

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
(Married Clients)

EXPLANATION

The purpose of this Confidential Estate Planning Questionnaire (Questionnaire) is to record information that will be used to prepare your estate plan, including, as necessary, a Will, Trust Agreement, Durable Power of Attorney, and Designation of Patient Advocate. All of the information is essential. Portions of it will be helpful in the administration of the estate or trust and, in some cases, is required for the preparation of tax returns.

Your time spent in accurately completing this Questionnaire will certainly save considerable time, effort and confusion later.

SECTION A. DOCUMENTS TO BE ATTACHED:

| | Attached | N/A |
|---|--------------------------|--------------------------|
| 1. Existing Wills, Trusts, Powers of Attorney, & Designations of Patient Advocate | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Most recent income tax return | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Business agreements and documents regarding interests in corporations, partnerships, limited liability companies, and sole proprietorships | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Deeds and land contracts | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Brokerage account statements | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Life insurance policies and annuities | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION B. GENERAL ESTATE PLANNING INFORMATION

Date of Completion: _____

INSTRUCTIONS:

- A. Attach additional sheets if necessary.
- B. Mark "N/A" by those items which are not applicable.
- C. Return to me at your earliest convenience.
- D. When describing your assets, use "J" for assets jointly owned and state the name of the joint owners; use "1" for assets owned in Spouse 1's name alone and "2" for assets owned in Spouse 2's name alone.

SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)

| | SPOUSE 1 | SPOUSE 2 |
|---|--|--|
| Full Legal Name: (including middle name) | | |
| Address: | | |
| County: | | |
| Home Phone: | | |
| United States Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home E-mail Address: | | |
| Social Security Number: | | |
| Date of Birth: | | |
| Employer: | | |
| Business Address: | | |
| Business Telephone: | | |
| Business E-mail Address: | | |
| Business Facsimile: | | |
| Marital Status: | | |
| Date of Marriage: | | |

| CHILDREN | | | |
|----------|---------|---------------|------------------------|
| Name | Address | Date of Birth | Social Security Number |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)

CHILDREN BY PRIOR MARRIAGE

| Name | Address | Children of Whom? | Date of Birth | Social Security Number |
|------|---------|-------------------|---------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

GRANDCHILDREN

| Name | Address | Name of Parents | Date of Birth | Social Security Number |
|------|---------|-----------------|---------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PARENTS

| | SPOUSE 1 | SPOUSE 2 |
|------------------------|----------|----------|
| Father's Name | | |
| Father's Address | | |
| Father's Date of Birth | | |
| Mother's Name | | |
| Mother's Address | | |
| Mother's Date of Birth | | |

OTHER RELATIVES

| Name | Address | Relationship |
|------|---------|--------------|
| | | |
| | | |
| | | |

SECTION C. PLANNING AND DISTRIBUTION OBJECTIVES:

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

2. Are there any people who should receive particular items? If so:

Name

Item

3. If both of you die prematurely leaving minor children, should your children receive property at:

age of majority (18); or held in trust and distributed at age _____.

4. Do you want to make gifts to any charities? If so:

Name and Address of Charities

Amount of Gift

5. If Spouse 1 dies first and none of your children are living at the time of Spouse 2's death, do you want your estate to go to:

Spouse 1's Family Spouse 2's Family Elsewhere (explain below):

| SECTION D. ESTATE PLANNING DOCUMENTS | | |
|--|----------|----------|
| WILL | | |
| Personal Representative: Person responsible for administering your estate and probate proceedings. | | |
| | Spouse 1 | Spouse 2 |
| 1 st Choice | | |
| 2 nd Choice | | |
| 3 rd Choice | | |
| Guardian: Person responsible for the well-being and daily care of your minor children, until they attain age 18, if both parents are deceased. | | |
| | Spouse 1 | Spouse 2 |
| 1 st Choice | | |
| 2 nd Choice | | |
| Conservator: Person who will manage any minor child's finances and property, until that child attains age 18, if both parents are deceased. | | |
| | Spouse 1 | Spouse 2 |
| 1 st Choice | | |
| 2 nd Choice | | |
| TRUST | | |
| Trustee: Person or bank that will manage your assets in a trust and distribute assets after your death. | | |
| | Spouse 1 | Spouse 2 |
| 1 st Choice | | |
| 2 nd Choice | | |
| 3 rd Choice | | |
| DURABLE POWER OF ATTORNEY | | |
| Durable Power of Attorney Agent: Person who will manage your financial affairs if you are unable to do so. | | |
| | Spouse 1 | Spouse 2 |
| 1 st Choice | | |
| 2 nd Choice | | |
| 3 rd Choice | | |
| DESIGNATION OF PATIENT ADVOCATE | | |
| Designation of Patient Advocate: Person who will make your health care decisions if you are unable to do so. | | |
| | Spouse 1 | Spouse 2 |
| 1 st Choice | | |
| 2 nd Choice | | |
| 3 rd Choice | | |

| SECTION E. ASSETS | | |
|---|--|--------|
| BANK ACCOUNTS | | |
| CHECKING | | |
| Account Number | Ownership | Amount |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| SAVINGS | | |
| Account Number | Ownership | Amount |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| CERTIFICATES OF DEPOSIT | | |
| Account Number | Ownership | Amount |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| TOTAL OF CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT: | | |
| SAFETY DEPOSIT BOX | | |
| Number | Location | |
| | | |

| PERSONAL PROPERTY | | |
|--------------------------------|--|-------------------|
| AUTOMOBILES | | |
| Make & Year | Ownership | Fair Market Value |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| HOUSEHOLD FURNISHINGS | | |
| Description | Ownership | Fair Market Value |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| JEWELRY | | |
| Description | Ownership | Fair Market Value |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| COLLECTIONS (ART, ETC.) | | |
| Description | Ownership | Fair Market Value |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| OTHER (DESCRIBE) | | |
| Description | Ownership | Fair Market Value |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | |
| TOTAL OF PERSONAL PROPERTY: | | |

