

ESTATE PLANNING QUESTIONNAIRE

I. Personal Information.

Full Legal Name: _____

Current Address: _____

Telephone Numbers: _____

Date of Birth: _____

Spouse's Full Legal Name: _____

Full Legal Names and birth dates of all children (whether living or deceased, legitimate or illegitimate):

II. Prior Estate Planning:

Please list and provide a brief description of any prior wills, trusts or other estate planning steps or documents that you have done in the past. Please include copies of all such documents when you return this questionnaire to our office.

III. Real Property (houses, land, buildings, leaseholds, etc.):

<u>Description with Full Address:</u>	<u>How Held/With Whom? (E.g., Joint Tenants)</u>	<u>Approximate Fair Market Value:</u>	<u>Outstanding Mortgage Bal:</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. Personal Property.

Please list the personal property (everything except real estate) that you own, or in which you hold an ownership interest, by the following categories (attach additional pages if necessary):

A. Cash, Bank Accounts, Certificates of Deposit, Negotiable Securities, etc.:

Description: Where Located: How Held?(joint, P.O.D, etc.) Current Value:

B. Retirement Accounts/Plans (IRA's, 401(k)'s, 403(b)'s, Annuities, etc.).

Description: Where Held? Death Beneficiary(ies)? Current Value:

C. Life Insurance Policies:

Face Amount: Issuer: Owner: Named Beneficiary(ies): Cash Value:

D. Debts Owed to You:

Description: Documentation(if any): How Held? Remaining Balance:

E. Intellectual Property (patents, trademarks, copyrights, etc.)

Description: Interest Held? How Held? Approximate Value?

F. Ownership Interests in Business Ventures:

Name and Description of Business: Interest Held? How Held? Approximate Value?

G. Automobiles, Boats, Recreation Vehicles, etc.:

Year: Make: Model: How Held: Current Value?
(E.g., Joint)

VI. Medical Directives and Decision Maker(s):

- A. Please specify two individuals), if any, who you wish to give medical instructions to your doctors on your behalf in the event that you become incapacitated. Please list at least a first and second choice if you wish to create a Health Care Power of Attorney. Provide the address and phone number of each person, in order of your preferred appointment.

- B. If you have any special desires concerning the extent of medical treatment you wish to receive in the event that you are incapacitated and unable to communicate your desires to your doctors and family, please specify here. Please review the attached document and be prepared to indicate which option you choose.

- C. Specify if the person designated to give medical instructions should be permitted to have access to your medical records. _____

- D. Do you want your organs donated? _____

- E. Do you want your body donated for medical research? _____

VII. Funeral or Burial Directives: Please describe any funeral plans or arrangements made, any desires for your burial or funeral that you wish to include in your estate plan.

VIII. Additional Questions or Concerns:

Please describe any additional questions or concerns you may have regarding the design and implementation of your estate plan.
