CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE -- MARRIED

- All clients should complete Parts I through IX.
- Part X, Asset Information, should be completed by clients who desire an evaluation of federal and state estate and capital gains tax liability. Generally, this should be completed if your total assets, *including jointly owned property*,

life insurance, and retirement plan assets, exceed \$1.5M.

- Our fee schedule can be seen at pages 15-16.
- Who may we thank for referring you to us?

Date completed:

I. PERSONAL PROFILE

| | Husband | Wife |
|--|---------|------|
| Full Name and Nickname | | |
| Principal Residence | | |
| | | |
| Occupation/Employer/ Business Address | | |
| Business Phone | | |
| Cell Phone | | |
| Preferred E-mail Address | | |
| Other Residences | | |
| Birth Date | | |
| Citizenship | | |

| Page 1

| Last four digits of Social Security Number | |
|--|--|
| Previously married? Please provide name and age of former spouse, and date of divorce | |

II. YOUR CHILDREN

If necessary, please attach an additional sheet with your children's information.

| Name | |
|---|--|
| Date of Birth/Age/Sex | |
| Occupation | |
| Address | |
| Step-child, adopted or from a prior marriage? | |
| Special Needs/Date of Death | |
| If married, name of spouse | |

| Name | |
|---|--|
| Date of Birth/Age/Sex | |
| Occupation | |
| Address | |
| Step-child, adopted or from a prior marriage? | |
| Special Needs/Date of Death | |
| If married, name of spouse | |

| Name | |
|---|--|
| Date of Birth/Age/Sex | |
| Occupation | |
| Address | |
| Step-child, adopted or from a prior marriage? | |
| Special Needs/Date of Death | |

| If married, name of sposue | |
|----------------------------|--|
| | |

| Name | |
|---|--|
| Date of Birth/Age/Sex | |
| Social Security No. | |
| Address | |
| Step-child, adopted or from a prior marriage? | |
| Special Needs/Date of Death | |
| If married, name of spouse | |

III. YOUR GRANDCHILDREN

If necessary, please attach an additional sheet with your grandchildren's information.

| Name | |
|-----------------------|--|
| Date of Birth/Age/Sex | |
| Parents' names | |
| Address | |
| | |

| Name | |
|-----------------------|--|
| Date of Birth/Age/Sex | |
| Parents' names | |
| Address | |

| Name | |
|-----------------------|--|
| | |
| Date of Birth/Age/Sex | |
| Parents' names | |
| Address | |

| Name | |
|-----------------------|--|
| | |
| Date of Birth/Age/Sex | |
| Parents' names | |
| Address | |

| Name | |
|-----------------------|--|
| | |
| Date of Birth/Age/Sex | |
| | |
| Parents' names | |
| Address | |

IV. YOUR FAMILY

If necessary, please attach an additional sheet with your parents' or siblings' information.

| Husband's Parents' Names | Wife's Parents' Names |
|--------------------------|-----------------------|
| | |
| | |
| | |
| Address | Address |
| | |
| | |
| | |

| Husband's Sibling's Name | Wife's Sibling's Name |
|--------------------------|-----------------------|
| Address | Address |
| Husband's Sibling's Name | Wife's Sibling's Name |
| Address | Address |
| Husband's Sibling's Name | Wife's Sibling's Name |

| Address | Address |
|--------------------------|-----------------------|
| Husband's Sibling's Name | Wife's Sibling's Name |
| Address | Address |
| Husband's Sibling's Name | Wife's Sibling's Name |
| Address | Address |

V. OTHER DEPENDENT PERSONS

Names, relationships, degree of dependency and date of birth (e.g., parents, if living)

VI. YOUR ADVISORS

| | Name | Telephone |
|--------------------|------|-----------|
| Accountant | | |
| Stockbroker | | |
| Investment Advisor | | |
| Insurance Agent | | |

VII. ESTATE INFORMATION

1. Do you have existing estate planning documents?

2. If so, where are they located?

VIII. FIDUCIARIES TO BE DESIGNATED

1. Personal Representative (Executor) (Required):

You must choose a Personal Representative (otherwise known as an Executor or Executrix) to serve as the personal administrator of your Will. This person should not be:

- Under 18 years of age;
- Mentally incompetent;
- Convicted of a serious crime.

