

**ESTATE PLANNING INFORMATION FOR
YOUR CONFERENCE WITH OUR FIRM
(Married Clients)**

Attached is an estate planning questionnaire that we will use to analyze your estate and to make estate planning recommendations. We realize that much of this information is extremely confidential. We will hold it in the utmost confidence and treat it as privileged between client and attorney, except as permitted by you.

For Your Assistance in Completing the Questionnaire

Property may be owned in your individual name, in your spouse's individual name, in joint tenancy, in tenancy in common, or as community property. The ownership normally is shown by the registration, such as on a passbook, stock certificate, or deed. If ownership is in one name only, list the value in the column for that person.

Sometimes the ownership is in two names. If the names are followed by the words "as joint tenants," "JT TEN," or "as joint tenants with right of survivorship," this normally is regarded as *joint tenancy ownership*. It means that the property *automatically* becomes owned by the survivor if one of the two persons should die. List the full value of such jointly owned assets in the "Joint Tenancy" column.

A different kind of ownership is indicated when the words "tenants in common" or no other words follow the two names. Under this type of ownership, when one of the two persons dies, the survivor owns one-half of the property and the decedent's half passes pursuant to his or her will or trust. This is not necessarily a bad result. If the ownership is tenancy in common, list one-half of the value under *each* of the "client" and "spouse" columns but *nothing* under the "Joint Tenancy" ownership column.

If you have lived in one of the community property states (currently Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin¹), some types of property (such as investments emanating from earnings while domiciled there) will be considered community property. If you have community property that you can identify as such, indicate it on the questionnaire, putting half the value in each of the columns for you and your spouse.

Some Matters You Should Consider Prior to Our Meeting

Your Will or Trust should make some important designations. Prior to our initial conference, you and your spouse should consider the person(s) or corporate fiduciary to be designated to fill the following roles:

Executor or Personal Representative. The Executor or Personal Representative handles the probate of an estate, assisted by an attorney. The Executor or Personal Representative is responsible for collecting the assets, determining the debts, preparing the tax returns, preparing accounts to the court for receipts and disbursements of assets, and making final distribution of the estate to the beneficiaries. This job normally extends from one to three years. You may designate an individual or a bank as sole Executor or Personal Representative or you may have co-Executors or co-Personal Representatives -- that is, two or more persons, or a bank and one or more persons, acting together. Consider also successor or alternative Executors or Personal Representatives.

Trustee. The responsibilities of the Trustee normally last much longer than those of the Executor or Personal Representative. The Trustee is responsible for receiving assets from the Executor or Personal Representative, keeping accounts, safekeeping assets, filing income tax returns for the trust, and making distributions to beneficiaries as directed by the trust instrument. Investment decisions are an important part of the Trustee's responsibilities. Frequently, for tax reasons, it is inadvisable to have a beneficiary (such as a spouse or child) as Trustee. However, a spouse or other beneficiary may act as Trustee if certain limitations are imposed on the

Trustee's discretionary power to distribute income or principal among family members. You may designate an individual or a bank as sole Trustee or you may have co-Trustees -- that is, two or more persons, or a bank and one or more persons, acting together.

Trustee Investment Adviser. Clients frequently want to have a bank or trust company act as Trustee, but wish to lodge the investment decisions and responsibilities with a family member or a trusted business associate, who may be designated "investment adviser" in the trust. Such a provision may be particularly important if you own substantial interests in real estate, farms, or a family or closely held business.

Trustee Removal. Some of our clients wish to designate a person or group of persons who may remove the Trustee, especially if the Trustee is "outside the family," such as a bank or trust company. Subject to certain limitations, you may give the removal power to your spouse, children or other relatives. Some clients use trusted business associates. Other clients prefer to have the power of removal lodged in a committee consisting of several named persons and to have them fill any vacancy in the committee.

Guardians for Minor Children. If you have minor children, you and your spouse should designate guardians to take care of them in the event both you and your spouse are deceased. Most states recognize two types of guardians: "guardian of the person" and "guardian of the estate." The guardian of the person of a minor child is responsible for seeing to the child's personal well-being and education, not from a financial standpoint but rather to make day-to-day personal choices for the child. A guardian of the estate is responsible for the investment and management of assets registered in the name of a minor child. In a carefully arranged estate plan, no assets are listed in the minor's name and no guardian of the estate is required. Normally, the guardian of the person must be a person and cannot be a bank or trust company; the guardian of the estate generally should be the same person or corporate fiduciary designated as trustee under your estate plan.

