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PERSONAL AND CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE

By completing this questionnaire, you will make the preparation of your estate planning documents easier and, consequently, less expensive. Please attach copies of your wills and any other pertinent documents. As is true with any communication between a lawyer and client, we will hold this information in the strictest confidence and will release it to no one without your consent. If you need additional space to answer any questions, please attach additional sheets.

Date Prepared: ___________

I. GENERAL DATA

A. Personal Information

	Name	Date and Place of Birth	Social Security Number	Citizenship
Name:	________ (First) (M.I.) (Last)	________	________	________

Marital Status ________

B. Residence

Permanent Home Address: ______________________________ County

Telephone: Home: ____________ Business: ____________ Cell: ____________

C. Children and Grandchildren

Children and Grandchildren Please list each of your children including deceased children (D). Indicate if child is adopted (A):

Name	________	________	________
Social Security No.	________	________	________
Date of Birth/Age	________	________	________
Citizenship	________	________	________
Address (if other than above)	________	________	________
Telephone No.	________	________	________
Marital Status	________	________	________
Spouse's Name	________	________	________
Children of this Child (Names and Ages)	________ ________ ________	________ ________ ________	________ ________ ________

If you have a child not listed above, it is essential that we be informed so that we can advise you properly. Be assured that we will maintain this confidence.

D. Ancestors and Relatives

Parents	Address	Age/Birth Date (indicate if deceased)
____________	____________	____________
____________	____________	____________
____________	____________	____________
____________	____________	____________

Brothers/Sisters	Address	Age/Birth Date (indicate if deceased)
____________	____________	____________
____________	____________	____________
____________	____________	____________
____________	____________	____________

II. FAMILY ADVISORS

Please list name, firm and telephone number.

Accountant ______________________________

Trust Officer ______________________________

Commercial Banker ______________________________

Investment Advisor ______________________________

Stockbroker ______________________________

Life Insurance Agent ______________________________

Physician ______________________________

Other ______________________________

III. CLOSELY HELD BUSINESS (NON-FINANCIAL DATA)

A. Name and Address of Business: ______________________________

Nature of Business: ______________________________

B. Business Form: _____ corporation _____ partnership _____ sole proprietorship

C. Type of Ownership (check one): _____ common stock _____ preferred stock _____ debt

D. Shareholders/Partners (names and percentages): ______________________________

____

E. At death, what is to happen to business? (Attach Buy-Sell Agreement if there is one.) ______________

____

IV. ESTATE PLANNING INFORMATION

Please provide names and relationships.

A. **Name the following:**

	Name	Address/Telephone
Personal Representative?		
Alternate?		
Guardian for your minor children?		
Alternate?		
Trustee of any trusts created?		
Successor Trustee?		
Alternate?		
Health Care Agent?		
Alternate?		
Power of Attorney for Finances?		
Alternate?		

B. Who do you want to receive your:

Tangible personal property? ______________________________

Residence? ______________________________

C. At what age or ages would you like your children to receive their inheritance? ____________

D. Please list any specific bequests you would like to make to charities, family, friends, etc. and indicate the amount of each bequest. ______________________________

E. Who do you want to receive the remaining assets in your estate? ____________________

F. In the event everyone you named above predeceases you, who would you like to receive your property? (i.e. a charity or heirs at law) ______________________________

V. MISCELLANEOUS

		Yes	No
A.	Do you have a will?		
B.	Do you have a pre-marital, marital or community property agreement?		
C.	Do you have a durable or other power of attorney?		
D.	Do you have a living will?		
E.	Have you ever created a trust?		
F.	Has anyone created a trust for your benefit?		
G.	Are you likely to receive any inheritance in the future?		
H.	Do either of you have continuing obligations from a divorce settlement?		
I.	If you have been divorced, have life insurance and retirement plan beneficiaries been changed to reflect that divorce?		
J.	Are there any persons (other than minor children) partially or wholly dependent upon you for support now or possibly in the future?		

K.	Have you ever filed a gift tax return? If so, when?		
L.	Do you have a safe deposit box?		
M.	Do any of your heirs/beneficiaries have special or unusual needs?		

VI. <u>FINANCIAL INFORMATION - or attach a recent financial statement (last six months)</u>

A. Cash, Savings Accounts & Money Market Funds:

Name of Institution	Type of Account	In Name of	Balance

B. Securities (including stocks, bonds, mutual funds, partnership interests, etc.):

No. of Shares	Description	In Name of	Cost	Current Value	Annual Dividends

C. Real Estate:

Description	In Name of	Cost	Current Value

D. Life Insurance and Annuities:

Policy Number	Company	Owner	Beneficiary	Face Value	Cash Value

E. Retirement Plans:

Type of Plan	Employer or Depository	Owner	Beneficiary	Cash Value

F. Other Significant Assets (cars, boats, antiques, collectibles, etc.):

Description	Debtor	Creditor	Amount

G. Liabilities/Debts:

Description	Debtor	Creditor	Amount

Additional Comments, Questions, or Information:

____

____

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VII. REQUEST FOR ADDITIONAL INFORMATION

Please provide me with additional information on:

____________ Living Trusts to avoid probate.

____________ Charitable Trusts to provide income and death tax benefits.

____________ Limited Liability Corporations or Family Limited Partnerships to transfer family business or investments while maintaining control.

____________ Gifting programs to reduce death taxes.

____________ Life Insurance Trusts to provide estate liquidity and remove assets from taxable estate.

____________ Other: ____

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