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ESTATE AND TAX PLANNING QUESTIONNAIRE

I. Date Questionnaire Completed: ____, 20 _____

II. Family Information

A. YOU AND YOUR SPOUSE:

Your Name: ____________________ SSN: ________________ DOB: ______________ US Citizen? Y N
Spouse's Name: __________________ SSN: ________________ DOB: ______________ US Citizen? Y N
Your Home Address: ____
Your Business Address: ____
Home Number: ____________________________ Work Number: ______________________________
Fax Number: ____________________________ Mobile Phone: ______________________________
Email Address: ____________________________ Alt. Email: ______________________________

B. YOUR CHILDREN (and grandchildren):

Child's Name:	DOB:	SSN:	Address:	Married?	Number of Grandchildren
				Y N	
				Y N	
				Y N	
				Y N	

Please list any accounts or funds set aside for your children's (or grandchildren's) education:

Type of Plan (529 Plan, UTMA Account, Education IRA)	**Current Value**	**Beneficiary/Custodian**
	$	
	$	
	$	
	$	
TOTAL:	$	

Please indicate whether any *minor* child has separate assets other than those listed above, including approximate value and in whose name they are held:

____
____
____

C. FAMILY CIRCUMSTANCES:

Please note any special family considerations (i.e., adopted children, previous marriages, special health problems of any family members). If a spouse is deceased, please note his or her date of death:

____
____
____

III. Employment and Income

Your Occupation: ______________________ Spouse's Occupation: ______________________

Your Annual Income:		Spouse's Annual Income:	
Salary	$	Salary	$
Other (include source -	$	Other (include source -	$
e.g. social security,	$	e.g. social security,	$
pension, rental,	$	pension, rental,	$
dividends, interest,	$	dividends, interest,	$
annuities, etc.)	$	annuities, etc.)	$
TOTAL:	$	TOTAL:	$

IV. Assets

A. REAL ESTATE:

Location (indicate "R" if rental)	**Approximate Fair Market Value**	**Cost Basis** (including improvements)	**Mortgage Balance** (if any)	**Ownership** (individual, joint tenants, tenants in common, trust, LLC, partnership)
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
TOTALS:	$	$	$	

List additional properties at end of form or attach a schedule if necessary. ***Provide copies of all deeds if available.*** *If any real estate is held in trust****, please provide a complete copy of the trust.***

B. BANK ACCOUNTS, CD'S, MONEY MARKET ACCOUNTS, TREASURY BILLS, ETC.:

Type of Account (savings, checking, certificate of deposit, etc.)	**Approximate Account Balance**	**Name(s) on Account**
	$	
	$	
	$	
	$	
	$	
TOTAL:	$	

C. STOCKS, BONDS & OTHER PUBLICLY TRADED SECURITIES:

Type of Asset (stocks, bonds, mutual funds, etc.)	**Approximate Fair Market Value**	**Cost Basis**	**Ownership** (name of individual(s), trust(s), jointly held, etc.
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
TOTALS:	$	$	

It is not necessary to identify individual stocks and bonds. Rough estimates of the value of your investments are fine. List additional stocks and bonds at end of form or attach a schedule if necessary.

D. CLOSELY HELD BUSINESS INTERESTS:

Description of Business (Name, industry, etc.)	**Approximate Fair Market Value of YOUR Interest**	**State of Formation**	**Form of Entity** (S Corp, C Corp, LLC, partnership, sole proprietor)	**Percent Ownership**
	$			
	$			
	$			
	$			
	$			
TOTAL:	$			

Please also attach a statement indicating: (1) your position in the business; (2) the names of other owners, their shares and their relationship to you; (3) whether there is a buy/sell or stockholders' agreement; and (4) the desired disposition of your share of the business. If available, provide copies of the operating agreement, buy/sell or stockholders' agreement, if any, and the latest financial statements and/or tax returns.

E. OTHER INVESTMENTS (Private Equity, Stock Options, Tax Shelters, etc.):

Description of Investment	**Approximate Fair Market Value**	**Cost Basis**	**Ownership** (name of individual(s), trust(s), jointly held, etc.)
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
TOTALS:	$	$	

F. RETIREMENT ASSETS (Pension Plans, Profit Sharing Plans, IRAs, Keoghs, 401(k)s, etc.):

Type of Plan (IRA, 401(k), Keogh, Pension, etc.)	**Current Value**	**Participant and Beneficiary(ies)**
	$	
	$	
	$	
	$	
	$	
TOTAL:	$	

G. PERSONAL PROPERTY:

Description of Property	**Approximate Fair Market Value**	**Recently Appraised? Circle Y or N**	**Owned By** (name of individual(s), trust(s), jointly held, etc.)
Furniture and Household Goods:	$	Y N	
Jewelry and Furs	$	Y N	
Automobiles, Trailers, etc.	$	Y N	
Boats, Aircraft, etc.	$	Y N	
Art and Antiques	$	Y N	
Other Collectibles	$	Y N	
Other Items of Significant Value	$	Y N	
TOTAL:	$		

V. Life Insurance

Insurer (include type of policy, term, permanent, etc.)	**Insured**	**Face Value or Death Benefit**	**Cash Surrender Value/Loan Amount**	**Beneficiary(ies)**	**Ownership** (name of individual, trust, etc.)
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
	TOTALS:	$	$		

Provide copies of all policies if possible. *If there are loans against any policies, please indicate amount above*

VI. **Liabilities** (excluding real estate mortgages and home equity loans previously identified)

Description	**Balance Owed**	**Debtor(s)**
(a) Loans (itemize):	$	
	$	
	$	
	$	
	$	
(b) Broker's Margin Accounts:	$	
	$	
(c) Alimony and Support Obligations:	$	
	$	
(d) Charitable Pledges:	$	
	$	
(e) Lawsuits (please explain):	$	
	$	
	$	
(f) Other (please explain):	$	
	$	
	$	
TOTAL:	$	

VII. **Expected Inheritances**

Source and Description	**Estimated Value**
	$
	$
	$
	$
TOTAL	$

VIII. **Asset Recap**

Please list the total values from Section IV, Items A through G and Sections V and VI.

