

Confidential Estate Planning Questionnaire

FOR OFFICE USE ONLY Date: _____ Interviewer: _____

INSTRUCTIONS:

- Please be careful to spell all names correctly.
- If you are unsure of a question, simply leave it blank. Attach extra pages if you need more space.
- **PLEASE COMPLETE THE ENTIRE QUESTIONNAIRE AND BRING TO YOUR APPOINTMENT.**
The more you complete, the better your meeting will be!

Part One: Personal Information

Your Name (S1) _____ Legal AKA (if any) _____

Date of Birth ___/___/___ U.S. Citizen? Y N Are you retired? Y N If not, when? _____

SSN# _____ - _____ - _____

Cell Phone (_____) _____ - _____ Personal E-mail _____

Are you (or your spouse) receiving home care or assisted living care? Y N

Were you previously married? Y N (If you had a divorce agreement, please bring it)

Occupation (or prior one, if retired): _____

Employer _____ Work Phone (_____) _____ - _____

Are you (or your spouse) a military veteran? Y N

Your Spouse's Name (S2) _____ Legal AKA (if any) _____

Date of Birth ___/___/___ U.S. Citizen? Y N Are you retired? Y N (If not, when? _____

SSN# _____ - _____ - _____

Cell Phone (_____) _____ - _____ Personal E-mail _____

Are you (or your spouse) receiving home care or assisted living care? Y N

Were you previously married? Y N (If you had a divorce agreement, please bring it)

Occupation (or prior one, if retired): _____

Employer _____ Work Phone (_____) _____ - _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Fax (_____) _____ - _____

Name & phone of someone you trust to make financial decisions if you are unable?

Primary _____ Backup _____

Name & phone of someone you trust to make medical decisions if you are unable?

Primary _____ Backup _____

Children and Family

Full Name	Sex <small>(CHECK ONE)</small>	DOB	Parent <small>(CHECK ONE)</small>	No. of Children
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> S1 <input type="checkbox"/> S2	_____
Address _____				
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Sex <small>(CHECK ONE)</small>	DOB	Parent <small>(CHECK ONE)</small>	No. of Children
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> S1 <input type="checkbox"/> S2	_____
Address _____				
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Sex <small>(CHECK ONE)</small>	DOB	Parent <small>(CHECK ONE)</small>	No. of Children
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> S1 <input type="checkbox"/> S2	_____
Address _____				
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Sex <small>(CHECK ONE)</small>	DOB	Parent <small>(CHECK ONE)</small>	No. of Children
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> S1 <input type="checkbox"/> S2	_____
Address _____				
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Do all of your children get along? Y N Do you have any deceased children? Y N

If so, do they have any surviving children and/or grandchildren? Y N

Names _____

Do any of your children have step-children? Y N If so, which child(ren) and how many?

Age of grandchildren: Youngest _____ Oldest _____

Age of great-grandchildren: Youngest _____ Oldest _____

Do any of your children, grandchildren or great-grandchildren have major medical problems? Y N

Do you want to exclude anyone from receiving any portion of your estate? Y N

If so, whom? _____

Do you (or your spouse) have a trust with a deceased spouse? Y N

What is the name, address and phone number of your CPA or Tax Preparer? _____

What is the name, address and phone number of your Financial Advisor? _____

What are your goals in creating or upgrading your estate plan? (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Avoiding Probate | <input type="checkbox"/> Avoiding Estate Taxes |
| <input type="checkbox"/> Making sure I'll be taken care of if disabled | <input type="checkbox"/> Making sure my loved ones' inheritance is protected from spouses, lawsuits, divorces, etc. |
| <input type="checkbox"/> Maximizing my loved ones' inheritance | <input type="checkbox"/> Passing on my values as well as my assets |
| <input type="checkbox"/> Making sure my loved ones don't squander it | <input type="checkbox"/> Peace of mind |
| <input type="checkbox"/> Making sure younger loved ones get a good education and career | <input type="checkbox"/> Other: _____ |

For Married Couples Only

Date of Marriage: Month _____ Day _____ Year _____

Do you and your spouse consider all of your assets community property? Y N

Did you or your spouse receive any valuable gifts or inheritances after marriage? Y N

Would you consider future inheritances as community property? Y N

Did you or your spouse come into your marriage with any substantial assets? Y N

Do you have a pre-marital or post-marital agreement? (If yes, please bring it) Y N

Part Two: Financial Information

INSTRUCTIONS:

- Please print. Be as specific as you can with regard to account names.
- Account balances will vary, so please just list the approximate balance of each account.

