

ESTATE PLANNING QUESTIONNAIRE

ROHRS LAW, LTD

ATTORNEYS AT LAW
102 WEST BRYAN STREET
BRYAN, OHIO 43506-1202
(419) 636-3166
www.rohrslaw.com

TO OUR CLIENTS:

This questionnaire is provided to assist you in developing your estate plan. If space provided is insufficient, please use the space provided on Page 8. If convenient, please mail or deliver your completed questionnaire to our office in advance of your next appointment.

In advising you, we will rely upon the information you provide. For that reason, it is important that the information be complete, and values be accurate.

We appreciate the opportunity to work with you in your estate planning.

PLEASE PROVIDE US WITH COPIES OF THE FOLLOWING:

- ANY EXISTING WILLS AND/OR TRUSTS
- DEEDS FOR REAL ESTATE
- LIFE INSURANCE POLICIES, ANNUITIES
- POWERS OF ATTORNEY
- LIVING WILLS AND HEALTH CARE POWERS OF ATTORNEY
- RECENT STATEMENTS FOR RETIREMENT PLANS
- RECENT STATEMENTS FOR BROKERAGE ACCOUNTS
- RECENT STATEMENTS FOR BANK ACCOUNTS

OF COURSE, ALL INFORMATION PROVIDED WILL BE HELD IN STRICTEST CONFIDENCE.

Name: _____ DOB: _____ SS#: _____

Address: _____

Phone Number: _____ ☐ Check this box if you have SMS/Texts enabled for this number.

Email address: _____

Your Employer: _____ Employer Address: _____

Please list any previous marriages/divorces: _____

Citizenship: ☐ U.S.A ☐ Other _____

Have you previously lived in a community property state? ☐ Yes ☐ No ☐ Not Sure

If YES, please identify the state and dates of residence: _____

CHILDREN:

(1) Name: _____ DOB: _____

Address: _____

Phone: _____ Email address: _____

(2) Name: _____ DOB: _____

Address: _____

Phone: _____ Email address: _____

(3) Name: _____ DOB: _____

Address: _____

Phone: _____ Email address: _____

(4) Name: _____ DOB: _____

Address: _____

Phone: _____ Email address: _____

Do you anticipate inheriting money or other property? ☐ Yes ☐ No

If YES, please explain: _____

Are you the beneficiary of any trusts? ☐ Yes ☐ No

If YES, please explain: _____

Do you have any lock boxes? ☐ Yes ☐ No Location of Key(s): _____

Bank: _____ Under what name(s): _____

Bank: _____ Under what name(s): _____

Do you wish your estate plan to make provision for any charitable, educational, or civic bequests? ☐ Yes ☐ No

Are you the owner of any interest in a business or businesses? ☐ Yes ☐ No

If YES, please provide information concerning the names, addresses and types of business; your interest in those businesses; current financial statements; and if there are any buy-sell agreements:

Do any of your children or other beneficiaries have special needs? ☐ Yes ☐ No

Whom would you choose to appoint as:

1. If you were to die and you leave a minor child or children (under 18), who would you want to be named as guardian(s)?

Guardian: _____ Alternate Guardian: _____

2. Executor and Alternate Executor in your will:

Executor: _____ Alternate Executor: _____

Disposition of assets: _____

3. Trustee of any Trust which may be created?

Trustee: _____ Successor Trustee: _____

4. Person holding your Power of Attorney?

1) Name: _____ Address: _____

2) Name: _____ Address: _____

3) Name: _____ Address: _____

5. Persons named as your Health Care Power of Attorney?

1) Name: _____ Address: _____

Phone Number: _____

2) Name: _____ Address: _____

Phone Number: _____

3) Name: _____ Address: _____

Phone Number: _____

6. If a Guardianship is filed for your person or estate, whom do you wish to nominate as Guardian?

Guardianship of Person

1) Name: _____ Address: _____

Phone Number: _____

2) Name: _____ Address: _____

Phone Number: _____

Guardianship of Estate

1) Name: _____ Address: _____

Phone Number: _____

2) Name: _____ Address: _____

Phone Number: _____

ADVISORS:

Financial: _____

Accountants: _____

Real Estate Advisors: _____

Trust Officers: _____

LIABILITIES

(Other than Real Estate and Automotive)

_____ CREDITOR	_____ DEBTOR(S)	_____ COLLATERAL	\$_____ AMOUNT
_____ CREDITOR	_____ DEBTOR(S)	_____ COLLATERAL	\$_____ AMOUNT
_____ CREDITOR	_____ DEBTOR(S)	_____ COLLATERAL	\$_____ AMOUNT

Liability Insurance Coverage? Amount/Insurance Company: _____

Do you have an Umbrella Policy? Amount/Insurance Company: _____

Do you serve as Director or Officer of any Corporations, LLCs or other entities? If so, do you have Director's and/or E&O

