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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PART ONE: INFORMATION ABOUT YOU AND YOUR FAMILY

Your name: _____ aka _____
Social Security Number: _____ Date of Birth: _____
Address: _____ City: _____
County: _____ State: _____ Zip _____
Phone: (H) _____ (W) _____ (C) _____
Marital status: Married ___ Unmarried ___ Date of marriage: _____
Spouse's name (if applicable): _____ aka _____
Social Security Number: _____ Date of Birth: _____
Are you a U.S. citizen? Yes ___ No ___ Is your spouse a citizen? Yes ___ No ___

Any previous marriages (indicate number for each): Yourself ___ Your Spouse ___
If any previous marriages, please list each former spouse; the termination date of each previous marriage; reason for termination (death/dissolution/annulment); and whether it was yours or your spouse's: _____

Any living children of your current marriage? If so, list each child's name, sex, birth date, and indicate if adopted: _____

Any deceased children of your current marriage? If so, list each child's name and birth date: _____

Any children (of either you or your spouse) from a previous marriage? If so, list each child's name, sex, birth date, parents' names, and indicate if adopted: _____

Any existing estate planning documents? If so, please complete the following:

Will? ___ Dated: _____
Revocable trust? ___ Dated: _____ Funded? ___
Irrevocable trust? ___ Dated: _____ Funded? ___

Important: Please provide us with a copy of your current will and trust(s), if applicable.

Any marital settlement agreements or pre-marital agreements? ___ If so, please provide me with a copy of each such document.

PART TWO: INFORMATION ABOUT YOUR ASSETS (When indicating how title is held, CP =community property, SP=separate property, JT=joint tenancy, and TIC=tenancy-in-common)

Real Estate: Total Value, Net of Any Loans \$ _____

Important: Please provide me with the original or copy of the current deed to each property, including legal description.

For each property, complete the following (attach additional pages if necessary):

Address: _____ Date acquired: _____

Estimated value: _____ Total loans and encumbrances: _____

How acquired: _____ How title is held: _____

Address: _____ Date acquired: _____

Estimated value: _____ Total loans and encumbrances: _____

How acquired: _____ How title is held: _____

Address: _____ Date acquired: _____

Estimated value: _____ Total loans and encumbrances: _____

How acquired: _____ How title is held: _____

Closely-Held Businesses: Net value \$ _____

For each business, complete the following (attach additional pages if necessary):

Name: _____ Address: _____

Type of entity (LLC, corporation, etc.): _____ Estimated value: _____

How title is held: _____

Important: If there are any buy-sell agreements or restrictions on transfer of shares, please provide me with a copy of each such document.

Partnership Interests: Value \$ _____

For each partnership, complete the following (attach additional pages if necessary):

Name: _____ Address: _____

Estimated value: _____ How title is held: _____

Important: Please provide me with a copy of each partnership agreement.

Mutual Funds and Money Market accounts: Value \$ _____

For each mutual fund or money market account, complete the following (attach additional pages if necessary):

Name: _____ How title is held: _____

Name: _____ How title is held: _____

Name: _____ How title is held: _____

Name: _____ How title is held: _____

Stocks, Bonds, and T-Bills: Value \$ _____

For each stock or bond, complete the following (attach additional pages if necessary):

Name: _____ Shares or par value: _____ How title is held: _____

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Name: _____ Shares or par value: _____ How title is held: _____

Bank Accounts: Value \$ _____

For each bank account, complete the following (attach additional pages if necessary):

Bank: _____ Checking or savings? _____ How title is held: _____
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Bank: _____ Checking or savings? _____ How title is held: _____

Promissory Notes Receivable: Value \$ _____

For each promissory note, complete the following (attach additional pages if necessary):

Obligor: _____ How title is held: _____

Retirement Plans (IRAs, Keoghs, Pension Plans, Annuities, etc.): Value \$ _____

For each retirement plan, complete the following (attach additional pages if necessary):

Plan name: _____ Owner: _____
Primary beneficiary: _____ Secondary beneficiary: _____
Estimated value: _____

Plan name: _____ Owner: _____
Primary beneficiary: _____ Secondary beneficiary: _____
Estimated value: _____

