

ESTATE PLANNING QUESTIONNAIRE
(Confidential)

Client

Date

Documents to be attached

Attached or N/A

- | | | |
|----|---|-------|
| 1. | Existing wills of both spouses | _____ |
| 2. | Life insurance policies | _____ |
| 3. | Pension, profit-sharing, stock bonus or deferred compensation plans, Keogh plans and IRAs | _____ |
| 4. | Trust instruments | _____ |
| 5. | Gift tax returns filed by either spouse | _____ |

FAMILY INFORMATION

Information About Yourself & Spouse

Your Name _____ Occupation _____

Social Security No. _____ Date of Birth _____

Spouse's Name _____ Occupation _____

Social Security No. _____ Date of Birth _____

Home Address _____

Business Address _____

Telephone: Home _____ Business _____

Citizenship: Yourself _____ Spouse _____

Date of Marriage _____

Former Spouse(s) _____ Date of Divorce(s) _____

Information About Your Children, Parents and Other Dependents

List below all your children, other dependents and your parents

1. Name _____ Relationship _____

Birth date _____ Married? Yes/No

Names of children _____

2. Name _____ Relationship _____

Birth date _____ Married? Yes/No

Names of children _____

3. Name _____ Relationship _____

Birth date _____ Married? Yes/No

Names of children _____

4. Name _____ Relationship _____

Birth date _____ Married? Yes/No

Names of children _____

5. Name _____ Relationship _____

Birth date _____ Married? Yes/No

Names of children _____

6. Name _____ Relationship _____

Birth date _____ Married? Yes/No

Names of children _____

7. Name _____ Relationship _____

Birth date _____ Married? Yes/No

Names of children _____

DISTRIBUTION OBJECTIVES

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

1.b If you are married, and your spouse predeceases you, how and to whom do you want your assets distributed?

2. If you and your spouse both die prematurely, who do you want to take care of your children? (Also list an alternate and their relationship to you.)

3. If you and your spouse both die prematurely, who do you want to take care of the property you leave your children? (Also list an alternate and their relationship to you.)

4. If you and your spouse both die prematurely, should children receive property at age 18 or should it be held to a more mature age? _____

5. Do you wish to make bequests to your church or to any other charitable organization?

6. If your spouse and your children are not living at the time of your death, to whom do you want your assets distributed?

Your family? _____ Spouse's family? _____

Elsewhere _____

7. Who will serve as your executor? (Also list an alternate and their relationship to you.)

POWERS OF ATTORNEY/LIVING WILL/DIRECTIVES

1. A Financial Power of Attorney allows an individual to act on your behalf regarding your finances in the event you become incapacitated. Do you wish to create a Financial Power of Attorney? If yes, whom do you wish to grant the Power of Attorney (list relationship, address, telephone number and an alternate individual to act).

2. A Health Care Power of Attorney allows an individual to act on your behalf regarding health care decisions in the event you become incapacitated. Do you wish to create a Health Care Power of Attorney? If yes, whom do you wish to grant the Power of Attorney (list relationship, address, telephone number and an alternate individual to act).

3. A living will conveys your wishes with respect to the cessation of medical care under specific circumstances in the event you are incapacitated. Do you wish to create a living will?

4. Instructions regarding your remains may be included in your Will (cremation/burial).

LIFE INSURANCE POLICIES (AND ANNUITIES)

LIFE INSURANCE PROVIDED BY EMPLOYER

	Policy # 1	Policy # 2	Policy # 3
Company			
Policy Number			
Type (term, whole, endowment, or universal life)			
IF nonterm, date policy was entered into*			
Insured			
Owner			
Beneficiary			
Contingent beneficiary			
Face Value			
Amount of loan			
Settlement terms			
Employee's contribution			

*Some investment-oriented policies (e.g., single premium) entered into on or after June 21, 1988, may be subject to special tax rules(under which amounts received, including loans, are treated first as income and a 10% penalty tax may apply).

OTHER LIFE INSURANCE

	Policy # 1	Policy # 2	Policy # 3
Company			
Policy Number			
Type (term, whole, endowment, or universal life)			
IF nonterm, date policy was entered into*			
Insured			
Owner			
Beneficiary			
Contingent beneficiary			
Face Value			
Amount of loan			
Settlement terms			
Employee's contribution			

**Include policies on life of spouse and children.

ADVISORS

Please list names, addresses and telephone numbers:

1. Executor _____

2. Designated Guardians for Children _____

3. Attorney _____

4. Accountant _____

5. Life Insurance Advisor _____

6. Banker & Trust Officers _____

7. Stockbrokers _____

8. Investment Advisor _____

9. Financial Planner _____

10. Physician _____

11. Clergyman _____

12. Insurance Agent _____

FINANCIAL INFORMATION

Cash on Hand

List below all cash, checking/savings accounts and certificates of deposits, the location of such accounts, whose name the accounts are in and the cash total in the account.

Type	Location	In the Name of Husband or Wife or Joint	Total
Cash	_____	_____	_____
	_____	_____	_____
Checking	_____	_____	_____
	_____	_____	_____
Savings	_____	_____	_____
	_____	_____	_____
CD's	_____	_____	_____
	_____	_____	_____

Stocks & Bonds

1. Description _____
 Ownership _____ No. of shares/\$ amount _____ Basis _____
 Current value _____ Annual dividend/income _____

2. Description _____
 Ownership _____ No. of shares/\$ amount _____ Basis _____
 Current value _____ Annual dividend/income _____

3. Description _____
 Ownership _____ No. of shares/\$ amount _____ Basis _____
 Current value _____ Annual dividend/income _____

4. Description _____

Ownership _____ No. of shares/\$ amount _____ Basis _____

Current value _____ Annual dividend/income _____

5. Description _____

Ownership _____ No. of shares/\$ amount _____ Basis _____

Current value _____ Annual dividend/income _____

Miscellaneous Assets

List the dollar value of personal effects according to ownership

	Husband	Wife	Joint
Furniture	_____	_____	_____
Automobiles	_____	_____	_____
Jewelry	_____	_____	_____
Artworks	_____	_____	_____
Boats	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Real Estate

List all property held and indicate whether held individually or jointly

1. Location _____

Personal Residence? _____

Owned in name of _____

Current Market Value _____

Encumbrances - Mortgages/Liens, etc. _____

Amount _____

2. Location _____
Personal Residence? _____
Owned in name of _____
Current Market Value _____
Encumbrances - Mortgages/Liens, etc. _____
Amount _____

Liabilities
List all creditors

1. Creditor _____
Secured by _____
Interest rate _____ Due date _____
Repayment schedule _____ Current balance _____

2. Creditor _____
Secured by _____
Interest rate _____ Due date _____
Repayment schedule _____ Current balance _____

3. Creditor _____
Secured by _____
Interest rate _____ Due date _____
Repayment schedule _____ Current balance _____

4. Creditor _____
Secured by _____
Interest rate _____ Due date _____
Repayment schedule _____ Current balance _____

CLOSELY HELD BUSINESS INTEREST

Name _____ Percent Owned _____

Type of entity: Corporation _____ Partnership _____ Sole Proprietorship _____

Is interest jointly owned with spouse? _____

Has he/she participated in the business? _____

Estimate of the fair market value of your interest _____

EMPLOYEE BENEFITS

Employer _____ Address _____

Type of Plan _____ Amount Currently Vested _____

Retirement Benefits _____

Death Benefits _____

SOCIAL SECURITY

Estimated basic social security benefit for

Husband _____

Wife _____