Director's liability coverage? Amount/Insurance Company: _____

ASSETS

REAL ESTATE

_____ ADDRESS/LOCATION	_____ TYPE (RESIDENCE/FARM/COMMERCIAL)
CO-OWNER(S): _____	_____
MORTGAGE: ☐ NO ☐ YES \$_____	_____ FAIR MARKET VALUE
_____ MORTGAGEE (BANK/SAVINGS & LOAN)	
_____ ADDRESS/LOCATION	_____ TYPE (RESIDENCE/FARM/COMMERCIAL)
CO-OWNER(S): _____	_____
MORTGAGE: ☐ NO ☐ YES \$_____	_____ FAIR MARKET VALUE
_____ MORTGAGEE (BANK/SAVINGS & LOAN)	

BANK/SAVINGS & LOAN ACCOUNTS (NON-RETIREMENT)

BANK: _____ OWNER(S) _____

TYPE: (CKG/SAV/CD) _____

ACCOUNT NUMBER _____

BENEFICIARY/POD? YES ☐ NO ☐

BENEFICIARY _____

\$ _____

BALANCE _____

BANK: _____ OWNER(S) _____

TYPE: (CKG/SAV/CD) _____

ACCOUNT NUMBER _____

BENEFICIARY/POD? YES ☐ NO ☐

BENEFICIARY _____

\$ _____

BALANCE _____

STOCKS/BONDS/MUTUAL FUNDS (NON-RETIREMENT)

1. STOCK _____ # OF SHARES _____ \$ _____ VALUE _____ OWNERS: _____

BOND: _____

FUND: _____

2. STOCK _____ # OF SHARES _____ \$ _____ VALUE _____ OWNERS: _____

BOND: _____

FUND: _____

3. STOCK _____ # OF SHARES _____ \$ _____ VALUE _____ OWNERS: _____

BOND: _____

FUND: _____

4. STOCK _____ # OF SHARES _____ \$ _____ VALUE _____ OWNERS: _____

BOND: _____

FUND: _____

RETIREMENT PLANS (PENSION, KEOGH, 401(k), IRA) - If you prefer, rather than providing the specific information requested below, you may provide us with printouts of your investment accounts.

1. _____ TYPE _____ OWNERS: _____

TRUSTEE/CUSTODIAN
(e.g. BROKER OR BANK)

BENEFICIARY _____

\$ _____

CURRENT VALUE

2. _____ TYPE _____ OWNERS: _____

TRUSTEE/CUSTODIAN
(e.g. BROKER OR BANK)

BENEFICIARY _____

\$ _____

CURRENT VALUE

LIFE INSURANCE

1. _____ INSURED NAME: _____ \$ _____
INSURANCE COMPANY CASH VALUE
- _____ BENEFICIARY \$ _____
WHOLE LIFE-TERM-OTHER DEATH BENEFIT
- \$ _____
LOANS AGAINST POLICY
2. _____ INSURED NAME: _____ \$ _____
INSURANCE COMPANY CASH VALUE
- _____ BENEFICIARY \$ _____
WHOLE LIFE-TERM-OTHER DEATH BENEFIT
- \$ _____
LOANS AGAINST POLICY
3. _____ INSURED NAME: _____ \$ _____
INSURANCE COMPANY CASH VALUE
- _____ BENEFICIARY \$ _____
WHOLE LIFE-TERM-OTHER DEATH BENEFIT
- \$ _____
LOANS AGAINST POLICY

ANNUITIES

1. _____ \$ _____
ISSUER ANNUITANT BENEFICIARY VALUE
2. _____ \$ _____
ISSUER ANNUITANT BENEFICIARY VALUE

IS ANYONE INDEBTED TO YOU? ☐ Yes ☐ No

If YES, please explain: _____

TANGIBLE PERSONAL PROPERTY

HOUSEHOLD GOODS	\$ _____	Describe: _____
JEWELRY	\$ _____	Describe: _____
ANTIQUES	\$ _____	Describe: _____
COLLECTIONS	\$ _____	Describe: _____
FARM MACHINERY	\$ _____	Describe: _____
GRAIN	\$ _____	Describe: _____
LIVESTOCK	\$ _____	Describe: _____

1.	YEAR	MAKE	MODEL		
	OWNER(S):		\$	LOAN	\$ VALUE
2.	YEAR	MAKE	MODEL		
	OWNER(S):		\$	LOAN	\$ VALUE
3.	YEAR	MAKE	MODEL		
	OWNER(S):		\$	LOAN	\$ VALUE
4.	YEAR	MAKE	MODEL		
	OWNER(S):		\$	LOAN	\$ VALUE
5.	YEAR	MAKE	MODEL		
	OWNER(S):		\$	LOAN	\$ VALUE

[illegible]