Your Personal Representative (P.R.) may be a resident of another state, but should he or she be called upon to serve, a qualified in-state resident would have to be appointed for service of process. Your P.R. should be mature, honest and financially secure. It is preferable if the individual chosen is five to ten years younger than you. *If you are married, it is customary to choose your spouse;* however, it is prudent to also name at least one successor personal representatives ("Alternate") if the preceding individual is unable or unwilling to serve.

1st Choice for Personal Representative (you may choose your spouse)

| | Husband | Wife |
|---------------------|---------|------|
| Full Name | | |
| Principal Residence | | |
| Relation to you | | |

Alternate Choice for Personal Representative

| | Husband | Wife |
|-----------|---------|------|
| Full Name | | |

| Principal Residence | |
|---------------------|--|
| Relation to you | |

2. <u>Trustees for Non-Tax Savings testamentary Trust</u>, if any (a testamentary trust is a trust set up in the Will that is not created until after death) *(Optional)*

Where minor children, young adults, or disabled individuals are named as beneficiaries of a Will, it is recommended that a testamentary Trust be established in the Will for their benefit. To accomplish this, it is necessary to name a Trustee. This individual should be mature, sober, and financially secure. (This Trustee may, but need not be, the same individual as a Guardian or Personal Representative). However, as a Trustee, the individual chosen should also have some experience in handling money. Again, it would be wise to name a second person if the first named Trustee is unable or unwilling to serve.

1st Choice for Trustee

| | Husband | Wife |
|-----------------|---------|------|
| Full Name | | |
| Relation to you | | |

Alternate Choice for Trustee

| Husband | Wife |
|---------|---------|
| | |
| | |
| | Husband |

3. <u>Trustees for Tax Savings "Bypass" Trust</u> (Optional)

We will discuss whether you need estate tax savings trusts at our meeting. You should complete this section if your total family assets exceed \$1M, including jointly owned property, life insurance, and retirement plan assets. In the event we include tax savings trusts, the surviving spouse may be a co-trustee, but another person (such as a family member) must also be

appointed as trustee in order to make discretionary decisions regarding distributions without incurring adverse tax consequences.

1st Choice for Co-Trustee of Bypass Trust

| | Husband | Wife |
|-----------------|---------|------|
| Full Name | | |
| Relation to you | | |

Alternate Choice for Co-Trustee of Bypass Trust

| | Husband | Wife |
|-----------------|---------|------|
| Full Name | | |
| Relation to you | | |

4. Guardian for your minor children (Required if you have minor children):

If you have minor children **and both parents are deceased**, whom do you wish to appoint as the Guardian for your minor children to be responsible for the raising of your children?

1st Choice for Guardian

| Husband | Wife |
|---------|---------|
| | |
| | |
| | |
| | Husband |

Alternate Choice for Guardian

| | Husband | Wife |
|---------------------|---------|------|
| Full Name | | |
| Principal Residence | | |
| Relation to you | | |

5. <u>Powers of Attorney</u>

Powers of Attorney are often used to authorize someone to act for you under certain legal conditions, especially legal incapacitation. We will recommend that you consider executing such powers. Whom would you like to name as your attorney-in-fact (and successor) under such power? There are two types of such power — a "Durable General Power of Attorney" and a "Durable Health Care Power of Attorney." The General Power appoints an agent to act for you in connection with financial matters and to manage assets while the Health Care Power appoints an agent to make health care decisions for you in the event of incapacity, and also includes so-called "Living Will" provisions. At our meeting, we will discuss with you whether you wish these Powers to be effective immediately or "spring" into being upon your disability.

Who shall make financial decisions for you if you are incapacitated?

