

ESTATE PLANNING QUESTIONNAIRE
CONFIDENTIAL

Date:

HUSBAND

Full Name: _____

Social Security No.: _____

Date of Birth: _____

Citizenship: _____

Occupation: _____

Employer: _____

Business Address: _____

Telephone: _____

Status of Health: _____

Identify any Significant Medical Issues:

Home Address:

County of Residence: _____

Telephone: _____

Veteran ____ Date of Discharge _____

(if yes, attach copy of DD214)

If presently not married, indicate whether:

Never married _____

Previously Married _____

Date of death _____

Date of Divorce _____

WIFE

Full Name: _____

Social Security No.: _____

Date of Birth: _____

Citizenship: _____

Occupation: _____

Employer: _____

Business Address: _____

Telephone: _____

Status of Health: _____

Identify any Significant Medical Issues:

Veteran ____ Date of Discharge _____

(if yes, attach copy of DD214)

If presently not married, indicate whether:

Previously Married _____

Date of death _____

Date of Divorce _____

If you own or maintain any other residences or real property, e.g. summer house or time-share, give location. If you own with someone other than spouse, indicate who:

CHILDREN (indicate if by previous marriage):

Name and Address	Birth Date	Sex	Social Security Number	Single/Married
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>				
<hr/>				
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>				
<hr/>				
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>				
<hr/>				

Do any children have any physical, mental or emotional disabilities? _____

If yes, please identify who and the nature of the disability _____

BACKGROUND INFORMATION List any person from whom you or your spouse may receive a significant inheritance or distribution from a trust:

Benefactor	Description (include estimated date)	Estimated Value
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

If a previous marriage ended in divorce, describe the resulting obligations, including child support, alimony, distribution of retirement funds and property, under the divorce decree or attach a copy of the decree or any agreement:

Describe any ante-nuptial agreement that you may have between you or attach a copy of the agreement:

PRIOR TRANSFERS

List any prior transfers that you made to other than your spouse which exceeded \$11,000, including outright gifts and any revocable or irrevocable trusts you may have established. Include any gifts to charity. List any charitable organization you wish to be benefited through a lifetime or testamentary gift:

Date of Transfer	Type of Transfer	Recipient	Amount
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

LIFE INSURANCE (List current beneficiaries) (note if any loans) (attach copy of policies)

Policy No.	Insurance Co.	Whole Life/ Term Life	Life Insured	Beneficiary	Face Amount
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

STATEMENT OF FINANCIAL CONDITION

ASSETS (GENERAL)

Estimate the value of each of the following items of property. If any item is located in a county or state other than that in which you live, indicate where such item is located and if necessary give details as to such assets on a separate sheet. Indicate how much of each asset held jointly was contributed by husband (h) and how much by wife (w).

	H	W	J	Total
Cash & Cash Equivalents	\$ <hr/>	\$ <hr/>	\$ <hr/>	\$ <hr/>
Real Property	<hr/>	<hr/>	<hr/>	<hr/>
Marketable Securities	<hr/>	<hr/>	<hr/>	<hr/>
Personal Property*	<hr/>	<hr/>	<hr/>	<hr/>
Business Investments**	<hr/>	<hr/>	<hr/>	<hr/>
Notes & Mortgages Receivable	<hr/>	<hr/>	<hr/>	<hr/>
Life Insurance (exclude Employer group life)	<hr/>	<hr/>	<hr/>	<hr/>
Employee Benefits***	<hr/>	<hr/>	<hr/>	<hr/>

Pension Benefits	_____	_____	_____	_____
Profit Sharing	_____	_____	_____	_____
IRA	_____	_____	_____	_____
Group Life Ins.	_____	_____	_____	_____
Stock Options	_____	_____	_____	_____
Bank Accounts: Savings/ Checking/Other	_____	_____	_____	_____
Other Property (patents, trademarks, copyrights, royalties)	_____	_____	_____	_____
Business	_____	_____	_____	_____
TOTAL ASSETS	\$_____	\$_____	\$_____	\$_____
			Combined Total	\$_____

*Include value of jewelry, silver, furs, art, coin or other collections, cars, boats, planes, or livestock.