| SECTION E. ASSETS (CONTINUED) | | | | |
|-------------------------------|---|----------------|------------------|--|
| REAL ESTATE | | | | |
| PARCEL NO. 1 | | | | |
| Address | | | | |
| Legal Description | Please attach a copy of deed and other instrument of title | | | |
| Ownership | <input type="checkbox"/> Joint <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse2 | | | |
| Date of Acquisition | | Cost | | |
| Current Market Value | | Amount of Debt | Monthly Payments | |
| Encumbrances | (name of mortgagees, lienors, etc.) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> | | | |
| PARCEL NO. 2 | | | | |
| Address | | | | |
| Legal Description | Please attach a copy of deed and other instrument of title | | | |
| Ownership | <input type="checkbox"/> Joint <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 | | | |
| Date of Acquisition | | Cost | | |
| Current Market Value | | Amount of Debt | Monthly Payments | |
| Encumbrances | (name of mortgagees, lienors, etc.) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> | | | |
| PARCEL NO. 3 | | | | |
| Address | | | | |
| Legal Description | Please attach a copy of deed and other instrument of title | | | |
| Ownership | <input type="checkbox"/> Joint <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse2 | | | |
| Date of Acquisition | | Cost | | |
| Current Market Value | | Amount of Debt | Monthly Payments | |
| Encumbrances | (name of mortgagees, lienors, etc.) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> | | | |

SECTION E. ASSETS (CONTINUED)

INVESTMENTS

STOCKS AND MUTUAL FUNDS

| Company | Ownership | No. of Shares | Cost | Date Acquired | Fair Market Value |
|---------|--|---------------|------|---------------|-------------------|
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |

TOTAL OF STOCKS AND MUTUAL FUNDS:

BONDS AND TREASURY NOTES

| Type | Ownership | No. of Shares | Cost | Date Acquired | Fair Market Value |
|------|--|---------------|------|---------------|-------------------|
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |
| | <input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2 | | | | |

TOTAL OF BONDS AND TREASURY NOTES:

SECTION E. ASSETS (CONTINUED)

RETIREMENT, DISABILITY, AND DEATH BENEFITS

If you have any interest in a pension, profit sharing, stock bonus, self-employed retirement plan, individual retirement account or deferred compensation plan, or any other similar type of benefit, complete the following:

| | SPOUSE 1 | SPOUSE 2 |
|------------------------------|----------|----------|
| RETIREMENT PLAN NO. 1 | | |
| Company | | |
| Type of Plan | | |
| Person(s) Covered | | |
| Value | | |
| Beneficiary(ies) | | |
| RETIREMENT PLAN NO. 2 | | |
| Company | | |
| Type of Plan | | |
| Person(s) Covered | | |
| Value | | |
| Beneficiary(ies) | | |
| RETIREMENT PLAN NO. 3 | | |
| Company | | |
| Type of Plan | | |
| Person(s) Covered | | |
| Value | | |
| Beneficiary(ies) | | |

SECTION E. ASSETS (CONTINUED)

CLOSELY HELD BUSINESS INTERESTS
(Use separate sheet for each business interest)

ENTITY 1

| | |
|---|---|
| Name of Entity | |
| Percentage Owned | |
| Type of Entity | <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship |
| Your estimate of the fair market value of your interest | |
| Your tax basis for your interest | |
| Do you have any plans to dispose of business interest(s) during your lifetime? If so, please describe | |
| What are your wishes as to disposition of ownership after death | <input type="checkbox"/> Transfer to Family <input type="checkbox"/> Sale to Key-Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other |
| Is there a buy/sell or redemption agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ENTITY 2

| | |
|---|---|
| Name of Entity | |
| Percentage Owned | |
| Type of Entity | <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship |
| Your estimate of the fair market value of your interest | |
| Your tax basis for your interest | |
| Do you have any plans to dispose of business interest(s) during your lifetime? If so, please describe | |
| What are your wishes as to disposition of ownership after death | <input type="checkbox"/> Transfer to Family <input type="checkbox"/> Sale to Key-Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other |
| Is there a buy/sell or redemption agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PLEASE PROVIDE FINANCIAL STATEMENTS AND TAX RETURNS FOR THE PREVIOUS THREE YEARS, AND A COPY OF ANY BUY/SELL OR REDEMPTION AGREEMENTS FOR EACH ENTITY.

| SECTION E. ASSETS (CONTINUED) | | |
|-------------------------------|--------------|--------------|
| LIFE INSURANCE | | |
| PROVIDED BY EMPLOYER | | |
| | Policy No. 1 | Policy No. 2 |
| Company | | |
| Policy No. | | |
| Type | | |
| Insured | | |
| Owner | | |
| Beneficiary | | |
| Contingent Beneficiary | | |
| Cash Value | | |
| Death Benefit | | |
| Amount of Loan | | |
| Employee's Contribution | | |
| OWNED BY CLIENTS | | |
| | Policy No. 1 | Policy No. 2 |
| Company | | |
| Policy No. | | |
| Type | | |
| Insured | | |
| Owner | | |
| Beneficiary | | |
| Contingent Beneficiary | | |
| Face Value | | |
| Amount of Loan | | |
| Employee's Contribution | | |

OTHER ASSETS

Please provide information on any other assets, including description, value, etc.

Do you expect to receive an inheritance? If so, from whom and estimate the amount.

SECTION F. LIABILITIES (NOT PREVIOUSLY LISTED):

| Creditor | Secured by | Due Date | Current Balance Owed |
|----------|------------|----------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |