

BAROUMES LAW GROUP, PLC
ESTATE QUESTIONNAIRE

1. Name: _____ Goes By: _____
Residence Address: _____
_____ Home Phone: _____
email address: _____ Mobile Phone: _____
Date of Birth: _____ Citizenship: _____

2. Spouse's Name: _____ Goes By: _____
Residence Address: _____
_____ Home Phone: _____
email address: _____ Mobile Phone: _____
Date of Birth: _____ Citizenship: _____

Date of Marriage: _____

3. Referred By: _____ Phone: _____

4. Children (*Please List the Oldest First*) (*Please Indicate if the Child is Deceased*)

• **Name:** _____ **Date of Birth:** _____ **Sex:** _____

Child of which spouse: _____

Residence Address: _____

Spouse's Name (*if any*): _____ Home Phone: _____

Mobile Phone: _____

Number of Children (*if any*): _____ Ages: _____

Any Type of Disability: _____

• **Name:** _____ **Date of Birth:** _____ **Sex:** _____

Child of which spouse: _____

Residence Address: _____

Spouse's Name (*if any*): _____ Home Phone: _____

Mobile Phone: _____

Number of Children (*if any*): _____ Ages: _____

Any Type of Disability: _____

• **Name:** _____ **Date of Birth:** _____ **Sex:** _____

Child of which spouse: _____

Residence Address: _____

Spouse's Name (*if any*): _____ Home Phone: _____

Mobile Phone: _____

Number of Children (*if any*): _____ Ages: _____

Any Type of Disability: _____

• **Name:** _____ **Date of Birth:** _____ **Sex:** _____

Child of which spouse: _____

Residence Address: _____

Spouse's Name (*if any*): _____ Home Phone: _____

Mobile Phone: _____

Number of Children (*if any*): _____ Ages: _____

Any Type of Disability: _____

(More Children Information?) YES ___ NO ___ (If so, please include in NOTES on last page)

5. Former Spouse of: _____ Please indicate if divorce or death and date: _____

Do you have any rights or obligations under any marital agreements, divorce settlements, or judgments? Yes: ___ No: ___ *If yes, please explain:* _____

6. Personal Accountant's Information, *if available:* Name: _____

Company: _____ Phone: _____

Address: _____

7. Insurance Agent's Information, *if available:* Name: _____

Company: _____ Phone: _____

Address: _____

8. Financial Advisor's Information, *if available:* Name: _____

Company: _____ Phone: _____

Address: _____

9. Employment:
 Your Company: _____ Position: _____
 Salary: \$ _____ per year Expected Retirement Date: _____
- Spouse's Company: _____ Position: _____
 Salary: \$ _____ per year Expected Retirement Date: _____
10. Are you (or your spouse) the trustee or beneficiary of anyone else's trust? Yes: ___ No: ___ *If yes,*
 please explain: _____
-
11. Has anyone given you (or your spouse) the power to decide who inherits his or her money?
 Yes: ___ No: ___ *If yes,* please explain: _____
-
12. Do you or your spouse currently have a will? Yes: ___ No: ___ Date of Last Action: _____
13. Do you currently have a trust? Yes: ___ No: ___ Date of Last Action: _____
 Type of Trust: _____
14. Do you (or your spouse) have any of the following documents?
- | | <u>You</u> | <u>Spouse</u> |
|---------------------|------------------|------------------|
| Power of Attorney | Yes: ___ No: ___ | Yes: ___ No: ___ |
| Health Care Agent | Yes: ___ No: ___ | Yes: ___ No: ___ |
| Living Will | Yes: ___ No: ___ | Yes: ___ No: ___ |
| Personal Prop. List | Yes: ___ No: ___ | Yes: ___ No: ___ |
| Bill of Sale | Yes: ___ No: ___ | Yes: ___ No: ___ |
15. Have you (or your spouse) ever filed gift tax returns? Yes: ___ No: ___ *If yes,* when and what was
 the amount of the taxable gift(s)? _____
-
16. Are you (or your spouse) a guarantor of any obligation for any third party? Yes: ___ No: ___ *If yes,*
 explain and provide amount: _____
-
17. Any outstanding, anticipated or possible creditors' judgments or lawsuits: Yes: ___ No: ___ *If yes,*
 please explain: _____
-
18. Do you (or your spouse) have *Long Term Care Insurance*? Yes: ___ No: ___
Umbrella Insurance? Yes: ___ No: ___ *Disability Insurance*? Yes: ___ No: ___

FINANCIAL STATEMENT SUMMARY

(You May Provide Your Own Form)

(Please list the property (asset), who owns it, and the value)

Real Estate

Home/Primary Residence: _____
Vacation Property: _____
Rental Property: _____
Other Real Estate: _____
Time Share: Number: _____

Bank Accounts

CDs: _____
Money Market: _____
Savings: _____
Checking: _____

Retirement Accounts

IRAs: _____

Roth IRAs: _____

Keogh: _____
SEP: _____
401(k): _____

Pension Plan: _____

Investment Accounts (Total Values)

Stock Brokerage Accounts: _____
Mutual Funds: _____
Stocks in Certificate Form: _____
Bonds: _____
Annuities: Death Beneficiaries: _____
Money Market Accounts: _____
Virtual Currency (e.g., bitcoin or other cryptocurrency): _____

Business Ownership Interests

Name

Ownership %

Sole Proprietorship: _____
Partnership: _____
Corporation (indicate "C" or "S"): _____
Limited Liability Company: _____
Stock Options & Vesting Date(s): _____
Other: _____

(Please list the property (asset), who owns it, and the value)

Personal Property

Autos: _____
Home Furnishings: _____
Jewelry: _____
Art: _____
Firearms: Yes: ___ No: ___ If yes, are there any Title II/Class 3 Devices: Yes: ___ No: ___
Other: _____

Life Insurance Policies

Insured

Beneficiaries

Amount

Term Life:

First Policy: _____
Second Policy: _____

Group Life:

First Policy: _____
Second Policy: _____

Whole Life:

First Policy: _____
Second Policy: _____

Universal Life:

First Policy: _____
Second Policy: _____
Survivorship: _____

Potential Inheritance: _____

GROSS ESTATE

\$ _____

Mortgages

First Mortgage: _____
Second Mortgage: _____
Equity Line: _____

Loans and Debts

Credit Card/Unsecured Debt: _____
Vehicle Loan(s): _____
Life Insurance Loan: _____
Other Debt: _____

TOTAL LIABILITIES

\$ _____

NET ESTATE

\$ _____

NOTES