticipation of our meeting regarding your estate planning. There may be some areas which may not be applicable to your situation. If this is so, please skip over them.

FAMILY INFORMATION

1. <u>Personal</u>	<u>Client</u>	<u>Spouse</u>
A. Name	_____	_____
B. Home address	_____	_____
C. Home phone	_____	_____
D. Employer	_____	_____
business address	_____	_____
E. Business telephone	_____	_____
F. Fax Number	_____	_____
G. E-mail Address	_____	_____
F. Principal residence	_____	_____
G. Other residences	_____	_____
H. Birth date	_____	_____
I. Citizenship	_____	_____
J. Social Security Number	_____	_____
K. Marital status	_____	_____

2. Your Children:¹

Name	Address	Date of Birth	Social Security No.

3. Particulars regarding your grandchildren:²

Name of Grandchild	Name of Parent	Date of Birth	Social Security No.

4. Other dependent persons -names, relationships, degree of dependency and date of birth (e.g., parents, if living)

¹ Indicate if any children are step-children, adopted children or are from a prior marriage.

² Indicate if any grandchildren are step-grandchildren, adopted grandchildren or are from a prior marriage.

FIDUCIARIES TO BE DESIGNATED

1. Personal Representative (Executor): _____

Address: _____

Alternate: _____

Address: _____

2.

Trustee: _____

Address: _____

Alternate: _____

Address: _____

3.

Designated guardian for children: _____

Address: _____

Alternate: _____

Address: _____

4.

Designated grantee of Durable Power of Attorney: _____

Address: _____

Alternate: _____

Address: _____

5.

Designated grantee of Health Care Power of Attorney: _____

Address: _____

Alternate: _____

Address: _____

DISTRIBUTION OBJECTIVES

1. Upon your death, how and to whom do you want your assets distributed?

2. A. If you and your spouse both die prematurely, should children receive property at age of majority (18 years) or should it be held until they reach a more mature age? _____

B. If property is to be held for children until they reach a more mature age, at what age do you want the property to be distributed to them?

C. If property is to be held for children, do you want (1) all children to share in a single trust or (2) each child to have separate trusts?

4) Do any of your children have special educational, medical or financial needs? (If so, please explain on a separate sheet of paper how you would like to provide for these needs.) _____

3. Who do you want to manage the trust assets from an investment standpoint?

4. Have you made or do you plan on making future gifts in excess of Ten Thousand Dollars (\$10,000.00) to one person? _____

5. Do you wish to make bequests to your church or synagogue or to any other charitable organization? Furnish details: _____

6. If none of your children are living at the time of your spouse's death, do you want your estate to go to: Your family? _____ Spouse's family? _____
Elsewhere? _____

SUMMARY OF ASSETS AND LIABILITIES

(Please provide account numbers and location of assets on reverse side and attach copies of deeds.)

ASSETS SUMMARY

OWNER

	<u>OWNER</u>		
	<u>Client</u>	<u>Joint</u>	<u>Spouse</u>
1. Real Estate	\$ _____	\$ _____	\$ _____
Personal Residence			
Investment Property			
2. Stocks			
3. Bonds			
4. Cash (Average Balance)			
5. Mortgages and Notes			
6. Insurance ³			
7. Personal Property (e.g. jewelry, furnishings, collectibles, art)			
8. Automobile			
9. Pension (Death Benefits)			
10. IRA			
11. Profit-Sharing Plan			
12. Book Value of Business Assets			
13. Annuities			
14. Miscellaneous			
TOTAL ASSETS			

Please list any "frequent flyer" programs in which you are participating:

³ On a separate sheet, please indicate insurance company, name and policy number, life insurance beneficiaries, the type of policy (e.g. term, whole life, universal) and the face value.

	<u>Name of Member</u>	<u>Airline</u>	<u>Account#</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

LIABILITIES SUMMARY

	<u>Client</u>	<u>Joint</u>	<u>Spouse</u>
1. Accounts Payable (Average)	\$ _____	\$ _____	\$ _____
2. Notes Payable	_____		
3. Mortgages Payable	_____		
TOTAL LIABILITIES	_____		

NET WORTH (Total assets minus total liabilities)

\$ _____