ESTATE PLANNING QUESTIONAIRE AND PERSONAL DATA SHEET

Date________________ Home Telephone______________________

Business Telephone _______________________

Please feel free to use this form to help you prepare for your initial estate planning consultation. It is a way for you to organize your Estate Plan and begin to think about, for example, who you would want as the Executor of your estate, your Power of Attorney, or the Guardian for any minor children you may have. Whether you choose to use this form or not, please bring full legal names and addresses for anyone who you intend to name in your documents. It is not necessary to provide dates of birth or social security numbers at this time.

The information you provide is held in the strictest confidence. Please refer to the accompanying privacy notice which details our firm's confidentiality policy.

Please bring this completed questionnaire with you to the appointment. Please list names as they would appear on legal documents.

PERSONAL DATA

Full Name ____

Spouse's Name ____

Address ____

City, State, Zip Code ____________________________________

Birth Date _________________ Social Security Number ___________________

Spouse's Birth Date ____________ Spouse's Social Security Number ___________________

U.S. Citizen? Yes ________ No ________ Annual Income ____________________

Is spouse a U.S. Citizen? Yes ________ No ________ Annual Income ____________________

If widowed, please list date of death of spouse___________________________

REFERRAL

By whom were you referred to this office?

Name _____________________________________

Firm/Company Name _______________________

DISPOSITIVE INTENTIONS

1. Who will be the recipients of your assets?

____

____

____

2. If you have children, do you wish to treat all of your children equally?

Yes ________ No ________

3. If a child should predecease you, will his or her children take his/her share?

4. After your death, at what age do you want your estate distributed to your children:

(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35)

Your choice of age:
____

5. If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren?

Yes ________No ________

If so, how much and to whom? ____

Your choice of age: ____

6. Do you want to leave a specific amount of money or other assets to any charity?

Yes ________No ________

If so, how much? ________________________

Name and Address of Charity:
____

____

7. Is there any family member that you want to specifically exclude from receiving anything under your Will?

Yes ________No ________

If so, whom? ________________________________

EXECUTOR: settles the estate; submits paperwork to the Probate Court; pays bills; accounts for all of the income, assets and expenses; follows your wishes as expressed in your Will.

Who do you wish to serve as your Executor?

First Choice ________________________________

Address ________________________________

____

Second Choice ________________________________

Address ________________________________

____

TRUSTEE: if a trust is to be established for any beneficiary, the trustee takes care of the money, investing it appropriately and makes distributions according to your directions; trust could last many years.

Who do you want to serve as your Trustee?

First Choice ________________________________

Address ________________________________

____

Second Choice ________________________________

Address ________________________________

____

GUARDIAN: raises your children, provides a home for them and takes care of them hopefully as you would have done.

If you have minor children, who do you want to act as Guardian?

First Choice ________________________________

Address ________________________________

____

Second Choice ________________________________

Address ________________________________

____

LIVING WILL

Do you want your Living Will to provide for withdrawal of artificial food and fluid?

Yes________ No________

Do you want to donate your eyes or any specific organs?

Yes________ No________

Do you want to specify cremation or other arrangements for your body?

Yes________ No________

If yes, please specify your wishes:

____

____

Name of proposed Personal Representative for Health Care Decisions (usually family member or friend who can make any and all health care decisions for you while you are alive)

____

Address of proposed Personal Representative for Health Care Decisions

____

City, State, Zip

____

Telephone number

____

Name of proposed <u>Alternate</u> Personal Representative for Health Care Decisions

____

Address of proposed <u>Alternate</u> Personal Representative for Health Care Decisions

____

City, State, Zip

____

Telephone number

____

What is the name, address and telephone number of your primary care physician?

____

____

____

<u>POWER OF ATTORNEY</u>

Name of proposed attorney-in-fact (usually family member or friend who can handle all legal and financial transactions for you while you are alive – someone extremely trustworthy!!)

____

Address of proposed attorney-in-fact

____

City, State, Zip

____

Telephone number

____

Name of proposed <u>Alternate</u> Financial Agent

____

Address of proposed <u>Alternate</u> Financial Agent

____

City, State, Zip

____

Telephone number

____

MISCELLANEOUS

Do you and/or your beneficiary have any other issues which may impact your decisions?

Yes________ No________

If yes, please explain:

____

____

____

CHILDREN (if applicable)

CHILD'S NAME, ADDRESS WITH ZIP CODE, TELEPHONE NO., DATE OF BIRTH,

Name	Address	Tel. No.	Date of Birth	

GRANDCHILDREN (if applicable)

GRANDCHILD'S NAME, ADDRESS WITH ZIP CODE, TELEPHONE NO., AND DATE OF BIRTH.

Name	Address	Tel. No.	Date of Birth

CLIENT ASSET INFORMATION INTAKE FORM

Name of Client: ____

FINANCIAL SUMMARY

In order to provide you with the most accurate Estate Planning advice that meets your own personal needs, it would be most helpful if you would list the approximate values of your assets, using the list below. We also find that filling out this checklist helps our clients become more organized with regard to their assets and makes an easy list to refer to.

<u>We will hold this information in the strictest confidence</u>. Please refer to our enclosed privacy policy notice or contact our office should you have any questions.

ASSETS

Please list the following information for <u>each bank account you own or that is in your name</u>. This includes checking accounts, savings accounts, CD's,

Bank Accounts: Single ownership? ______ or Joint ownership?______

Bank Name: ___________________________________

Account No.:___________________________________

Type of Account: _______________________________

Approximate Value: $____________

Bank Accounts: Single ownership? ______ or Joint ownership?______

Bank Name: ___________________________________

Account No.:___________________________________

Type of Account:_______________________________

Approximate Value: $____________

Bank Accounts: Single ownership? ______ or Joint ownership?______

Bank Name: ___________________________________

Account No.:______________________________________

Type of Account:_________________________________

Approximate Value: $_____________

Bank Accounts: Single ownership? ______ or Joint ownership?______

Bank Name: ______________________________________

Account No.:______________________________________

Type of Account:_________________________________

Approximate Value: $_____________

Do you own your own home? ______Yes _______No

Approximate value of home $_____________

Real Estate (other) $_____________

Savings Certificates (CD's) $_____________

Stocks - Non Mutual Funds (Not Held by Broker) $_____________

Stocks - Non Mutual Funds (Held by Broker) $_____________

Bonds - Non Mutual Funds (Not Held by Broker) $_____________

Bonds - Non Mutual Funds (Held by Broker) $_____________

Mutual Funds $_____________

Note and Mortgages Receivables	$____________
Business Interests	$____________
Inheritance, etc.	$____________
Automobiles	$____________
Jewelry & Collections	$____________
Non-IRA Tax Qual. Retirement Plans	$____________
IRA's	$____________
Life Insurance	$____________
Annuities	$____________
Other Assets	$____________
TOTAL	$____________