

**ESTATE PLANNING QUESTIONNAIRE**

**PERSONAL DATA**

Full Name \_\_\_\_\_ Known by Any  
Other Names \_\_\_\_\_

Mailing Address \_\_\_\_\_ Township: \_\_\_\_\_  
\_\_\_\_\_

Tel. No. Bus \_\_\_\_\_ Home \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Location of Birth Certificate \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Previous Marriages - Yes (\_\_\_) No (\_\_\_) Domicile \_\_\_\_\_

Vote Where \_\_\_\_\_ Auto Registered Where \_\_\_\_\_ State Inc. Tax Paid Where \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

State of Health \_\_\_\_\_ Insurable? \_\_\_\_\_ Citizenship: US other \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Address \_\_\_\_\_

Tel. \_\_\_\_\_ No. \_\_\_\_\_

**YOUR SPOUSE**

Full Name \_\_\_\_\_ Known by Any \_\_\_\_\_ Other Names \_\_\_\_\_

Tel. No. Bus \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Location of Birth Certificate \_\_\_\_\_ Previous Marriages - Yes (\_\_\_) No (\_\_\_)

Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

State of Health \_\_\_\_\_ Insurable? \_\_\_\_\_ Citizenship: US other \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Address \_\_\_\_\_

Tel.

No.

**YOUR CHILDREN**

Are any children adopted? Yes (\_\_\_\_) No (\_\_\_\_)

Are any children handicapped or in poor health? Yes (\_\_\_\_) No (\_\_\_\_)

1. Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address, State, Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_

Education completed \_\_\_\_\_ If not, Educational Goal \_\_\_\_\_ Business ability \_\_\_\_\_

Occupation \_\_\_\_\_ Net Worth \_\_\_\_\_ Income \_\_\_\_\_

Child's Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

Child's Children \_\_\_\_\_ Ages \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

2. Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No.

Street Address, State, Zip \_\_\_\_\_ Tel. No.

Education completed \_\_\_\_\_ If not, Educational Goal \_\_\_\_\_ Business ability

Occupation \_\_\_\_\_ Net Worth \_\_\_\_\_ Income

Child's Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Income

Child's Children \_\_\_\_\_ Ages \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

3. Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No.

Street Address, State, Zip \_\_\_\_\_ Tel. No.

Education completed \_\_\_\_\_ If not, Educational Goal \_\_\_\_\_ Business ability

Occupation \_\_\_\_\_ Net Worth \_\_\_\_\_ Income

Child's Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Income

Child's Children \_\_\_\_\_ Ages \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

4. Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No.

Street Address, State, Zip \_\_\_\_\_ Tel. No.

Education completed \_\_\_\_\_ If not, Educational Goal \_\_\_\_\_ Business ability

Occupation \_\_\_\_\_ Net Worth \_\_\_\_\_ Income

Child's Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

Child's Children \_\_\_\_\_ Ages \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

5. Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address, State, Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_

Education completed \_\_\_\_\_ If not, Educational Goal \_\_\_\_\_ Business ability \_\_\_\_\_

Occupation \_\_\_\_\_ Net Worth \_\_\_\_\_ Income \_\_\_\_\_

Child's Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

Child's Children \_\_\_\_\_ Ages \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

**YOUR PARENTS**

Father

Mother

Name

Address

Age \_\_\_\_\_

Age

State

of

Health

Financially Dependent? - Yes (\_\_\_\_) No (\_\_\_\_)

Yes (\_\_\_\_) No (\_\_\_\_)

**YOUR SPOUSE'S PARENTS**

Father

Mother

Name

Address

Age \_\_\_\_\_

Age

State

of

Health

Financially Dependent? - Yes (\_\_\_\_) No (\_\_\_\_)

Yes (\_\_\_\_) No (\_\_\_\_)

**ANY EXPECTED INHERITANCES**

You

Your Spouse

From

Whom?

