



ROHRS LAW

ESTATE PLANNING QUESTIONNAIRE

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.**

Date Completed: _____

Name: _____ DOB: _____ SS#: _____

Spouse: _____ DOB: _____ SS#: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Email address: _____

Husband's Employer: _____

Wife's Employer: _____

Date of Marriage: _____ Place: _____

Citizenship: Husband: U.S. ☐ Other _____ Wife: U.S. ☐ Other _____

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

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

(IF NEEDED, ADDITIONAL SPACE FOR RESPONSES IS PROVIDED ON PAGE 8 OF THIS QUESTIONNAIRE)

CHILDREN:**Gender****CHILD OF BOTH?**

1. Name: _____ DOB: _____
Address: _____ Phone: _____
Email address: _____

☐ M ☐ F☐ Yes ☐ No

2. Name: _____ DOB: _____
Address: _____ Phone: _____
Email address: _____

☐ M ☐ F☐ Yes ☐ No

3. Name: _____ DOB: _____
Address: _____ Phone: _____
Email address: _____

☐ M ☐ F☐ Yes ☐ No

4. Name: _____ DOB: _____
Address: _____ Phone: _____
Email address: _____

☐ M ☐ F☐ Yes ☐ No

Has either client been previously married? Husband ☐ Yes ☐ No; Wife ☐ Yes ☐ No

If **YES**, please provide name(s) of previous spouse(s) and manner in which marriage was terminated: _____

Are you parties to a prenuptial agreement? ☐ Yes ☐ No If **YES**, please provide a copy.

Do you anticipate inheriting money or other property: Husband ☐ Yes ☐ No Wife ☐ Yes ☐ No

If **YES**, please explain: _____

Are you the beneficiary of any trusts? Husband ☐ Yes ☐ No; Wife ☐ Yes ☐ No

If **YES**, please explain: _____

Do you have any lock boxes? ☐ Yes ☐ No

Bank: _____ Under what name(s): _____

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

Are either of you the owner of any interest in a business or businesses?

Husband ☐ Yes ☐ No; Wife ☐ 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

If both husband and wife were to die prematurely, at what age or ages would you want your children to receive their inheritance? _____

Whom would you choose to appoint as:

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

Husband: Guardian: _____ Alternate Guardian: _____

Wife: Guardian: _____ Alternate Guardian: _____

2. Executor and Alternate Executor in your will:

Husband: Executor: _____ Alternate Executor: _____

Wife: Executor: _____ Alternate Executor: _____

Disposition of assets:

Husband:	_____	Wife:	_____
	_____		_____
	_____		_____
	_____		_____

3. Trustee of any Trust which may be created?

Husband: Trustee: _____ Successor Trustee: _____

Wife: Trustee: _____ Successor Trustee: _____

4. Person holding your Power of Attorney?

Husband: 1) _____	2) _____
Address: _____	Address: _____
_____	_____

Wife: 1) _____	2) _____
Address: _____	Address: _____
_____	_____

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

Husband: 1) _____	2) _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Wife: 1) _____	2) _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Do you wish to be an organ donor?

Husband: ☐ Yes ☐ No If yes : Driver's License Number _____

Wife: ☐ Yes ☐ No If yes : Driver's License Number _____

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

Husband: _____	Wife: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

ADVISORS:**Financial:** _____**Accountants:** _____**Real Estate Advisors:** _____**Trust Officers:** _____**IN COMPLETING THE FOLLOWING INFORMATION, "H" REPRESENTS HUSBAND, "W" REPRESENTS WIFE, "J" REPRESENTS JOINT****LIABILITIES**

(Other than Real Estate and Automotive)

_____ CREDITOR	☐ H ☐ W ☐ J DEBTOR	_____ COLLATERAL	\$ _____ AMOUNT
_____ CREDITOR	☐ H ☐ W ☐ J DEBTOR	_____ COLLATERAL	\$ _____ AMOUNT
_____ CREDITOR	☐ H ☐ W ☐ J DEBTOR	_____ COLLATERAL	\$ _____ AMOUNT
_____ CREDITOR	☐ H ☐ W ☐ J DEBTOR	_____ 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**

1. _____ ADDRESS/LOCATION OWNER(S): H ☐ W ☐ J ☐ MORTGAGE: ☐ NO ☐ YES \$ _____ _____ MORTGAGEE (BANK/SAVINGS & LOAN)	_____ TYPE (RESIDENCE/FARM/COMMERCIAL) _____ FAIR MARKET VALUE
2. _____ ADDRESS/LOCATION OWNER(S): H ☐ W ☐ J ☐ MORTGAGE: ☐ NO ☐ YES \$ _____ _____ MORTGAGEE (BANK/SAVINGS & LOAN)	_____ TYPE (RESIDENCE/FARM/COMMERCIAL) _____ FAIR MARKET VALUE
3. _____ ADDRESS/LOCATION OWNER(S): H ☐ W ☐ J ☐ MORTGAGE: ☐ NO ☐ YES \$ _____	_____ TYPE (RESIDENCE/FARM/COMMERCIAL) _____ FAIR MARKET VALUE

MORTGAGEE (BANK/SAVINGS & LOAN)

4.

