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ESTATE PLANNING QUESTIONNAIRE

(Please fill in all blank lines. If not applicable, insert N/A in the blank.)

A. YOUR PERSONAL INFORMATION:

Husband's Full Name: ____________________

Husband's Social Security No: ____________________ Date of Birth: ____________________

Husband's Current Address: ____________________

City, State & Zip: ____________________ County: ____________________

Telephone Number: (____) ____________________

Employer's Name: ____________________ Phone: ____________________

Employer's Address: ____________________

Military History: ____________________ Branch: ____________________

Service No: ____________________ Date of Discharge: ____________________

Wife's Full Name: ____________________

Wife's Social Security No: ____________________ Date of Birth: ____________________

Wife's Current Address: ____________________

City, State & Zip: ____________________ County: ____________________

Telephone Number: (____) ____________________

Employer's Name: ____________________ Phone: ____________________

Employer's Address: ____________________

Military History: ____________________ Branch: ____________________

Service No: ____________________ Date of Discharge: ____________________

Date of Marriage (MM/DD/YY) : ____________________

City & State of Marriage: ____________________

B. YOUR CHILDREN: (Include children of each spouse if either was previously married. In that case, identify which spouse is the parent. If the other spouse has legally adopted the child, so indicate. If a child lives with a former spouse, so indicate.)

Name and Address	Birthdate
1. ______________________	______________
2. ______________________	______________
3. ______________________	______________
4. ______________________	______________

C. PARTICULARS REGARDING YOUR GRANDCHILDREN:

Their Parents	Names of Grandchildren	Birthdate
1. ______________	(1) ______________	__________
______________	(2) ______________	__________
______________	(3) ______________	__________
2. ______________	(1) ______________	__________
______________	(2) ______________	__________
______________	(3) ______________	__________

D. YOUR PARENTS:

Husband's	Wife's
______________________	______________________
Father's Name Birthday	Father's Name Birthday
______________________	______________________
Address	Address
______________________	______________________
______________________	______________________
Mother's Name Birthday	Mother's Name Birthday
______________________	______________________
Address	Address
______________________	______________________

E. OTHER DEPENDENT PERSONS – give names, addresses and relationships:

______________________________________ ______________________________________

______________________________________ ______________________________________

______________________________________ ______________________________________

______________________________________ ______________________________________

F. PREVIOUS MARRIAGE(S):

HUSBAND: Yes _____ No _____ How terminated: ___________________

Where? _______________________ Was there a written agreement with former spouse(s)

regarding property division, spousal support or child support? ________________________________
(Please attach a copy.)

WIFE: Yes _____ No _____ How terminated: ___________________

Where? _______________________ Was there a written agreement with former spouse(s)

regarding property division, spousal support or child support? ________________________________
(Please attach a copy.)

G. ADVISORS: Give names, addresses and telephone numbers.

1. Attorney: ____

____

2. Accountant: ____

____

3. Life insurance advisor: ____

____

4. Bank and trust officer: ____

____

5. Stockbroker: ____

____

6. Investment advisor: ______________________________

____

7. Executor: ______________________________

____

8. Trustee: ______________________________

____

9. Designated guardian for children: ______________________________

____

10. Physician: ______________________________

____

11. Clergyman: ______________________________

____

H. DISTRIBUTION OBJECTIVES AND PRESENT ESTATE PLAN — Husband's answer, then Wife's answer.

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

____

W: ______________________________

____

2. (a) If you and your spouse both die prematurely, should children receive property at age of majority or should it be held to a more mature age?

H: ______________________________

W: ______________________________

(b) Do any of your children have special educational, medical or financial needs?

____

____

3. Is your spouse a good money manager? H: ______________________ W: ____________________

4. (a) Do you want your spouse to manage your estate from an investment standpoint?

H: ____

W: ____

(b) To whom would your spouse look for management help?