Approximate

Value

**YOUR BROTHERS AND SISTERS**

Name \_\_\_\_\_ Living Yes (\_\_\_\_) No (\_\_\_\_) Age

Married - Yes (\_\_\_\_) No (\_\_\_\_) Children (names)

Name \_\_\_\_\_ Living Yes (\_\_\_\_) No (\_\_\_\_) Age

\_\_Married - Yes (\_\_\_\_\_) No (\_\_\_\_\_) Children (names)

**Name**\_\_\_\_\_ Living Yes (\_\_\_\_) No (\_\_\_\_) Age

Married - Yes (\_\_\_\_) No (\_\_\_\_) Children (names)

**Name**\_\_\_\_\_ Living Yes (\_\_\_\_) No (\_\_\_\_) Age

Married - Yes (\_\_\_\_\_) No (\_\_\_\_\_) Children (names)

**YOUR SPOUSE'S BROTHERS AND SISTERS**

Name \_\_\_\_\_ Living Yes (\_\_\_\_) No (\_\_\_\_) Age

Married - Yes (\_\_\_\_\_) No (\_\_\_\_\_) Children (names)

Name \_\_\_\_\_ Living Yes (\_\_\_\_) No (\_\_\_\_) Age

Married - Yes (\_\_\_\_\_) No (\_\_\_\_\_) Children (names)

Name \_\_\_\_\_ Living Yes (\_\_\_\_) No (\_\_\_\_) Age

Married - Yes (\_\_\_\_\_) No (\_\_\_\_\_) Children (names)

Name \_\_\_\_\_ Living Yes (\_\_\_\_) No (\_\_\_\_) Age

Married - Yes (\_\_\_\_\_) No (\_\_\_\_\_) Children (names)

Other relatives or friends who would be immediate beneficiaries or ultimate beneficiaries if you, your spouse, all heirs and parents have died:

Name (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Residence

Age \_\_\_\_\_

Age \_\_\_\_\_

Age \_\_\_\_\_

Relation

Charities as Immediate Beneficiaries or Ultimate Beneficiaries if All Individual Beneficiaries Are Dead:

Correct

Corporate

Name (1)\_\_\_\_\_ (2)\_\_\_\_\_ (3)

Address

Special Purpose

If Any

**FINANCIAL DATA**

Location of Safe

Deposit Box\_\_\_\_\_ In Whose Name

Any property of

Others in Box?\_\_\_\_\_ Identifiable as such? Yes (\_\_\_\_) No (\_\_\_\_)

Where are Other Valuable Papers Kept?

Name of Stock Broker\_\_\_\_\_ Company

Name of Accountant\_\_\_\_\_ Company

Name of Life Insurance Agent\_\_\_\_\_ Company

Name of Casualty Insurance Agent\_\_\_\_\_ Company

Name of Investment Advisor\_\_\_\_\_ Company

**REAL ESTATE**

1. Address

Brief Description

Fair market value\_\_\_\_\_ Assessed value

Legal Title in Whose Name(s)

Mortgage: Amount\_\_\_\_\_ Mortgagee

If property Was a Gift or is it in Joint Names - Details

Basis Information -- (Cost, Date of Acquisition, Cost and Date of Improvements)

2. Address

Brief Description

Fair market value \_\_\_\_\_ Assessed value

Legal Title in Whose Name(s)

Mortgage: Amount \_\_\_\_\_ Mortgagee

If property Was a Gift or is it in Joint Names - Details

Basis Information -- (Cost, Date of Acquisition, Cost and Date of Improvements)

**STOCK AND BONDS**

No. Shares or Amount	<u>Name of Company</u>	Description of Security	In Whose Name	Fair Market Value	Cost Basis
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**BANK ACCOUNTS AND SAVINGS ACCOUNTS AT BANKS, SAVINGS, LOAN AND/OR CREDIT UNIONS**

1. Name of Bank and location

In Whose Name(s)

Average Balance \_\_\_\_\_ Type of Account (CD) \_\_\_\_ (Checking) \_\_\_\_ (Savings)

2. Name of Bank and location \_\_\_\_\_ In Whose Name(s)

Average Balance\_\_\_\_\_ Type of Account (CD) \_\_\_\_ (Checking) \_\_\_\_ (Savings)

3. Name of Bank and location

In Whose Name(s)

Average Balance\_\_\_\_\_ Type of Account (CD) \_\_\_\_ (Checking) \_\_\_\_ (Savings)

4. Name of Bank and location

In Whose Name(s)

Average Balance\_\_\_\_\_ Type of Account (CD) \_\_\_\_ (Checking) \_\_\_\_ (Savings)

