

CONFIDENTIAL

ESTATE PLANNING UPDATE QUESTIONNAIRE

This ESTATE PLANNING QUESTIONNAIRE (**EPQ**) is the first important step in the review of your Wills, Revocable Living Trusts, Powers of Attorney, Living Wills and HIPAA Authorization forms – the documents which form the foundation of your “estate plan.” Before you begin filling in the blanks, read through the entire **EPQ**. Then, collect all of the source documents – bank and brokerage statements, income tax returns, etc. – that you will need to complete it.

Please print clearly and take care to answer all of the questions fully. Use the space provided, and if additional space is needed, use the Supplemental Information pages at the end of this **EPQ** for any comments or additional information you would like to provide.

If you are unsure of a certain dollar amount, do not leave the question blank. Rather, provide a reasonably close estimate. We will assume unanswered questions do not apply to you. We will rely on much of the information provided to us in the **EPQ** in designing your estate plan and advising you on related matters. You will want to be sure the **EPQ** is accurate.

We look forward to meeting with you! Please return the completed **EPQ** in advance of the meeting date.

PERSONAL INFORMATION

YOU

YOUR SPOUSE

Full Name		
Nickname		
Birth Date		
Social Security Number		
Home Phone Number		
Office Phone Number		
Fax Number		
Cell Phone		
E-mail Address		
Second E-mail Address		

HOME ADDRESS:

Street Address			
City	County	State	Zip

--- PLEASE TELL US WHAT HAS CHANGED SINCE YOUR ORIGINAL DOCUMENTS WERE PREPARED ---

EMPLOYER:

Your Employer's Name	Spouse's Employer's Name
Street Address	Street Address
City, State Zip	City, State Zip

Have You/Your Spouse been divorced?	You	Your Spouse
	Yes No	Yes No

(If "YES", please bring to our attention any divorce decree or settlement agreement terms)

Citizenship (if not US)	Country
General Health	Country
Circle One Excellent / Good / Fair / Poor	Circle One Excellent / Good / Fair / Poor

YOUR CHILDREN --- any new children born or adopted by you? new grandchildren? any deceased children?

Full Name	Gender	Date of Birth	Social Security Number	Child of You/Spouse/Both?	Grandchildren? (If yes, how many)

(If you have additional Children please provide similar information on a Supplemental Information Page)

Are any of your children or grandchildren adopted or in the process of being adopted? _____

Who referred us to you?

Name: _____ Company: _____

May we thank him or her for referring us to you ? Circle One YES NO

CPA affiliation (name, firm and telephone number): _____

May we communicate with him or her regarding your planning ? Circle One YES NO

Bank affiliation (bank name and name/phone number of banker): _____

May we communicate with him or her regarding your planning ? Circle One YES NO

Financial Advisor/Stock Broker (name and telephone number): _____

May we communicate with him or her regarding your planning ? Circle One YES NO

Do you have a safe deposit box? _____ If yes, location: _____

CAREER INFORMATION

Have you (or your spouse) changed careers since we last met? If so, please provide the following information:

	YOU	YOUR SPOUSE
Title	_____	_____
Position/Specialty	_____	_____
Years of Service	_____	_____
Highest attained degree	_____	_____

THE FOLLOWING IS FOR OUR INFORMATION ONLY – THANK YOU FOR PROVIDING THIS INFORMATION

When you come to our office, will you likely be coming from your home or office?

How important is the location of our office to your decision to hire our firm? (Our office is located in the Perimeter Mall area) (circle one) HIGH MED LOW

PLANNING PRIORITIES

Prioritize the following. You can choose the most important to you or rank all six. 1 = most important, 6 = least important.

- _____ Protection of assets from my creditors
- _____ Protection of my assets from my children’s creditors, such as litigation and divorce
- _____ Minimize taxes
- _____ Benefit charities
- _____ Simplicity
- _____ Postpone the possession of my children’s or grandchildren’s inheritance as to not inhibit their ambitions

FINANCIAL INFORMATION

Note: You may use this form or an alternate one (from Quicken, a recent financial statement prepared for a bank, etc.) that provides similar information. Numbers may be rounded.