**Describe the type of investment (i.e. partnership, proprietorship, closely held corporation, S corporation, etc.):

***Indicate beneficiary. Provide last statement and descriptive pamphlets provided by employer.

LONG TERM CARE PROTECTION (Insurance):

	LIABILITIES (GENERAL)			
	H	W	J	Total
Mortgages	\$_____	\$_____	\$_____	\$_____
Secured loans	_____	_____	_____	_____
Unsecured loans	_____	_____	_____	_____
Charitable Pledges	_____	_____	_____	_____
Unpaid taxes	_____	_____	_____	_____
Other obligations —	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL LIABILITIES	\$_____	\$_____	\$_____	\$_____
			Combined Total	\$_____

LOCATION OF DOCUMENTS AND OTHER INFORMATION

Item	Location
Wills and codicils	_____
Divorce decrees, separation agreements, prenuptial agreements	_____
Life insurance policies	_____
Stocks/Bonds	_____
Notes or mortgages receivable	_____
Deeds	_____
Bank books/Financial records	_____
Income and gift tax returns, federal and state	_____
Trust instruments	_____
Closely-held corporation buy-sell agreement	_____
Safe deposit boxes	_____
Other	_____

Principal's and/or Spouse's Assets

REAL ESTATE:

<u>Address/County</u>	<u>How Titled</u> (Indiv/Joint)	<u>Date of Current Deed</u> <u>and Reference</u>	<u>Current Value</u>	<u>Lien Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has client (not Principal) resided in the home two (2) of the last five (5) years? Yes _____ No _____

Is the Principal receiving a HOMEOWNER'S PROPERTY TAX CREDIT or VETERAN'S CREDIT? _____

PERSONAL PROPERTY (Automobile/Mobile Home/Trailer/ Boat):

<u>Description (Make/Model/Year)</u>	<u>How Titled</u>	<u>Current Value</u>
_____	_____	_____
_____	_____	_____

***BANK ACCOUNTS** (Checking, savings, CDs, Money Market)

<u>Bank:</u>	<u>Type:</u>	<u>Name(s) on Account:</u>	<u>Current Balance:</u>
_____	<u>_CKG_</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub Total			\$ _____

STOCKS:

<u>Name of Company</u>	<u># Shares</u>	<u>Names on Stock</u>	<u>Purchase Price</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total				\$ _____

BONDS/SAVINGS BONDS:

<u>Name of Company</u>	<u>Face Amount</u>	<u>Names on Bonds</u>	<u>Date Issued</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total				\$ _____

OTHER ACCOUNTS:

Mutual funds (not IRA accounts):

<u>Name of Fund</u>	<u># Shares</u>	<u>Titling</u>	<u>Cost Basis</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total				\$ _____

Annuities, Tax Deferred Annuities, Deferred Compensation:

<u>Company Name/ Policy Number</u>	<u>Annuitant's Name</u>	<u>Beneficiary</u>	<u>Original Investment</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total				\$ _____

IRAs, 401K Plans, Other Retirement Funds:

<u>Company Name/ Policy Number/ Type of Plan</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Has Owner taken any payouts?</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total				\$ _____

Life Insurance Policies (owner/beneficiary/whole life/term life/face value/cash value/)

OTHER ASSETS

List any potential inheritances that could be received by Principal and estimated value: _____

Burial Plots (indicate how many lots owned): _____

Prepaid Funeral Expenses/Trusts: _____

Any need for out of state burial arrangements? Yes _____ No _____

Estimated value of other personal property: Describe _____ \$ _____

SUB TOTAL CASH/INVESTMENTS \$ _____ **SUB TOTAL PROPERTY \$** _____

* * * * *

ADVISORS

List name, firm, address and telephone:

Accountant:

Area Code

() _____

Banking Contact:

() _____

Investment Advisor/Stockbroker:

() _____

Life Insurance Agent:

() _____

Physician:

() _____

Other:

() _____

Principal's and/or Spouse's Debts and/or Liabilities**Existing Debt (credit cards, liens, mortgages, loans)**

<u>Creditor Name</u>	<u>Description/Type of Debt</u>	<u>Final payment date</u>	<u>Monthly Payment</u>	<u>Total Debt</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sub Total: \$ _____

Potential Indebtedness

<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

Sub Total \$ _____

TOTAL EXISTING DEBT \$ _____

Prior Transfers or Gifts of Assets (include re-titled accounts)

<u>Asset Gifted/Transferred</u>	<u>Date of Transfer</u>	<u>Name(s) of New Owners</u>	<u>Value/Amount of Transfer on Tx Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Transfers: \$ _____