5. Name of Bank and location

In Whose Name(s)

Average Balance\_\_\_\_\_ Type of Account (CD) \_\_\_\_ (Checking) \_\_\_\_ (Savings)

6. Name of Bank and location

In Whose Name(s)

Average Balance\_\_\_\_\_ Type of Account (CD) \_\_\_\_ (Checking) \_\_\_\_ (Savings)

**BROKERAGE ACCOUNTS**

1. Name of Broker\_\_\_\_\_ Type of Account

In Whose Name\_\_\_\_\_ Gross Value

Average Balance of Money Market Funds

2. Name of Broker\_\_\_\_\_ Type of Account

In Whose Name\_\_\_\_\_ Gross Value

Average Balance of Money Market Funds

3. Name of Broker\_\_\_\_\_ Type of Account

In Whose Name\_\_\_\_\_ Gross Value

Average Balance of Money Market Funds

**LIFE, ACCIDENTAL DEATH INSURANCE AND ANNUITIES**

<u>Face</u> <u>Amount</u>	<u>Insured</u> <sup>+</sup>	<u>Owner</u> <sup>?</sup>	<u>Type</u> <sup>*</sup>	<u>Policy No.</u>	<u>Company Name</u>	<u>Primary</u> <u>Beneficiary</u> <sup>**</sup>	<u>Loan</u>	<u>Cash</u> <u>Value</u>
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Comments on Life Insurance:

Is the Insured the Owner of the Policies? Yes (\_\_\_\_\_) No (\_\_\_\_\_)

+ Indicate Who is Insured: **H** = Husband **W** = Wife **C** = Child

?Indicate Who is Owner: **H** = Husband **W** = Wife **C** = Child **T** = Trust

\* Type of Insurance: **W** = Whole Life **T** = Term **G** = Group Life **D** = Disability **S** = Survivorship

**\*\* Please provide confirmation of beneficiary designations for all policies.**

**HUSBAND'S WORK RELATED BENEFITS**

PENSION OR PROFIT SHARING PLAN \_\_\_\_\_ Value

Employer \_\_\_\_\_ Beneficiary

Description of Benefits

**INDIVIDUAL RETIREMENT ACCOUNT**

Where Invested \_\_\_\_\_ Amount \_\_\_\_\_ Beneficiary

Created by Reinvestments From Prior Pension Plan Yes (\_\_\_\_\_) No (\_\_\_\_\_)

**INDIVIDUAL RETIREMENT ACCOUNT**

Where Invested \_\_\_\_\_ Amount \_\_\_\_\_ Beneficiary

Created by Reinvestments From Prior Pension Plan Yes (\_\_\_\_\_) No (\_\_\_\_\_)

**OTHER PENSION, PROFIT SHARING OR IRA** (Description)

Value \_\_\_\_\_ Beneficiary

**WIFE'S WORK RELATED BENEFITS**

PENSION OR PROFIT SHARING PLAN \_\_\_\_\_ Value

Employer \_\_\_\_\_ Beneficiary

Description of Benefits

**INDIVIDUAL RETIREMENT ACCOUNT**

Where Invested \_\_\_\_\_ Amount \_\_\_\_\_ Beneficiary

Created by Reinvestments From Prior Pension Plan Yes (\_\_\_\_\_) No (\_\_\_\_\_)

**INDIVIDUAL RETIREMENT ACCOUNT**

Where Invested \_\_\_\_\_ Amount \_\_\_\_\_ Beneficiary

Created by Reinvestments From Prior Pension Plan Yes (\_\_\_\_\_) No (\_\_\_\_\_)

**OTHER PENSION, PROFIT SHARING OR IRA** (Description)

Value \_\_\_\_\_ Beneficiary

**\*\*PLEASE PROVIDE CONFIRMATION OF BENEFICIARY DESIGNATIONS FOR RETIREMENT ACCOUNTS**

**BUSINESS INTERESTS** Yes (\_\_\_\_) No (\_\_\_\_)

(If you or your spouse have an interest in a partnership, joint venture, closely held corporation, proprietorship or other similar entity, please provide complete information about its assets and liabilities, buy-sell agreements and all other related information including basis, and copies of last two years' tax returns).