ASSETS	YOU	SPOUSE	JOINT
1. Principal Residence	\$ _____	\$ _____	\$ _____
2. Other real property (include location):			
State: _____ Purpose: _____	\$ _____	\$ _____	\$ _____
State: _____ Purpose: _____	\$ _____	\$ _____	\$ _____
State: _____ Purpose: _____	\$ _____	\$ _____	\$ _____
3. Publicly-listed or traded securities	\$ _____	\$ _____	\$ _____
4. Cash, savings accounts, CDs, etc.	\$ _____	\$ _____	\$ _____
5. Closely-held and untraded securities	\$ _____	\$ _____	\$ _____
6. Partnership or sole proprietor interests	\$ _____	\$ _____	\$ _____
7. Cars	\$ _____	\$ _____	\$ _____
8. Other personal property	\$ _____	\$ _____	\$ _____
9. Face amount of life insurance (provide detail in <i>Insurance Information</i> section)	\$ _____	\$ _____	\$ _____
10. Pension, profit-sharing, IRAs, etc. (provide detail in <i>Retirement Benefit Plans</i> section)	\$ _____	\$ _____	\$ _____
11. Custodial Accounts [in which you are the Custodian]	\$ _____	\$ _____	\$ _____
12. Other _____	\$ _____	\$ _____	\$ _____
13. Other _____	\$ _____	\$ _____	\$ _____
ASSET TOTALS	\$ _____	\$ _____	\$ _____
LIABILITIES			
Less: Mortgages	\$ _____	\$ _____	\$ _____
Less: Other debts	\$ _____	\$ _____	\$ _____
NET WORTH TOTALS	\$ _____	\$ _____	\$ _____
OVERALL NET WORTH	\$ _____		

(the sum of the Net Worth Totals on the line above)

Do you own property jointly with any person other than your spouse? (If so, describe the property and with whom you own the property, and whether the ownership is a joint tenancy with right of survivorship, tenancy in common or some other type of joint ownership?) _____

Your annual gross household income (circle one)

Under \$75,000 \$75,000-\$150,000 \$150,000-\$250,000 \$250,000-\$500,000 Over \$500,000

Predicted date of retirement: You: _____ Spouse: _____

Is any amount included in your current net worth a result of a substantial inheritance? _____
If so, please give details _____

FUTURE INHERITANCE:

Do You/Your Spouse anticipate receiving an inheritance? If so, how much and your best guess when?

You: \$_____ will be received _____ from _____

Spouse: \$_____ will be received _____ from _____

INSURANCE INFORMATION

Note: Do the best you can to gather the information requested below, but do not let this effort delay the planning process. If you are not sure, put a question mark in the applicable box.

Insured	Owner of Policy	Company	Face Amount	Cash Value	Primary Beneficiary	Contingent Beneficiary	Is this a T (term) WL (whole life) U (universal) or O (other) policy	Annual Premium \$\$

Do You/Your Spouse have any of the following types of insurance coverage? If so, please provide amount.

Disability (long or short term) \$ _____

Umbrella \$ _____

Long-term Care \$ _____

RETIREMENT BENEFIT PLANS

PENSION, PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ETC.

Owner / Participant	Type of Plan	Benefit Provided or Amount	Primary Death Beneficiary (If Any)	Secondary Death Beneficiary (If Any)	Comments

SPECIFIC GIFTS OF PROPERTY

Would you like to pass specific items of property or specific amounts of money to named recipients (friends, relatives or charities)? (If so, describe the property and provide each recipient's name.)

Item Description or \$\$\$ Amount	Recipient

(Use a Supplemental Information Page if necessary)

DISTRIBUTION OF YOUR PROPERTY

Please review the distribution provisions of your Wills (and/or Revocable Living Trusts). If you would like to make any changes, please describe them here: _____

PERSONAL REPRESENTATIVES, TRUSTEES AND GUARDIANS

Please review the Personal Representatives (sometimes called the Executors), Trustees and Guardians named in your Wills (and/or Revocable Living Trusts). If you would like to make any changes, please describe them here (Use a Supplemental Information Page if necessary):

PERSONAL REPRESENTATIVES (EXECUTOR/EXECUTRIX)

This is the person/entity charged with the responsibility to assemble and transfer your assets after your passing, offer your Will for probate in the Probate Court, file tax returns, etc. This is a short term role. This role may be served simultaneously by one or more individuals (including your spouse) and/or a bank or other corporate fiduciary:

YOU

YOUR SPOUSE

Name(s) of Initial Personal Representative(s):

Name(s) of Initial Personal Representative(s):

City/State/ZIP: _____

City/State/ZIP: _____

Relationship to You: _____

Relationship to Spouse: _____

Name(s) of Backup Personal Representative(s):

Name(s) of Backup Personal Representative(s):

