

ESTATE PLANNING QUESTIONNAIRE

I. GENERAL INFORMATION

| | YOU | YOUR SPOUSE |
|--|-------|-------------|
| NAME | _____ | _____ |
| OCCUPATION | _____ | _____ |
| DATE & PLACE OF BIRTH | _____ | _____ |
| HOME ADDRESS | _____ | _____ |
| HOME TELEPHONE | _____ | _____ |
| SOCIAL SECURITY# | _____ | _____ |
| DATE & PLACE OF MARRIAGE | _____ | _____ |
| LENGTH OF RESIDENCE IN THIS STATE | _____ | _____ |
| ARE YOU A CITIZEN OF THE UNITED STATES | _____ | _____ |
| PRIOR RESIDENCES DURING MARRIAGE | _____ | _____ |
| PRIOR MARRIAGES | _____ | _____ |

DESCRIBE ANY AGREEMENT BETWEEN SPOUSES REGARDING PROPERTY (ANTE-NUPTIAL OR POST-NUPTIAL AGREEMENTS).

(ATTACH A COPY OF ANY WRITTEN AGREEMENT)

II. CHILDREN

| | 1. | 2. |
|---|-------|-------|
| NAME | _____ | _____ |
| DATE & PLACE OF BIRTH | _____ | _____ |
| AGE | _____ | _____ |
| SOCIAL SECURITY # | _____ | _____ |
| HOME ADDRESS | _____ | _____ |
| OCCUPATION | _____ | _____ |
| NAME OF SPOUSE | _____ | _____ |
| NAME & AGES OF CHILDREN | _____ | _____ |
| SPECIAL NEEDS OF THIS CHILD | _____ | _____ |
| NOTE IF ADOPTED, DIVORCED, OR SEPARATED | _____ | _____ |

III. PARENTS, BROTHERS, SISTERS

1. PARENTS

YOU

YOUR SPOUSE

NAME

HOME ADDRESS

HEALTH

M_____ F_____

M_____ F_____

AGE OR DATE OF DEATH

M_____ F_____

M_____ F_____

ESTIMATED SIZE OF ESTATE

M_____ F_____

M_____ F_____

2. BROTHER & SISTERS

YOU

YOUR SPOUSE

NAME AND AGES
(OR DATES OF DEATH)

3. Are any persons other than minor children dependent on clients for clients spouse? If so, describe relationship and degree of dependency.

IV. GIFTS AND INHERITANCES

1. Describe the date and amount of any large gifts that have been made to client or client's spouse (i.e. \$3,000 prior to 1982 or \$10,000 after 1981)

2. Describe any inheritance that client or client's spouse has received from any person.

3. Describe any gifts or inheritances that client or client's spouse expects to receive from any person.

4. Describe any large gifts that client or client's spouse has made to anyone person in anyone year.

(Please attach a copy of all state or federal gift tax returns filed by client or client's spouse)

5. Describe any gifts that client or client's spouse expect to make to any person in anyone year.

6. Attach a copy of any trust under which client or client's spouse is a beneficiary or holds any power or appointment.

7. Attach a copy of any will or trust agreement that has been executed by client or client's spouse.

V. ASSETS & LIABILITIES (ESTIMATED VALUES)

| ASSETS | YOUR NAME | SPOUSE'S NAME | JOINT NAME |
|--|-----------|---------------|------------|
| <u>Residences:</u> (If joint, describe ownership) | _____ | _____ | _____ |
| <u>Other Real Estate:</u> | | | |
| Ohio | _____ | _____ | _____ |
| Non-Ohio | _____ | _____ | _____ |
| (List State or Country) | | | |
| <u>Cash & Equivalents:</u> | | | |
| Checking Account(s) | _____ | _____ | _____ |
| Savings Account(s) | _____ | _____ | _____ |
| CD's & Money Market | _____ | _____ | _____ |
| <u>Marketable Securities</u> | | | |
| Stocks | _____ | _____ | _____ |
| Taxable Bonds | _____ | _____ | _____ |
| Tax-Exempt Bonds | _____ | _____ | _____ |
| Mutual Funds | _____ | _____ | _____ |
| <u>Tax Shelters</u> | _____ | _____ | _____ |
| <u>Life Insurance</u> <u>(part VI)</u> | _____ | _____ | _____ |
| <u>Business Interests</u> <u>(part VII)</u> | _____ | _____ | _____ |
| <u>Retirement Plans:</u> Pension/Profit Sharing | _____ | _____ | _____ |
| 401K | _____ | _____ | _____ |
| IRA'S | _____ | _____ | _____ |

Personal Property

Collections of Value _____

TOTAL ASSETS:

LIABILITIES

Residences

Primary Mortgage _____

Second Mortgage _____

Other Real Estate

Mortgages: _____

Personal Loans _____

Income Taxes: _____

Other Debts: _____

TOTAL LIABILITIES _____

NET WORTH _____

(Assets minus Liabilities)

VII. BUSINESS INTERESTS

Name of Business: _____ Phone: _____

Address: _____

Nature of Business: _____

Kind of entity:

(check one) Sole Proprietorship: _____ Partnership: _____

Corporation: _____ *S Corporation: _____

Other (Explain): _____

***It is important for us to know if your business is an S Corporation
because only special types of trusts can be shareholders of S Corporation stock.**

Percentage of interest owned by you: _____ by your spouse: _____

Children involved in business: _____

Tax basis: _____ Book Value: _____

Your estimate of present value of entire business: _____

VIII. DISPOSITIVE OBJECTIVES

1. Please list as completely as possible, any specific property you wish to give to a particular person at your death.

| Item | Beneficiary |
|----------|-------------|
| a. _____ | _____ |
| b. _____ | _____ |
| c. _____ | _____ |
| d. _____ | _____ |

2. Are there any members of your family with special needs and/or problems?

3. Are there any special charitable provisions you wish to make?

4. Whom do you wish to name as Guardian of your minor children?

First Choice:

Name: _____ Relationship: _____

Spouses Name: _____

Address: _____

Second Choice:

Name: _____ Relationship: _____

Spouses Name: _____

Address: _____

5. Whom do you wish to name as Executor of your Estate?

First Choice

Spouse's First Choice

Name: _____

Address: _____

Relationship: _____

Second Choice

Spouse's Second Choice

Name: _____

Address: _____

Relationship: _____

IX. ADVISORS

Please list the names, addresses, and telephone numbers of other persons who serve as advisors to you or your spouse.

You

Spouse

Stockbroker: _____

Investment
Counselor
or Financial
Planner: _____

Life Insurance: _____

Accountant: _____

Real Estate Advisor: _____

Physician: _____

PART X

Please attach copies of the following documents, if applicable:

1. Current Wills.
2. Current Trust Agreements.
3. Any trusts of which you are a beneficiary.
4. Pre/Post Nuptial Agreements.
5. Copies of any gift tax returns filed.
6. Buy/Sell Agreements.
7. Partnership Agreements.
8. Pension Profit-Sharing Plans or summaries.
9. Copies of deeds to real estate.

Any additional comments, thoughts, or questions?

I understand and anticipate that in making recommendations to me and drafting documents for me, you will be relying on the information in the Estate Planning Questionnaire. I have completed the Questionnaire myself or have provided the information herein for this purpose and it is complete in all respects.

Your Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____