**COMMUNITY PROPERTY**

Have you ever lived in a State which has a Community Property Law (California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada and Idaho)?

Yes (\_\_\_\_) No (\_\_\_\_) (If "Yes", please provide details and status of assets brought into this state and the dates you resided in a Community Property State.)

**OTHER ASSETS** - (Identify and Provide Approximate Fair Market Value)

Automobile(s)

<u>Make</u>	<u>Model</u>	<u>Value</u>	<u>Owner</u>	<u>Loan</u>
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(1)

(2)

Boats, Trailers, etc.

Monies owed to you (Mortgages, Land Contracts or Other)

Coin Collections, Family Heirlooms

Other Assets

**LIABILITIES**

<u>Amount</u>	<u>Owed to Whom</u>	<u>Due Date</u>	<u>Secured by What Asset</u>
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**If your parents are living, please answer questions 1-3, otherwise, skip to question 4.**

1. Have you or your spouse received any gifts in excess of \$10,000 in any year from either of your parents?

Yes (\_\_\_\_) No (\_\_\_\_)

If yes, please provide information concerning the gift, including the date, the amount, the nature of the gift (such as stock or cash or real estate) and whether you have any understanding regarding repayment of the gift.

2. Have you or your spouse received any loans from your parents which you are obligated to repay, either formally or informally, and which have not been fully repaid?

Yes (\_\_\_\_) No (\_\_\_\_)

If yes, please provide information concerning the loan, including the date, the amount, the nature of the loan and the arrangement you have made to repay the loan.

3. Has a parent or grandparent transferred to you or to your spouse any interest in a closely held business?

Yes (\_\_\_\_) No (\_\_\_\_)

If yes, please provide information concerning the date, the value and a description of the interest transferred.

4. Are you or your spouse the beneficiary of any trust?

**You** Yes (\_\_\_\_) No (\_\_\_\_)

**Spouse** Yes (\_\_\_\_) No (\_\_\_\_)

If yes, please provide a copy of the trust agreement or Will.

5. Are you or your spouse the Guarantor or co-signor of any loan made to an individual or a corporation?

Yes (\_\_\_\_) No (\_\_\_\_)

6. Have you or your spouse ever made gifts to any individual in excess of \$10,000 in any one year?

Yes (\_\_\_\_) No (\_\_\_\_)

If yes, have you filed gift tax returns for such gifts?

Yes (\_\_\_\_) No (\_\_\_\_)

If yes, please furnish copies of the gift tax returns.

7. Have you or your spouse signed a:

**YOU**

**SPOUSE**

Power of Attorney    Yes (\_\_\_\_)    No (\_\_\_\_)                      Yes (\_\_\_\_)    No (\_\_\_\_)

Living Will                      Yes (\_\_\_\_)    No (\_\_\_\_)                      Yes (\_\_\_\_)    No (\_\_\_\_)

Health Care Proxy    Yes (\_\_\_\_)    No (\_\_\_\_)                      Yes (\_\_\_\_)    No (\_\_\_\_)

8. Other Information or Concerns About the Contents of your Will.

Please indicate below how you were referred to us:

\_\_\_\_ An individual (Name)

\_\_\_\_ Martindale-Hubbell Lawyers' Directory

\_\_\_\_ Rochester Telephone Yellow Pages

\_\_\_\_ Other

**THE LEGAL ADVICE WE RENDER TO YOU AND THE PLANNING OPTIONS WE PRESENT FOR YOUR CONSIDERATION WILL BE BASED UPON THE PERSONAL AND FINANCIAL INFORMATION PROVIDED IN THIS QUESTIONNAIRE. IF THIS INFORMATION IS INACCURATE, THE RESULT MAY BE A PLAN WHICH DOES NOT EFFECTUATE YOUR WISHES**

**OR WHICH RESULTS IN THE PAYMENT OF TAXES OR EXPENSES THAT OTHERWISE COULD HAVE BEEN AVOIDED.**

*PLEASE ACKNOWLEDGE YOUR UNDERSTANDING OF THE FOREGOING PARAGRAPH BY DATING AND SIGNING THIS FORM ON THE FOLLOWING LINES.*

*DATED:* \_\_\_\_\_, 2000

\_\_\_\_\_

\_\_\_\_\_