

ESTATE PLANNING QUESTIONNAIRE

The information you give us is lawyer-client privileged and will remain strictly confidential.

Please answer all of the questions to the best of your ability to enable us to best advise you. However, if you are not sure about any item, just leave it blank. We will go over each page with you.

Any contact information that you provide us will remain in your file. We will never contact anyone unless we are directed by you to do so.

If you own real estate, please bring a copy of the deed and tax bill if you have them readily available.

If you own a business, please bring any organization or formation papers if readily available.

Thank you.

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Today's Date: _____

Your
Mailing
Address: _____

County (Select one): Oakland Wayne Macomb Other: _____

Do you live in a (Select one): City Village Township Other: _____

FAMILY

YOUR LEGAL NAME (First, Middle Initial, Last)

Full Legal Name _____

Do you use any other name on your ID: _____

Soc. Sec. No. (last 4 digits) XXX-XX- _____ Date of Birth: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Are you a Michigan Resident? (Select one) **Yes** **No** U.S. Citizen? (Select one) **Yes** **No**

If not, details of residency/citizenship: _____

War Veteran? (Select one): **Yes** **No** V.A. # _____

Disabled in service? (Select one) **Yes** **No**

Were you previously married (circle one)? **Yes** **No** How many times: _____

Name of former spouse(s): _____

How did former marriage(s) end? (divorce/death): _____

Support obligation to/from former spouse(s): _____

Have you previously executed any of the following documents? (If yes, please bring them with you.):

- | | | | |
|--------------------------|------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------|
| Last Will and Testament? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Power of Attorney? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Revocable Living Trust? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Patient Advocate/Medical? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Irrevocable Trust? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pre/Postnuptial Agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Your Children (Full Legal Name / Complete Address / Email / Mobile Phone / Date of Birth / Name of Other Parent)

Are any of your children deceased? (Select one) **Yes** **No**

(Name / Age): _____

Is it possible you will either have or adopt additional children? (Select one) **Yes** **No**

Is anyone other than your children financial or otherwise dependent upon you? For example, this might include a disabled sibling or elderly parents, etc. (Select one) **Yes** **No**

If yes, please explain: _____

GUARDIAN

After your death, who would you like to take care of your MINOR CHILDREN or incapacitated persons in your care? If you are not sure, we will discuss in detail during our meeting.

Guardian (Legal Name / Complete Address / Email / Mobile Phone / Relationship to You)

First Choice	
First Back Up	
Second Back Up	

Third Back Up	
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ADVISORS

Name, Phone and Address: _____
 Your Accountant _____

Name, Phone and Address: _____
 Husband's Primary Physician _____

Name, Phone and Address: _____
 Wife's Primary Physician _____

Name, Phone and Address: _____
 Insurance Agent _____

Name, Phone and Address: _____
 Financial Advisor _____

FINANCIAL AUTHORITY

Who do you want to handle your financial affairs if you are unable? Whomever you name will be responsible as your personal representative under your Last Will, your power of attorney if you are incapacitated and, if you have a trust, your Trustee who will handle your estate when you die. If you are not sure, we will discuss this very important choice in detail during our meeting.

Executor Power of Attorney and Trustee	(Legal Name / Complete Address / Email / Mobile Phone / Relationship to You)
First Choice (usually each other)	
First Back Up	

Second Back Up	
Third Back Up	

PATIENT ADVOCATE

Who will make medical decisions for you if you are unable?

Patient Advocate	(Legal Name / Complete Address / Email / Mobile Phone / Relationship to You)
First Choice	
First Back Up	
Second Back up	
Third Back Up	

Do you wish to donate your body to science? **Yes** **No**

If Yes, to which medical school: _____

Donate body parts? *(i.e. make anatomical gifts)?* **Yes** **No**

Do you want cremation? **Yes** **No**

Do you want a traditional burial? **Yes** **No**

Do you have any specific wishes for a final memorial service or for disposing of your cremains?

Have you purchased a cemetery plots? Yes No

Do you have prepaid funeral arrangements? Yes No

Have you ever filed a **gift tax return?** (Select one) Yes No (If yes, please bring a copy.)

Is anyone (other than minor children) physically or financially dependent upon you (for example, disabled sibling, elderly parents, etc.)? (Select one) Yes No

If yes, please explain: _____

SPECIFIC GIFTS

Do you want to give any of your **tangible personal property** (jewelry, antiques, collections, recreational items, etc.) to anyone in particular? _____

Do you want to give anything else to anyone in particular? For example, you might give a specific amount of money to one or more persons or organization, or a particular parcel of real estate.

Name of Beneficiary / Complete Address /
Email / Mobile Phone/ Relationship to You

Describe Specific Gift:

TO WHOM DO YOU WANT TO GIVE EVERYTHING WHEN YOU DIE

Please also list below those persons to whom you want the **rest and remainder of your estate** to go. For example, you may provide that your spouse receives everything upon your death, and if he or she should predecease you, then your estate goes to your children or other heirs.

Name of Beneficiary / Complete Address /
Email / Mobile Phone / Relationship to You

Distribution of Balance
of Your Estate:

Estate Planning Questionnaire
Lawyer-Client Privileged

(include last four digits of account number and name of institution): Current Value (Primary/Contingent)

Retirement Accounts (continued) (Include traditional/deductible IRA, traditional/nondeductible/Roth IRA, 401K, 403(b), all other tax deferred plans and annuities):

Description (include last four digits of account number and name of institution): Approximate Current Value Name of Owner Beneficiaries (Primary/Contingent)

Miscellaneous Assets: Include notes/loans owed to you, art, antiques, jewelry, automobiles, boats/recreations vehicles, collections and other unique assets):

Description Approximate Value Ownership

Do you own any **guns** or gun-related accessories? (Select one) Yes No

If so, how are they registered/titled? _____

Safe Deposit Box? (Select one) Yes No

Name(s) on the Box: _____

Location: _____

Liabilities Other than Mortgage(s)? (Select one) Yes No

Type of Liability Amount

Are you or any of your beneficiaries the beneficiary of any trust, or do you anticipate any inheritances in the foreseeable future? (Select one) **Yes** **No**

LIFE INSURANCE

Include for each policy, Company Name, Policy Owner, Insured, Type of Policy (Group, Term, Universal/Whole), Beneficiaries, Cash Value, Loan Amount, Face Value:

Do you have disability, accident, long term care and/or health insurance? **Yes** **No**

BUSINESS INTERESTS

Please provide information regarding any business that you own or in which you have any interest, including the name of the business, address, type of entity (LLC, Corporation, etc.), your ownership percentage, the approximate value of the business and whether you have any agreements relating to the business interest (i.e. buy-sell or operating agreements, etc.)

(Summary on next page)

FINANCIAL SUMMARY

We will complete this item during our meeting.

Assets	Solely Owned by You	Joint with Others
Real Estate (Net Equity)		
Bank Accounts CDs		
Stocks/ Bonds		
Retirement Accounts		
Other Assets		
Inheritance		
Life Insurance		
Business Interests		
Subtotals:		
Liabilities:	()	()
Net Totals:		

Total Estate Assets (add Net Totals above): _____