Description	**You**	**Spouse**	**Joint/Trust**
Real Estate (Section IV.A)	$	$	$
Bank Accounts (Section IV.B)	$	$	$
Stocks, Bonds, Etc. (Section IV.C)	$	$	$
Businesses (Section IV.D)	$	$	$
Other Investments (Section IV.E)	$	$	$
Retirement Assets (Section IV.F)	$	$	$
Personal Property (Section IV.G)	$	$	$
Life Insurance (Section V)	$	$	$
TOTAL ASSETS:	$	$	$
LESS LIABILITIES (Section VI)	$	$	$
NET ASSETS	$	$	$

IX. Estate Planning Information

A. PRIOR GIFTS:

List gifts over $10,000 per year (or over $12,000 per year in 2006-2008 and over $13,000 per year in 2009 and after) to any one individual made by you or your spouse. Please indicate whether you filed gift tax returns reporting these gifts, and if so, provide a copy of each return.

Donee (Recipient of Gift) (indicate relationship to you)	**Donor** (you/ your spouse)	**Amount or Value of Gift**	**Year Gift Made**	**Gift Tax Return Filed? Circle Y or N**
		$		Y N
		$		Y N
		$		Y N
		$		Y N
		$		Y N
		$		Y N
		$		Y N
		$		Y N
	TOTAL:	$		

B. DISPOSITION OF ASSETS:

***PLEASE PROVIDE COPIES OF YOUR MOST RECENT WILLS AND/OR TRUSTS, POWERS OF ATTORNEY, HEALTH CARE PROXIES, LIVING WILLS, PRENUPTIAL OR DIVORCE AGREEMENTS**, if any, and any other documents you would like to discuss.*

Please indicate your wishes (in a general way) with regard to the disposition of your property (e.g., specific bequests, shares for children, ages at which you believe your children should receive property outright if at all, bequests to charity, etc.). You may continue on the back of this page or attach additional pages if necessary.

C. FIDUCIARIES:

Please indicate your choices for the following fiduciary positions below, including each person's full name (with middle initial or middle name if used legally), address and his or her relationship to you. You should also name an alternate or successor for each position in the event your first choice is unavailable when he or she is called on to perform his or her duties as described below.

*An **Executor** administers your will, seeing that your probate property is distributed to your beneficiaries as you have indicated in your will. An Executor's authority ends when the probate of your estate is completed. A **Guardian** takes care of your minor children in the event you and your spouse both die before all of your children reach age 18. A **Trustee** administers your trust(s), if any, and makes distributions of trust property as you have indicated in your trust for as long as the trust is in existence. An A**ttorney-in-Fact** serves under your durable power of attorney and makes business and financial decisions for you in the event you become incapacitated. A **Health Care Agent** serves under your health care proxy and makes decisions regarding your health care in the event you are unable to make or communicate those decisions yourself.*

Executor: ____
(Name) (Address) (Relationship)

Successor Executor: ____
(Name) (Address) (Relationship)

Guardian (other than spouse): ____
(Name) (Address) (Relationship)

Alternate Guardian: ____
(Name) (Address) (Relationship)

Trustee*: ____
(Name) (Address) (Relationship)

Successor Trustee: ____
(Name) (Address) (Relationship)

Attorney-In-Fact: ____
(Name) (Address) (Relationship)

Alternate Attorney-In-Fact: ____
(Name) (Address) (Relationship)

Health Care Agent: ____
(Name) (Address) (Relationship)

Alternate Health Care Agent: ____
(Name) (Address) (Relationship)

*NOTE: In many instances, you and/or your spouse can be the primary trustee of your respective trusts. Whether or not this is your choice, you should still think about selection of a successor Trustee to serve if/when your spouse is unable to do so. Professional Trustees (e.g. attorneys, banks, trust companies) can also be selected as Trustees.

X. <u>Your Professional Advisors</u>

CPA: ____
(Name/Firm) (Address) (Telephone No.)

Financial Planner: ____
(Name/Firm) (Address) (Telephone No.)

Insurance Advisor: ____
(Name/Firm) (Address) (Telephone No.)

Stockbroker: ____
(Name/Firm) (Address) (Telephone No.)

Other Attorney: ____
(Name/Firm) (Address) (Telephone No.)

XI. Safe Deposit Boxes

List the locations of any safe deposit boxes and indicate the persons having access besides yourself.

(Safe Deposit Box Location/Address)	(Contents)	(Name, Address & Relationship of Persons with Access)
(Safe Deposit Box Location/Address)	(Contents)	(Name, Address & Relationship of Persons with Access)

XII. Additional Comments or Questions

List any other information you think might assist us in developing an appropriate estate plan for you below, including any concerns you might have or specific questions you wish to have answered. You may continue on the back of this page or attach additional pages if necessary.

XIII. How Were You Referred to Our Office?