City/State/ZIP: _____

City/State/ZIP: _____

Relationship to You: _____

Relationship to Spouse: _____

TRUSTEES

The Trustees primarily serve an asset management and administration responsibility. This long term role begins after the Personal Representative has completed the administration of the estate. This role may be served simultaneously by one or more individuals (including your spouse), and/or a bank or other corporate fiduciary:

YOU

YOUR SPOUSE

Name(s) of Initial Trustee(s):

Name(s) of Initial Trustee(s):

City/State/ZIP: _____

City/State/ZIP: _____

Relationship to You: _____

Relationship to Spouse: _____

Name(s) of Backup Trustee(s):

Name(s) of Backup Trustee(s):

City/State/ZIP: _____

City/State/ZIP: _____

Relationship to You: _____

Relationship to Spouse: _____

GUARDIANS

The Guardians are the individuals appointed under your Wills to raise your minor children and take responsibility for their financial security should something happen to both spouses. If two people are named below as initial Guardians, consider whether you want the survivor of them to serve alone if the other dies.

Note: For checks and balances, you may want to consider naming different individuals in the role of Guardian from those you name as Trustee.

Name(s) of Initial Guardian(s) _____
Street Address: _____
City and State/ZIP: _____
Relationship To You: _____

If you have named two Guardians to serve together, do you want their survivor to continue alone prior to the backups named below? (circle one) YES NO DON'T KNOW

Name(s) of Backup Guardian(s) _____
Street Address: _____
City and State/ZIP: _____
Relationship To You: _____

POWERS OF ATTORNEY

Please review the Agents named in your Powers of Attorney (for Property and Health Care). If you would like to make any changes, please describe them here (Use a Supplemental Information Page if necessary):

GENERAL DURABLE POWER OF ATTORNEY (FOR PROPERTY)

You may name an individual to serve as your Agent (or Attorney-in-Fact) to make decisions regarding your assets on your behalf while you are alive. This role may be served simultaneously by individuals (including your spouse, a parent, an adult child or a close friend). If you are disabled and cannot manage your financial affairs, your Agent under this document would have the authority to do so:

- I want this authority given (check all that apply)
- immediately for spouse only
 - immediately for all agents
 - only when I become incapacitated for agents other than spouse
 - only when I become incapacitated for all agents.

YOU

Name(s) of Initial Agent(s): _____

City/State/ZIP: _____
Relationship to You: _____

Name(s) of Backup Agent(s): _____

City/State/ZIP: _____
Relationship to You: _____

YOUR SPOUSE

Name(s) of Initial Agent(s): _____

City/State/ZIP: _____
Relationship to Spouse: _____

Name(s) of Backup Agent(s): _____

City/State/ZIP: _____
Relationship to Spouse: _____

GENERAL DURABLE POWER OF ATTORNEY FOR HEALTH CARE

You may name an individual to serve as your Agent (Attorney-in-Fact) to make health care-related decisions on your behalf when you are unable to do so. This role may be served simultaneously by individuals (including your spouse, a parent, an adult child or a close friend). Decisions regarding life-sustaining measures may be made by your Agent, so it is important to discuss these issues with the person(s) you designate.

YOU

Name(s) of Initial Agent(s):

City/State/ZIP: _____

Relationship to You: _____

Name(s) of Backup Agent(s):

City/State/ZIP: _____

Relationship to You: _____

YOUR SPOUSE

Name(s) of Initial Agent(s):

City/State/ZIP: _____

Relationship to Spouse: _____

Name(s) of Backup Agent(s):

City/State/ZIP: _____

Relationship to Spouse: _____

QUESTIONS TO CONSIDER PRIOR TO OUR CONFERENCE

QUESTIONS:

1. Do your children, grandchildren, or others you feel responsible for have any problems or special needs which should be considered or are currently receiving state or federal assistance due to a disability?
2. Do you have the responsibility for supporting anyone other than your spouse and children?
3. Have you ever lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin)?
4. Have you ever filed a gift tax return?
5. Any other unique family circumstances, problems, and other planning concerns?

Please bring the following to the planning session (we would prefer a copy for our records):

- your present Wills (if any)
- declaration page of life insurance policies and annuities
- property warranty deeds showing ownership
- trust agreements [that you have either signed or are a beneficiary of]
- buy-sell agreements
- other documents or contracts affecting your estate
- names, ages, addresses, and occupations of your parents, sisters, and brothers
- prior year's income tax return