H: ____

W: ____

5. Is avoiding unnecessary estate taxation of great importance to you? H: __________ W: ________

6. Is minimizing income taxes of great importance to you? H: ______________ W: ______________

7. Do you contemplate making future gifts? H: ______________________ W: __________________

Furnish details: ____

____

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

H: ____________________________________ W: ____________________________________

Furnish details: ____

____

9. If none of your children are living at the time of your spouse's death, do you want your estate to go to:
Husband: Your family: ______ Spouse's family: ________ Elsewhere: ____________

____

Wife: Your family: ______ Spouse's family: ________ Elsewhere: __________________

____

10. Does your spouse have employment skills? Do you expect that survivor will work? H: __________ W: ____________

11. Will your spouse live in present home? H: ______________________ W: ____________________

12. Do you have Wills? H:______________ W:______________ (Please attach copies.)

13. Have you created any trusts? H:__________ W:__________ If so, please provide us with a copy of the trust instrument. If so, please provide us with a copy of the trust instrument.

14. Do you have a program of charitable giving? H:________________ W:_______________
Have you considered, and are you familiar with the various methods of "deferred gifts?"
H:______________________________ W:_______________________________
What are your preferences for charitable contributions?

Organizations: H:_________________________________ W:______________________________

Disease entities: H:_______________________________ W:______________________________

Institutions: H:___________________________________ W:______________________________

Religious: H:_____________________________________ W:______________________________

15. Are you a trustee or a beneficiary of any trust? H:____________________ W:_______________

Furnish details:____

____

16. Do you have a power of appointment under a Will or trust created by any other person which empowers you to direct where property goes on your death? H:______________ W:______________

Furnish details:____

____

I. ASSETS – General Information

1. Have you lived in any other state or foreign country? If so, where and for how long?

H:____

W:____

2. Did you or your spouse own any substantial property at the time of your marriage?

H:____

____

W:____

____

3. Have any gifts or inheritances been received by either you or your spouse separately or do you expect any in the future? (If possible, estimate values of any expected inheritances.)

   H: ____

   ____

   W: ____

   ____

4. Do you have a safe-deposit box? ______ Where? ____________________________________

   In whose name(s): ____

   General description of contents: _____________________________________

____

J. CASH AND PERSONAL EFFECTS

Bank Accounts:	Bank	Amount	Form of Ownership and with Whom

Certificates of Deposit:	Bank	Amount	Form of Ownership and with Whom

* E.g.: joint tenancy, tenancy in common, community property, or 1 person only

Total: $____________

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:

Company	Type of Plan, Present Value, and Benefits**
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________

** List beneficiary of death benefit and form of payment.

Total: $___________

Life Insurance Policies (and Annuities):

Provided by Employer:	Policy #1	Policy #2	Policy #3
Company Name			
Policy Number			
Type			
Insured			
Owner			
Beneficiary			
Contingent Beneficiary			
Face Value			
Amount of Loan			
Employee's Contribution			

Other Life Insurance:	Policy #1	Policy #2	Policy #3
Company Name			
Policy Number			
Type			
Insured***			
Other			
Beneficiary			
Contingent Beneficiary			
Face Value			

	Policy #1	Policy #2	Policy #3
Current Cash Surrender Value			
Amount of Loan			
Annual Premium			

*** Include policies on life of spouse and children.

(Face Value) Total Life Insurance: $___________

Securities:

Stocks:

Company and Type	Ownership♦	Number of Shares	Date of Purchase or Acquisition	Basis	Current Market Value

♦ Indicate restrictions on transfer, if any.

Total: $___________

Bonds and Treasury Notes:

Company and Type	Ownership♦	Number of Shares	Date of Purchase or Acquisition	Basis	Current Market Value

♦ Indicate restrictions on transfer, if any.

Total: $___________

Total current fair market value of securities: $___________

Real Estate:

	Property 1	Property 2
Legal Description	Please attach copy	Please attach copy
Location		
Personal Residence?		
Owned in Names of:		
Form of Ownership		
Date of Acquisition		
How Acquired (Gift, Purchase, etc.)		
Costs Basis		
Accumulated Depreciation♦♦		
Current Market Value		
Amount of Loan (if any)		
Monthly Payments (Prin. & Int.)		
Interest Rate		
Remaining Period of Loan		
Annual Interest		
Annual Taxes		
Annual Income (Gross)♦♦		
Annual Depreciation♦♦		
Annual Costs (Maintenance, etc.)♦♦		
Annual Net Income♦♦		

♦♦ Income-producing property only

Total current fair market value of real estate (disregarding loan balances): $___________

(On a separate sheet, please provide the same information as requested above for any additional properties.)