1st Choice for Financial Attorney-in-fact (you may choose your spouse)

| | Husband | Wife |
|---------------------|---------|------|
| Full Name | | |
| Principal Residence | | |
| Relation to you | | |

Alternate Choice for Financial Attorney-in-fact

| Husband | Wife |
|---------|---------|
| | |
| | |
| | |
| | Husband |

1st Choice for Medical Attorney-in-fact (you may choose your spouse)

| | Husband | Wife |
|---------------------|---------|------|
| Full Name | | |
| Principal Residence | | |
| | | |
| Relation to you | | |

Alternate Choice for Medical Attorney-in-fact

| | Husband | Wife |
|---------------------|---------|------|
| Full Name | | |
| Principal Residence | | |
| Relation to you | | |

IX. DISTRIBUTION OBJECTIVES

1. Do you have any special wishes regarding your funeral or burial (e.g., cremation)?

2. **Specific Bequests** -- **OPTIONAL.** Do you have specific things (jewelry, money, family business, real estate, etc.) you wish to go to specific individuals? If so, what and to whom? (You may make special bequests such as, "I give my 1921 Model T automobile to my nephew, Joe Smith." However, it is important to fully identify the property bequeathed. Use full legal names, including any middle names, as they appear on the named individual's birth certificate.)

| Specific Gift or \$ Amount | Beneficiary | Relation |
|-------------------------------|-------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

3. **Residuary Estate – REQUIRED.** How do you wish the remainder of your estate (after specific bequests, if any) to be distributed? You may leave everything to your spouse, or you may divide your property into shares such as, "sixty percent to my wife, Jane Smith, and twenty percent to each of my two children, Mary Smith and Robert Smith."

| Amount or Percentage | Beneficiary | Relation |
|-------------------------|-------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

4. If you and your spouse both die prematurely, should children receive property at age of majority (18 years) or should it be held until they reach a more mature age via a testamentary trust? For large amounts, we generally recommend one-third distribution at ages 25, 30, and 35, but this is entirely discretionary with you. Please enter your preference:

5. If property is to be held for in trust for children, do you want (1) all children to share in a single trust or (2) each child to have separate trusts?

6. Do any of your children have special educational, medical or financial needs? (If so, please explain on a separate sheet of paper how you would like to provide for these needs.)

7. Do you wish to make bequests to a religious organization or other charitable organization? Furnish details, including full name, address and any specific purpose for which the funds are to be applied:

8. "Ultimate Tragedy" Distribution. To whom would you leave your property if you and your entire family-i.e., all your descendants-were lost in a common disaster? Don't spend a lot of time here, as it is highly unlikely. But examples might include: charity/church/ministry; extended family (siblings, nieces, nephews); other specified individuals, or among a group of people (such as "divide equally among the children of my friend John Smith."

| Percentage/\$ Amount | Beneficiary | Address | Relation |
|-------------------------|-------------|---------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

X. SUMMARY OF INCOME AND ASSETS

| | Husband | Wife |
|---|---------|------|
| Annual Income (salary or business income) | | |
| Other income (specify) | | |
| Total | | |
| | | |

Please copies of deeds to our meeting.

| | Joint | Husband | Wife |
|--|-------|---------|------|
| 1. Real Estate: -Please note how titled- | | | |
| Personal Residence | | | |
| Investment Property | | | |
| 2. Stocks | | | |
| 3. Bonds | | | |
| 4. Cash (Average Balance) | | | |
| 5. Mortgages and Notes (payable to you) | | | |
| 6. Life Insurance (specify face amount, owner, beneficiary, whether term, whole life, or universal) | | | |
| | | | |

| 7 Demonstral Description | | 1 |
|--|--|---|
| 7. Personal Property (e.g., jewelry, furnishings, | | |
| collectibles, art) | | |
| | | |
| | | |
| 8. Automobile | | |
| | | |
| 9. Retirement Accounts | | |
| (IRA. 401(k); pension) | | |
| | | |
| | | |
| 10. Book Value of | | |
| Business Assets | | |
| | | |
| 11. Annuities | | |
| | | |
| | | |
| 12. Miscellaneous | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL ASSETS | | |
| | | |
| | | |

XII. SUMMARY OF LIABILITIES

| | Joint | Husband | Wife |
|----------------------------------|-------|---------|------|
| 1. Accounts Payable (Average) | | | |
| 2. Notes Payable | | | |
| 3. Mortgages Payable | | | |
| TOTAL LIABILITIES | | | |
| NET WORTH | \$ | \$ | \$ |