ESTATE PLANNING QUESTIONNAIRE

(Married Client)

Today's Date: _____

I. Family and Employment Info – Please use full legal names

Husband: _____
First Middle Initial Last

How do you want your name to read on your estate planning documents?

Date of Birth Social Security No. Yes No U.S. Citizen? Cell Phone Email

Father's Name Mother's Name

Husband's Employer Info: Are you retired? Yes No Occupation: _____

Employer Name (if any) Address City State Zip Code

Title Office Telephone No. Office Fax No. Office Email

Wife: _____
First Middle Initial Last

How do you want your name to read on your estate planning documents?

Date of Birth Social Security No. Yes No U.S. Citizen? Cell Phone Email

Father's Name Mother's Name

Wife's Employer Info: Are you retired? Yes No Occupation: _____

Employer Name (if any) Address City State Zip Code

Title Office Telephone No. Office Fax No. Office Email

Primary Home: _____
Street Address City County State Zip Code

() _____
Telephone No. Fax No. thru Seasonal Dates

Secondary Home: _____
Street Address City County State Zip Code

() _____
Telephone No. Fax No. thru Seasonal Dates

II. Marital Info (please provide dates)

Prior Marriages?

Premarital/Post-marital Agreement or Divorce Decree?

Ever lived in a community property state (i.e., AZ, CA, ID, LA, NV, NM, TX, WA, or WI)?

III. Children and Grandchildren -- Please use full legal names

#1 CHILD:

First		Middle Initial		Last	
Street Address			City	County	State
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

Children of #1 Child:

A.

First		Middle Initial		Last	
Street Address			City	County	State
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

B.

First		Middle Initial		Last	
Street Address			City	County	State
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

C.

First		Middle Initial		Last	
Street Address			City	County	State
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

#2 CHILD:

First		Middle Initial		Last	
Street Address			City	County	State
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

Children of Child #2:

A.

First		Middle Initial		Last	
Street Address			City	County	State
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

B.

First		Middle Initial		Last	
Street Address			City	County	State
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

C.

First		Middle Initial		Last	
Street Address			City	County	State
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

#3 CHILD:

First		Middle Initial	Last		
Street Address		City	County	State	Zip Code
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

Children of #3 Child:**A.**

First		Middle Initial	Last		
Street Address		City	County	State	Zip Code
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

B.

First		Middle Initial	Last		
Street Address		City	County	State	Zip Code
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

C.

First		Middle Initial	Last		
Street Address		City	County	State	Zip Code
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

#4 CHILD:

First		Middle Initial	Last		
Street Address		City	County	State	Zip Code
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

Children of #4 Child:**A.**

First		Middle Initial	Last		
Street Address		City	County	State	Zip Code
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

B.

First		Middle Initial	Last		
Street Address		City	County	State	Zip Code
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

C.

First		Middle Initial	Last		
Street Address		City	County	State	Zip Code
M/F	Marital Status	Spouse's Name (if applicable)	Social Security No.	Date of Birth	

If more space is needed for children and grandchildren, please attach a separate page and check here

Are any of the children or grandchildren adopted? Yes No

Are there any other dependents? Yes No

IV. Current Estate Planning Documents

Do you have a Will? Yes No

Do you have a Power of Attorney? Yes No

Do you have a Living Will/Advance Directive? Yes No

Are you the Grantor, Trustee, or Beneficiary of any Trust? If Yes, please explain: Yes No

V. Other Professionals

Accountant:

Name		Title		
Firm Name				
Street Address	City	County	State	Zip Code
()	()			
Phone No	Fax No.	Email		

Investment Advisor/ Financial Planner:

Name		Title		
Firm Name				
Street Address	City	County	State	Zip Code
()	()			
Phone No	Fax No.	Email		

Trust Officer:

Name		Title		
Firm Name				
Street Address	City	County	State	Zip Code
()	()			
Phone No	Fax No.	Email		

Insurance Agent:

Name		Title		
Firm Name				
Street Address	City	County	State	Zip Code
()	()			
Phone No	Fax No.	Email		

VI. Gift Tax Filings

Have you ever filed a Gift Tax Return (IRS Form 709)? If Yes, please provide copies.