(S1) Your annual gross income \$ _____

(S2) If married, your spouse's annual gross income \$ _____

Banks, Savings & Loans and Credit Unions

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.

Name of Institution	Ownership	Account Type (Checking, Savings, CD)	Approx. Balance
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
5. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
6. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint <input type="checkbox"/> Trust	_____	\$ _____
Total Value:			\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?

Y N (If yes, which ones? (Insert # above))

Stocks or Bonds — Not in a Brokerage Account

These include certificates you actually hold; please list Mutual Funds on page 5.

Stock	Ownership	Shares (Number of shares)	Approx. Market Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	_____	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	_____	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	_____	\$ _____
5. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	_____	\$ _____
6. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	_____	\$ _____
Total Value:			\$ _____

Mutual Funds and/or Brokerage Accounts

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 6.

Name of Firm of Fund/Account	Ownership	Approx. Market Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	\$ _____
5. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	\$ _____
6. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint	\$ _____
Total Value:		\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)? Y N (If yes, which ones?) (Insert # above) _____

Would you be willing to sell any of the above stocks or mutual funds if you could avoid capital gains taxes? Y N

Promissory Notes & Trust Deeds Owed to You

(Where someone is paying you on a note)

REMINDER: If secured, please bring the original or a copy of the recorded Deed of Trust (DOT)

Name of Debtor	Secured by DOT?	Due Date	Original Amount	Balance Due
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
Total Value:			\$ _____	

Do any of your children owe you money? Y N

If yes:	Who?	How Much?	Reduce child's share by amount owed?
_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N

Real Estate

Please list all homes, rental properties, other buildings, land and timeshares in which you have an interest.

Property Address	Original Cost	Current Value	Debt or Mortgage	Net Value
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

Net annual cash flow on rental real estate: \$ _____

(If not sure, please bring copy of recent tax return.)

Total Net Value: \$ _____

Which #?

Are you planning on selling any of your real estate soon? Y N _____

Would you consider selling if you could avoid capital gains taxes? Y N _____

Are any properties owned with someone other than your spouse? Y N _____

Are any properties owned by an entity? (Such as a Corp., LLC, FLP) Y N _____

Do any of your children (or other relatives) reside on any of your properties? Y N _____

IRA Accounts & Company Retirement Plans

(Including qualified

Custodian of Account <i>(Bank, Broker, Employer)</i>	Type <i>(IRA, 401K, etc.)</i>	Account Owner <i>(Check One)</i>	Primary Beneficiary	Secondary Beneficiary	Approx. Value
1. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
2. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
3. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
4. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____

Total Value: \$ _____

Are you concerned about your future retirement income? Y N

Life Insurance

	Insured Person	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Company	Cash Value (if any)	Death Benefit
1.	_____	_____	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	_____	_____	\$ _____	\$ _____

Total Value: \$ _____

Do you have Long-Term Care Insurance (to cover extended nursing care costs)? Y N

Do you have parents or other relatives in assisted living? Y N

Non-Qualified Annuities (Not a Retirement Plan)

(Please list qualified annuities separately above.)

	Name of Insurance Company	Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____

Total Value: \$ _____

Limited or General Partnerships

	Name of Partnership	Limited or General?	Ownership %	Total Market Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____

Total Value: \$ _____

Businesses

	Business Name	Is it a Corporation?	Ownership %	Buy-Sell Agreement?	Total Value
1.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
2.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____

Total Value: \$ _____

Are you anticipating selling your business(es) anytime soon? Y N

Other Assets

Are you expecting any inheritances soon? Y N

If so, from whom? _____ Approximately how much? \$ _____

Please list unusually valuable personal items such as art, coins, jewelry, collections, etc.

Please list any other assets not mentioned such as stock options, patents, royalties, etc.

Miscellaneous Information

What are your favorite hobbies? _____

What are your spouse's favorite hobbies? _____

Do you have a safety deposit box? Y N If yes, where is it located?

Do you have a storage unit? Y N If yes, where is it located?

Are you (or your spouse) a part of any local groups, clubs or organizations? Y N

If so, which ones? _____

Any Questions You Would Like Answered?

Thank you for completing the Questionnaire!