ADDRESS/LOCATION

OWNER(S): H ☐ W ☐ J ☐

MORTGAGE: ☐ NO ☐ YES \$ _____

TYPE (RESIDENCE/FARM/COMMERCIAL)

FAIR MARKET VALUE

MORTGAGEE (BANK/SAVINGS & LOAN)

BANK/SAVINGS & LOAN ACCOUNTS (NON-RETIREMENT)

1. Bank: _____

OWNER(S) H ☐ W ☐ J ☐

Beneficiary/POD? Yes ☐ No ☐

TYPE: (CKG/SAV/CD)

BENEFICIARY

ACCOUNT NUMBER

\$ _____
BALANCE

2. Bank: _____

OWNER(S) H ☐ W ☐ J ☐

Beneficiary/POD? Yes ☐ No ☐

TYPE: (CKG/SAV/CD)

BENEFICIARY

ACCOUNT NUMBER

\$ _____
BALANCE

3. Bank: _____

OWNER(S) H ☐ W ☐ J ☐

Beneficiary/POD? Yes ☐ No ☐

TYPE: (CKG/SAV/CD)

BENEFICIARY

ACCOUNT NUMBER

\$ _____
BALANCE

4. Bank: _____

OWNER(S) H ☐ W ☐ J ☐

Beneficiary/POD? Yes ☐ No ☐

TYPE: (CKG/SAV/CD)

BENEFICIARY

ACCOUNT NUMBER

\$ _____
BALANCE

STOCKS/BONDS/MUTUAL FUNDS (NON RETIREMENT)

1. STOCK _____ \$ _____ OWNERS: H ☐ W ☐ J ☐
NO. OF SHARES VALUE

BOND: _____

FUND: _____

2. STOCK _____ \$ _____ OWNERS: H ☐ W ☐ J ☐
NO. OF SHARES VALUE

BOND: _____

FUND: _____

3. STOCK _____ \$ _____ OWNERS: H ☐ W ☐ J ☐
NO. OF SHARES VALUE

BOND: _____

FUND: _____

4. STOCK _____ \$ _____ OWNERS: H ☐ W ☐ J ☐
NO. OF SHARES VALUE

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	OWNER: H ☐ W ☐	
_____ TRUSTEE/CUSTODIAN (e.g. BROKER OR BANK)	_____ BENEFICIARY	\$ _____ CURRENT VALUE
2. _____ TYPE	OWNER: H ☐ W ☐	
_____ TRUSTEE/CUSTODIAN (e.g. BROKER OR BANK)	_____ BENEFICIARY	\$ _____ CURRENT VALUE
3. _____ TYPE	OWNER: H ☐ W ☐	
_____ TRUSTEE/CUSTODIAN (e.g. BROKER OR BANK)	_____ BENEFICIARY	\$ _____ CURRENT VALUE
4. _____ TYPE	OWNER: H ☐ W ☐	
_____ TRUSTEE/CUSTODIAN (e.g. BROKER OR BANK)	_____ BENEFICIARY	\$ _____ CURRENT VALUE
5. _____ TYPE	OWNER: H ☐ W ☐	
_____ TRUSTEE/CUSTODIAN (e.g. BROKER OR BANK)	_____ BENEFICIARY	\$ _____ CURRENT VALUE

LIFE INSURANCE

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

JEWELRY \$ _____

ANTIQUES \$ _____

COLLECTIONS \$ _____ Describe: _____

FARM MACHINERY \$ _____

GRAIN \$ _____

LIVESTOCK \$ _____

VEHICLES:

1. _____
YEAR MAKE MODEL
OWNER(S): H ☐ W ☐ J ☐ \$ _____
LOAN VALUE

2. _____
YEAR MAKE MODEL
OWNER(S): H ☐ W ☐ J ☐ \$ _____
LOAN VALUE

3. _____
YEAR MAKE MODEL
OWNER(S): H ☐ W ☐ J ☐ \$ _____
LOAN VALUE

4. _____
YEAR MAKE MODEL
OWNER(S): H ☐ W ☐ J ☐ \$ _____
LOAN VALUE

[illegible]