Business Interests: (Use separate sheet for each business interest.)

Name:____ Percent Owned: __________________

Type of Entity: Corporation _____ Partnership _____ Sole Proprietorship _______ If a corporation, is it a tax option ("Subchapter S") corporation? _____ Your estimate of the fair market value of your

interest: __________________ Your tax basis for interest:______________________________________
Do you have any plans to dispose of business interest during your lifetime? If so, please describe. ___

____

What are your wishes as to disposition of ownership after death:

1. Transfer to family:____

2. Sale to co-owner of business:____

3. Sale to key-employee:____

4. Other:____

Is there a buy/sell or redemption agreement? Yes:______ No:______

If yes, describe your understanding of the terms of the agreement: _____________________________

____

Total fair market value of interest in business: $____________

Please provide financial statements and tax returns for the business for the previous five (5) years and a copy of any buy/sell or redemption agreements.

Miscellaneous Assets:

Description	Fair Market Value	Basis
Automobiles:		
Recreational vehicles:		
Household furnishings:		
Jewelry:		

Description	Fair Market Value	Basis
Collections (art, etc.):		
Other (include such assets as stock options or any interest in a trust):		

Total fair market value of miscellaneous assets: $____________

K. LIABILITIES

Loans, including mortgages:

Creditor	Secured By	Interest Rate	Due Date	Repayment Schedule	Current Balance
Other Debts					

Total liabilities: $____________

L. SUMMARY – ESTIMATED VALUE OF ESTATE

Assets:	Separate	Community
Cash (P. 7)	$________________	$________________
Retirement, Disability and Death (P. 7)	________________	________________
Life Insurance (P. 8)	________________	________________

Securities (P. 9)	________________	________________
Real Estate (P. 10) Home	________________	________________
Other	________________	________________
Business Interests (P. 11)	________________	________________
Miscellaneous Assets (P. 12)	________________	________________
TOTAL ASSETS:	$________________	$________________
Liabilities:		
Loans, including Mortgages	$________________	$________________
Other Debts	________________	________________
TOTAL LIABILITIES:	$________________	$________________

Total Assets	________________	________________
Less Total Liabilities	________________	________________
Net Taxable Estate	$________________	$________________

COMBINED NET TAXABLE ESTATE: (separate and community) $________________

Social Security: Estimated basic social security benefit for self and spouse: H:____________________

W:__________________________

M. GIFT DATA

Gifts Made to Others: Have you made any gifts, other than to charities, in any one year to any one of more persons which exceeded in value, $11,000 if made by you alone, or $22,000 if jointly made by you and your spouse?* Yes:______ No:_______

If gift tax returns were filed, please furnish Federal and State Tax Returns. If gift tax returns were not filed, described the gift, date, fair market value, and to whom given:

____

____

Have gifts been made by creating a trust? Yes:______ No:_______ If so, provide trust document.

Have gifts been made under the Uniform Gift to Minors Act? Yes:______ No:_______

If you or your spouse are the custodian, please give details on the property.

____

____

____

* For 2001 and earlier, the figures are $10,000 and $20,000, respectively.

N. ANNUAL EXPENDITURES

Standard of Living:

Food $________________

Mortgage payments or rent ________________

Real estate taxes ________________

Entertainment ________________

Miscellaneous (clothing, utilities, etc.) ________________

Other:

Income taxes $________________

Savings and investment ________________

Other loan payments ________________

Education ________________

Life insurance premium ________________

Keogh ________________

Unusual Expenditures:

____________________ $________________

____________________________ ________________________

Total Annual Expenditures: $________________________

O. DOCUMENTS TO BE ATTACHED

		Attached or N/A
1.	Existing Wills of both spouses	_______________
2.	Deeds to real property	_______________
3.	Life Insurance policies	_______________
4.	Pension, profit-sharing; or deferred compensation plans	_______________
5.	Buy/sell or stock redemption agreements	_______________
6.	Trust instruments	_______________
7.	Income tax returns for last year	_______________
8.	All gift tax returns ever filed	_______________
9.	Business agreements and documents regarding interests in corporations, partnerships and sole proprietorships	_______________
10.	Pre- or postnuptial agreements	_______________
11.	Documents showing basis or assets held	_______________

Questions: Please indicate any specific questions you would like to have answered.

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____

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