Husband Yes No

Wife Yes No

VI. Assets and Debts

Asset

Approx. Market Value

Notes

Please Indicate if Assets are held in Husband's Name [H], Wife's Name [W], or Jointly [J]
or if it is held in the Revocable Trust

		H/W/J	Rev. Trust	
Primary Residence	_____	_____	_____	_____
Mortgage Debt	_____	_____	_____	_____
Other Residences	_____	_____	_____	_____
Mortgage Debt	_____	_____	_____	_____
Other Real Property	_____	_____	_____	_____
Mortgage Debt	_____	_____	_____	_____
Tangible Personal Property (furnishing, antiques, artwork, jewelry, automobiles)	_____	_____	_____	_____
Cash and Cash Equivalents	_____	_____	_____	_____
Marketable Securities				
Stocks	_____	_____	_____	_____
Mutual Funds	_____	_____	_____	_____
Bonds	_____	_____	_____	_____
Other	_____	_____	_____	_____
Partnership Interests	_____	_____	_____	_____
Closely-held Businesses	_____	_____	_____	_____
IRAs	_____	_____	_____	_____
Keogh Plan	_____	_____	_____	_____
Annuities	_____	_____	_____	_____
Employee Benefits				
Vested Pension/Profit Sharing	_____	_____	_____	_____
401(k) Plan or 403(b) Plan	_____	_____	_____	_____
Stock Option Plan	_____	_____	_____	_____
Deferred Compensation (non-qualified)	_____	_____	_____	_____
Other Company Plan with Death Benefit	_____	_____	_____	_____
Possible Inheritances	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____
Other Debts/Liabilities	_____	_____	_____	_____

ESTIMATED NET WORTH: \$ _____

Life Insurance (list each policy below):

<u>Company</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Cash Value</u>	<u>Death Benefit</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VI. Estate Planning Designations -- Please use full legal names

ADVANCE DIRECTIVE – (includes a Living Will and Health Care Surrogate Designation) Who would you designate to make medical decisions for you if you were alive but incapacitated?

Husband's Choice

_____	_____	_____	_____
First	Middle	Last	Relationship

If this person were unable or unwilling to act, who would you choose next?

_____	_____	_____	_____
First	Middle	Last	Relationship

Wife's Choice

_____	_____	_____	_____
First	Middle	Last	Relationship

If this person were unable or unwilling to act, who would you choose next?

_____	_____	_____	_____
First	Middle	Last	Relationship

DURABLE GENERAL POWER OF ATTORNEY – Who would you designate to make financial and business decisions for you if you were alive but incapacitated?

Husband's Choice

_____	_____	_____	_____
First	Middle	Last	Relationship

If this person were unable or unwilling to act, who would you choose next?

_____	_____	_____	_____
First	Middle	Last	Relationship

Wife's Choice

_____	_____	_____	_____
First	Middle	Last	Relationship

If this person were unable or unwilling to act, who would you choose next?

_____	_____	_____	_____
First	Middle	Last	Relationship

WILL – Who would you designate as your Executor (Personal Representative in Florida) in the event of your death?
Note: If this person is not a blood relative, he/she must be a resident of the State of Florida.

Husband’s Choice

_____ _____ _____ _____
First Middle Last Relationship

If this person were unable or unwilling to act, who would you choose next?

_____ _____ _____ _____
First Middle Last Relationship

Wife’s Choice

_____ _____ _____ _____
First Middle Last Relationship

If this person were unable or unwilling to act, who would you choose next?

_____ _____ _____ _____
First Middle Last Relationship

TRUST – Who would you designate as the Trustee to manage your affairs in the event you create a Revocable “Living” Trust or if you have trusts created for anyone after your death (e.g., in the event a minor inherits assets through a trust after your death).

Husband’s Choice

_____ _____ _____ _____
First Middle Last Relationship

If this person were unable or unwilling to act, who would you choose next?

_____ _____ _____ _____
First Middle Last Relationship

Wife’s Choice

_____ _____ _____ _____
First Middle Last Relationship

If this person were unable or unwilling to act, who would you choose next?

_____ _____ _____ _____
First Middle Last Relationship

GUARDIAN – Who would you designate as guardians of your minor children in the event both you and your spouse die while your children are minors?

_____ _____ _____ _____
First Middle Last Relationship