ELPO LAW

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Estate Planning Questionnaire

Confidential Client Communication

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Thank you for choosing our firm to assist you with your planning goals. The information you provide in this questionnaire will help you organize your personal and financial information so that we can properly assess your current situation and evaluate what estate planning documents can best serve your needs. The information requested in this form is necessary to provide you with proper advice and recommendations. We request that you complete Sections I through VI of this questionnaire to the best of your ability and as applicable to you, and bring the same with the documents requested in Part IX, with you to your initial consultation.

General Timeline:

Whether you want just a basic Will, or a more complicated estate or asset protection plan is needed, our timeline for the preparation and completion of your personalized plan will most likely follow the format below:

- Initial Consultation: Review and discuss estate planning questionnaire, as well as discuss the appropriate documents to meet your estate plan goals. Please plan on about an hour for this meeting.
- Preparation of drafts. After your consult and agreement, we will prepare drafts of your documents for your review.
- Execution Meeting. After you review the documents, you should call us to schedule a meeting to review and execute the documents.

Appointment:

Date:
Time:

Doc#2488900

Estate Planning Questionnaire

I. PERSONAL INFORMATION

	Spouse #1	Spouse #2
Full Name	________________________________	______________________________
Citizenship	________________________________	______________________________
Age	________________________________	______________________________
Previously Married?	Yes____ No ____	Yes_____ No ____
Existing Estate Planning Documents?	Yes____ No ____	Yes_____ No ____

Address ____

Street Address *City* *State* *Zip*

Mailing Address
(if different) ____

Address *City* *State* *Zip*

Home Phone/Fax	______________________________	______________________________
Cell Numbers	______________________________	______________________________
E-mail	______________________________	______________________________
Employer	______________________________	______________________________

Referred by: ____

Date of Marriage _______

Premarital Agreement? Yes _____ No _____

How do you wish for your name to be listed on your estate planning documents?

Spouse # 1: ____

Spouse #2: ____

II. CHILDREN

Please continue on back if necessary.

Children – Full Names and Addresses	**Age**	**Child of both or only Spouse #1 or Spouse #2**	**Married (Y/N)**	**No. of children**
Child 1: ______________________	__________	__________	__________	__________
Address: ______________________				
______________________				
Spouse's name: ______________________				
Child 2: ______________________	__________	__________	__________	__________
Address: ______________________				
______________________				
Spouse's name: ______________________				
Child 3: ______________________	__________	__________	__________	__________
Address: ______________________				
______________________				
Spouse's name: ______________________				
Child 4: ______________________	__________	__________	__________	__________
Address: ______________________				
______________________				
Spouse's name: ______________________				

Do you have any children that are deceased? Yes _____ No _____
If yes, please complete the following:

Child Name: ______________________ Date of Death: __________

If yes, please list names below:

____

____

____

III. PREFERRED BENEFICIARIES (if <u>not</u> your children)

Please continue on back if necessary.

Full Names and Addresses	Age	Married (Y/N)	No. of children	Relationship to: Spouse #1	Relationship to: Spouse #2
Name 1: ____________	____	____	____	____	____
Address: ____________					
____________					
Spouse's name: ____________					
Name 2: ____________	____	____	____	____	____
Address: ____________					
____________					
Spouse's name: ____________					
Name 3: ____________	____	____	____	____	____
Address: ____________					
____________					
Spouse's name: ____________					
Name 4: ____________	____	____	____	____	____
Address: ____________					
____________					
Spouse's name: ____________					

IV. ADVISORS

	Name	Firm	Phone
Accountant	____________	____________	____________
Life Insurance Professional	____________	____________	____________
Investment Advisor/ Stock Broker	____________	____________	____________
Private Banker/ Trust Officer	____________	____________	____________

V. FINANCIAL INFORMATION

In addition to the following, please bring any current financial statements if any to our meeting.

Real Estate: Please be sure to bring all current Deeds for the property listed below.

Location, name(s) on title and use (primary residence, second residence, rental property, vacant)	Owned by Spouse 1 or 2 or Jointly Owned?	Est Value
1.		
2.		
3.		
4.		

Checking, Savings Accounts, Money Market Funds, CDs:

Institution, name(s) on accounts, held as joint or separate?	Spouse #1 or 2 or Joint	Est Bal.
1.		
2.		
3.		
4.		

Investment and Brokerage Accounts:

Institution, name(s) on accounts, held as joint or separate?	Spouse #1 or 2 or Joint	Est Bal.
1.		
2.		
3.		
4.		

Individual Retirement Accounts:

Institution, owner, beneficiary, type (traditional or Roth)	Spouse #1 or 2 or Joint	Est Bal.
1.		
2.		
3.		
4.		

Pension, Profit Sharing, or Stock Bonus Plans; Other Retirement Plans:

Employer, employee, beneficiary, type (e.g., 401(k), Profit Sharing)	Spouse #1 or 2 or Joint	Est Bal.
1.		
2.		
3.		
4.		

Closely held Stock/LLC Interests/ LP Interests:

Business entity owned, name(s) on certificates, # of shares or % owned	Spouse #1 or 2 or Joint	Est Bal.
1.		
2.		
3.		
4.		

Other/Miscellaneous Assets of Significant Value:

Automobiles, recreational vehicles, boats, household furnishings, collections	Spouse #1 or 2 or Joint	Est Bal.
1.		
2.		
3.		
4.		

Debts, loans and other obligations to third parties:

Payee and description. If secured by a lien, describe collateral	Spouse #1 or 2 or Joint	Est Bal.
1.		
2.		
3.		
4.		