Life Insurance Policies: Value \$ _____

For each life insurance policy, complete the following (attach additional pages if necessary):

Insurer: _____ Person whose life is insured: _____
Policy owner: _____ Policy number: _____
Type of policy: _____ Face value: _____
Primary beneficiary: _____ Secondary beneficiary: _____

Insurer: _____ Person whose life is insured: _____
Policy owner: _____ Policy number: _____
Type of policy: _____ Face value: _____
Primary beneficiary: _____ Secondary beneficiary: _____

Vehicles, Cars, Motor Homes, Boats: Value net of any loans \$ _____

Other Assets (furniture and fixtures, jewelry, sports equipment, etc.): Value \$ _____

PART THREE: FIDUCIARIES

List below those persons you wish to nominate as trustees of your living trust, executors of your will(s), guardians of minor children or pets, and holders of your powers of attorney for health care and property management. A trustee may also be a beneficiary. You may name more than one person to hold these positions concurrently or in succession. If you have any questions, please discuss with me before you decide.

Trustees: Please name each trustee for your trusts in the order you would like him/her appointed, address, phone number, and relationship to you (list co-trustees, if applicable, on the same line). I encourage you to list as many persons as you feel comfortable naming to this position, because if there is no one to fill the position a court will choose for you:

1. _____
2. _____
3. _____
4. _____

Executors: Please name each executor of your estate in the order you would like him/her appointed, address, phone number, and relationship to you (list co-executors, if applicable, on the same line). I encourage you to list as many persons as you feel comfortable naming to this position, because if there is no one to fill the position a court will choose for you:

1. _____
2. _____
3. _____
4. _____

Guardians: Please name each guardian for your minor children in the order you would like him/her appointed, address, phone number, and relationship to you (list co-guardians, if applicable, on the same line). I encourage you to list as many persons as you feel comfortable naming to this position, because if there is no one to fill the position a court will choose for you:

1. _____
2. _____
3. _____
4. _____

Health Care Agents

For You: Please name each health care agent to make health care decisions on your behalf if you were to become incapacitated in the order you would like him/her appointed, address, phone number, and relationship to you (list co-agents, if applicable, on the same line):

1. _____
2. _____
3. _____
4. _____

For Your Spouse: Please name each health care agent in the order your spouse would like him/her appointed, address, phone number, and relationship to your spouse (list co-agents, if applicable, on the same line):

1. _____
2. _____
3. _____
4. _____

Power of Attorney

For You: Please name each attorney-in-fact to manage your business and financial affairs if you were to be incapacitated in the order you would like him/her appointed, address, phone number, and relationship to you (list co-attorneys, if applicable, on the same line):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

For Your Spouse: Please name each attorney-in-fact to manage your spouse's business and financial affairs if your spouse were to be incapacitated in the order your spouse would like him/her appointed, address, phone number, and relationship to your spouse (list co-attorneys, if applicable, on the same line):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

PART FOUR: DISTRIBUTION OF YOUR ESTATE

Please indicate how you want to distribute your property upon your death. If you have any questions, please allow us to assist you in filling in this information.

List any specific asset(s) (cash amount, jewelry, heirloom, or other property) that you want distributed to a certain person upon your death (attach additional pages if necessary):

- | | |
|-----------------------|-----------------|
| Describe asset: _____ | To whom?: _____ |
| Describe asset: _____ | To whom?: _____ |
| Describe asset: _____ | To whom?: _____ |
| Describe asset: _____ | To whom?: _____ |

How do you want your assets distributed upon your death if you predecease your spouse?

How does your spouse want his/her assets distributed upon his/her death if he/she predeceases you?

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How does your spouse want his/her assets distributed upon his/her death if you predecease him/her?

If above you or your spouse potentially created trusts for any minor beneficiaries, in how many stages do you want the trust estate distributed outright, and at what age(s)? (for example, all at age 21, half at age 25 and half at age 35, one-third at age 30, one-third at age 35, and one-third at age 40, etc.)? _____

Other distribution provisions or restrictions: _____

Notes or questions for attorney: _____
