

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Single  Married  Widowed  Divorced

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

U.S. Citizen?  Yes  No  Yes  No

Living Parents: \_\_\_\_\_

Former Spouse: \_\_\_\_\_  
(if any)

Former Spouse Status: \_\_\_\_\_  
(dec'd, remarried, etc.)

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Living children of this marriage:

<u>Name</u>	<u>Birth Date</u>	<u>Address</u>	<u># of Children (if any)</u>
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SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Deceased children: \_\_\_\_\_

Living children of deceased child: \_\_\_\_\_

Note: If there are no living children or grandchildren, list the living brothers and sisters of husband and wife, if any of these brothers and sisters are intended to be beneficiaries in either individual's estate plan. Also list nieces and nephews if they are intended to be beneficiaries in either plan.

Indicate on a separate sheet any of your children (or your spouse's children) from any prior marriage(s).

If any grandchildren are intended beneficiaries of your estate plan (or your spouse's estate plan), then please list on a separate sheet their full names (including initials) and birth dates.

Was either spouse ever a resident of a community property state? (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington and Wisconsin.) Puerto Rico also has a community property law.)

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	Yes	No	
Safe Deposit Box?	<input type="checkbox"/>	<input type="checkbox"/>	Location: _____
Valuable Papers kept?	<input type="checkbox"/>	<input type="checkbox"/>	Location: _____
Accountant?	<input type="checkbox"/>	<input type="checkbox"/>	Location: _____
Insurance Agent?	<input type="checkbox"/>	<input type="checkbox"/>	Location: _____
Stockbroker?	<input type="checkbox"/>	<input type="checkbox"/>	Location: _____
Previous Estate Planning Attorney?	<input type="checkbox"/>	<input type="checkbox"/>	Location: _____

Are any wills, trusts, power of attorney, living wills (medical powers of attorney already in place? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSET INFORMATION

A. Real Estate (including land contracts):

<u>Description</u>	<u>Owner (H, W, J*)</u>	Mtg. Balance	Mkt. Val/ Basis
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$

B. Life Insurance:

<u>Description</u>	<u>Company</u>	<u>Type of Insurance</u>	<u>Owner (H, W, J*)</u>	<u>Beneficiary</u>	<u>Death Benefit</u>
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$

C. Stocks and Bonds:

<u>Name</u>	<u>Location</u>	<u>Amount</u>
H -	_____	\$
_____	_____	\$
W -	_____	\$
_____	_____	\$
J -	_____	\$
_____	_____	\$
_____	_____	\$

Closely held (family) securities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Cash (checking, savings, CD, money market, credit union):

<u>Location of Account</u>	<u>Owner (H, W, J*)</u>	<u>Amount</u>
H -	_____	\$
_____	_____	\$

W-	_____	\$
	_____	\$
J-	_____	\$
	_____	\$
	_____	\$

E. Business Interests: List all closely held business interest, including, but not limited to partnership, corporations and sole proprietorships.

H- \_\_\_\_\_  
 \_\_\_\_\_

W- \_\_\_\_\_  
 \_\_\_\_\_

Do any of these businesses hold a liquor license?  Yes  No

If yes, please list and describe: \_\_\_\_\_  
 \_\_\_\_\_

F. Are there any buy/sell agreements or stock redemption agreements in effect for any of the above closely held business interests? If so, please list and describe:

H - \_\_\_\_\_  
 \_\_\_\_\_

W - \_\_\_\_\_  
 \_\_\_\_\_

G. Retirement benefits:

	<u>Company</u>	<u>Beneficiary</u>	<u>Current Balance</u>
H -	_____	_____	\$
W -	_____	_____	\$

H. IRAs:

	<u>Location</u>	<u>Beneficiary</u>	<u>Current Balance</u>
H -	_____	_____	\$
W -	_____	_____	\$

I. Miscellaneous: Household furnishings, auto, collections (art, coins, etc.) Value  
 H - \_\_\_\_\_ \$ \_\_\_\_\_  
 W - \_\_\_\_\_ \$ \_\_\_\_\_

Money owed by others to you (i.e., land contracts) Value  
 H - \_\_\_\_\_ \$ \_\_\_\_\_  
 W - \_\_\_\_\_ \$ \_\_\_\_\_

Beneficial Interests in Trusts or Powers of Appointment Value  
 H - \_\_\_\_\_ \$ \_\_\_\_\_  
 W - \_\_\_\_\_ \$ \_\_\_\_\_

Expected Inheritances: Value  
 H - \_\_\_\_\_ \$ \_\_\_\_\_  
 W - \_\_\_\_\_ \$ \_\_\_\_\_

List all gifts made by you over \$10,000 in value (date and beneficiary)  
 H - \_\_\_\_\_  
 \_\_\_\_\_

Any gift tax return filed? \_\_\_\_\_ Years filed: \_\_\_\_\_  
 W - \_\_\_\_\_ \$ \_\_\_\_\_

Any gift tax return filed? \_\_\_\_\_ Years filed: \_\_\_\_\_

List significant debts or obligations other than mortgages listed above:  
 H - \_\_\_\_\_  
 \_\_\_\_\_  
 W - \_\_\_\_\_  
 \_\_\_\_\_

Do you have any mineral rights to devise to any beneficiaries? H  Yes  No W  Yes  No

Do you want incentive Trust provisions in your Revocable Living Trusts?

H  Yes  No      W  Yes  No

**CERTIFICATION**

I/We, the undersigned, hereby certify that the above asset information is complete and correct.  
I/We understand and agree that John V. Polomsky II will use this information as a basis for his  
recommendations for my/our Estate Plans.

Date: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_