CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE FOR

	Date
Trust Package (Individual)	
Last Will & Testament Packa	ge (Individual)
	ntained in this confidential estate planning at all information is correct and accurate to the
Client Signature	Client Signature

ESTATE PLANNING QUESTIONNAIRE

Personal Information	☐ Last Will 8	☐ Last Will & Testament ☐ Trust			
Client Name		DOE	3		
Address					
County of Residence					
Home Phone Work		_ Cell			
Email Address					
Marital Status: ☐ Single ☐ Married DOM		D v	Vidowed	☐ Divorced	
Spouse Name		DOE	3		
Please list below the beneficiary's name, sex (M/F) and (B). Also list what percentage of the client's estate tha Children / Beneficiaries Full Names	t the beneficiary will		HWB	Percent	
		<u>Jex</u>	and a contract of the contract		
		Michigan para di pada para da		%	
				%	
				%	
				%	
				%	
Distribute client's estate as follows:					
☐ Distribute Outright ☐ Hold in Trust u	ıntil years of	age.			
If a beneficiary predeceases the client, his or her	share is to be:				
☐ Distributed equally among his or her children, i	f any.				
\square Distributed equally to the remaining surviving b	eneficiaries name	d above.			

Trust-Successor Trustee

(The individual or individuals that handle the administration of your Trust Assets/Estate upon death or incapacitation.)
Primary Successor Trustee (Name, City/State)
Alternate Successor Trustee (Name, City/State)
Last Will & Testament / Pour-Over Will - Personal Representative (aka Executor)
(The individual or individuals named to handle your estate through the Probate process.)
Male
☐ Same as Successor Trustees (or)
Primary PR (Name, City/State)
First Alternate PR (Name, City/State)
Female
☐ Same as Successor Trustees (or)
Primary PR (Name, City/State)
First Alternate PR (Name, City/State)
Guardians for Minor Children
(The individual or individuals who will take care of your minor children upon your passing.)
☐ Same as Successor Trustees (or)
Primary Guardian (Name, City/State)
First Alternate Guardian (Name, City/State)

General Durable Financial Power of Attorney - Personal Representative / Agent (The individual who will make Financial/Legal decisions for you, if you cannot make them for yourself). Male ☐ Same as Successor Trustees (or) Primary PR (Name, City/State) First Alternate PR (Name, City/State) **Female** ☐ Same as Successor Trustees (or) Primary PR (Name, City/State) First Alternate PR (Name, City/State) Medical Power of Attorney / Living Will - Personal Representative (The individual who will make medical decisions for you, if you cannot make them for yourself. The Living Will is your wishes on life support if you have a terminal illness and there is no chance of recovery.) Male ☐ Same as Successor Trustees (or) Primary PR (Name, City/State) First Alternate PR (Name, City/State) **Female**

Primary PR (Name, City/State)

First Alternate PR (Name, City/State) _____

☐ Same as Successor Trustees (or)

Estate Planning Q v1

	-	
Real Estate - Number of Parcels Owned	List each pr	operty below:
ddress	County	Parcel ID#
ddress	County	Parcel ID#
ddress	<u>County</u>	Parcel ID #
ddress	<u>County</u>	Parcel ID #
	<u>County</u>	Parcel ID#

Estate Valuation Worksheet

Asset	Approx. Value	Notes
Home	\$	
Contents of Home	\$	
Other Real Property	\$	
Other Real Property	\$	
Motor Home / RV	\$	
Auto / Boat	\$	
Auto / Boat	\$	
Collections	\$	
Special Jewelry	\$	
Antiques	\$	
Art	\$	
Annuities	\$	
Life Insurance (DB)	\$	
Life Insurance (DB)	\$	
Stocks & Bonds	\$	
Mutual Funds	\$	
IRA / Pension	\$	
IRA / Pension	\$	
Certificate of Deposit	\$	
Certificate of Deposit	\$	
Money Market Account	\$	
Regular Savings Account	\$	
Checking Account	\$	
Other	\$	
Other	\$	
Total Value of Estate	\$	