Life Insurance: Please list each of you insurance policies below. Please include policies that insure your life and policies that you own that insure the lives of others. Attach additional sheets or supporting documentation as needed.

Company	Policy Type	Person Insured	Policy Owner	Beneficiary	Cash Value	Death Benefit
1.						
2.						
3.						
4.						

If any of the above-listed assets meet any one of the following criteria, please list the asset and whom (Spouse #1 or Spouse #2) acquired or has title to property:

Acquired prior to marriage: ______________________________

Acquired by gift, devise, bequest or inheritance: ______________________________

Please estimate the size of your potential inheritance from your family:

______________________ Spouse #1

______________________ Spouse #2

VI. BACKGROUND QUESTIONS

	Spouse #1	Spouse #2
1. Are you the beneficiary or trustee of any trust?	______	______
2. Have you ever made gifts over the annual exclusion amount?	______	______
3. Are either of you subject to any divorce or other court decree or agreement limiting your estate planning choices? (If yes, please provide documentation)	______	______
4. Do you plan on providing for a beneficiary with special needs?	______	______

YOUR SPECIAL OBJECTIVES OR OTHER INFORMATION YOU WISH TO ADD (IF ANY):

VII. FIDUCIARY AND DISTRIBUTION INFORMATION

EXECUTOR: An Executor is the person or company appointed by the court to administer a decedent's probate estate. Responsibilities of the Executor generally include the collecting of all assets, paying debts of the estate, filing applicable tax returns, and distributing the remainder of the estate according to the terms of a Will. Who would you designate as your Executor in the event of your death? *Please list at least one backup designee in the event a designee is unable or unwilling to act.* ***We often recommend considering your Spouse as 1st Choice.***

Spouse #1:

1st Choice: ______________________________ City/State: ____________________

Backup: ______________________________ City/State: ____________________

2nd Backup: ______________________________ City/State: ____________________
(if any)

Spouse #2:

1st Choice: ______________________________ City/State: ____________________

Backup: ______________________________ City/State: ____________________

2nd Backup: ______________________________ City/State: ____________________
(if any)

TRUSTEE: A Trustee is the person or company designated to manage the affairs of your trust if any. Duties of a Trustee include the duty to carry out the express terms of the trust instrument, the duty to defend the trust, the duty to prudently invest trust assets, the duty of impartiality among the beneficiaries, and the duty to account for trust transactions. Who would you designate as the Trustee of your trust? *Please list at least one backup designee in the event a designee is unwilling to act.* ***We often recommend considering your Spouse as 1st Choice, unless the trust only takes effect after the deaths of both spouses.***

Spouse #1:

1st Choice: ______________________________ City/State: ____________________

Backup: ______________________________ City/State: ____________________

2nd Backup: ______________________________ City/State: ____________________
(if any)

Spouse #2:

1st Choice: ______________________________ City/State: ____________________

Backup: ______________________________ City/State: ____________________

2nd Backup: ______________________________ City/State: ____________________
(if any)

POWER OF ATTORNEY: Who would you designate to make financial and business decisions for you? *Please list at least one backup designee in the event a designee is unable or unwilling to act.* ***We often recommend considering your Spouse as 1st Choice.***

Spouse #1:

1st Choice: ______________________________ City/State: ____________________

Backup: ______________________________ City/State: ____________________

2nd Backup: __________ ______________________________ City/State: ____________________

Spouse #2:

1st Choice: ______________________________ City/State: ____________________

Backup: ______________________________ City/State: ____________________

2nd Backup: ______________________________ City/State: ____________________
(if any)

HEALTH CARE SURROGATE: Who would you designate to make medical decisions for you if you become incapacitated? *Please list at least one backup designee in the event a designee is unable or unwilling to act.* ***We often recommend considering your Spouse as 1st Choice.***

Spouse #1:

1st Choice: ______________________________ City/State: ____________________

Backup: ______________________________ City/State: ____________________

2nd Backup: ______________________________ City/State: ____________________
(if any)

Spouse #2:

1st Choice: ______________________________ City/State: ____________________

Backup: ______________________________ City/State: ____________________

2nd Backup: ______________________________ City/State: ____________________
(if any)

GUARDIAN: Who would look after and be legally responsible for the care and custody of your minor children in the event you and your spouse are both deceased or incapacitated? *Please list at least on backup designee in the even a designee is unable or unwilling to act.*

1st Choice: ______________________________ City/State: ____________________

Backup: ______________________________ City/State: ____________________

2nd Backup: ______________________________ City/State: ____________________
(if any)

HOLDBACK: At what age (or ages) should your children and/or beneficiaries exercise control over their inheritance? When should they receive their inheritance outright?

____

____

____

____

ALTERNATE DISTRIBUTION: If your entire family (you, your children, and your grandchildren) dies in a common disaster, which individuals and/or charities do you want to receive your property and in what shares?

____

____

____

VIII. DOCUMENTS TO BRING WITH YOU

We can make copies at our meeting.

- This Questionnaire.
- A copy of any existing Wills or Trusts.
- A copy of any deeds to real property owned by you or your existing Trust, if located outside of Warren County.
- A copy of all current financial account statements.
- A copy of any Community Property Agreements or Premarital Agreements you have signed.
- A copy of any Divorce Decrees or Agreements you have been party to.
- A copy of any "Buy-Sell" Agreements you have signed (shareholders agreements, partnership agreements, operating agreements, etc.)
- A copy of your most recent gift tax return (if any).