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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.

I. GENERAL DATA

Date Prepared: _____

A. Personal Information

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

B. Residence

Permanent Home Address: _____ County _____
Telephone: Home: _____ Business: _____ Cell: _____

C. Children and Grandchildren

Please list each of your children including deceased children (D). Indicate if child is of husband (H), wife (W), both (B) or 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 either of 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 (indicate of H or W)	Address	Age/Birth Date (indicate if deceased)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brothers/Sisters (indicate of H or W)	Address	Age/Birth Date (indicate if deceased)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. FAMILY ADVISORS

(Please list name, firm and telephone.)

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 FOR - HUSBAND

Please provide names and relationships.

A. Name the following:	<u>Name</u>	<u>Address/Telephone</u>
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. ESTATE PLANNING INFORMATION FOR - WIFE

Please provide names and relationships.

A. Name the following:	<u>Name</u>	<u>Address/Telephone</u>
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) _____

VI. 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?		

VII. FINANCIAL INFORMATION - or attach a recent financial statement (last six months)

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:

1. On husband's life

Policy Number	Company	Owner	Beneficiary	Face Value	Cash Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. On wife's life

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:

VIII. REQUEST FOR ADDITIONAL INFORMATION

Please provide us 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: _____
- _____
- _____