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ESTATE PLANNING QUESTIONNAIRE

Please complete this form to the best of your ability and return it prior to your scheduled appointment. Your cooperation in this regard will make your appointment more productive and hence save you both time and money. If you are uncertain as to how to respond to a particular question, simply note that fact. All of your answers will be reviewed with you so that you have the opportunity to affirm or change them after you have been made aware of all of the potential options and their respective legal and tax ramifications. I look forward to working with you to help you achieve your estate planning goals.

**DOCUMENTS TO BE SUBMITTED WITH THIS
QUESTIONNAIRE OR BROUGHT TO FIRST CONFERENCE**

Please supply, either with this questionnaire or at the first conference, copies of any of the following documents which are relevant:

1. Any existing wills or trusts of either spouse, including "Living Wills" or "Living Trusts"
2. Most recent personal Federal income tax return
3. Most recent Federal income tax return of any closely held business in which you own an interest
4. All Federal gift tax returns
5. Any pre-nuptial or post-nuptial agreement which you have entered into
6. Any property settlement agreement or divorce decree related to either spouse
7. If available, any will or trust under which either spouse has an interest
8. Any buy-sell agreement, stock option plan, salary continuation plan or other deferred compensation plan (other than qualified plans) to which either spouse is a party, including beneficiary designations
9. Power of attorney (for management of property or health care)
10. Ownership provisions and beneficiary designations as to life insurance, and beneficiary designations as to qualified plans (IRA, pension and profit-sharing)
11. Deeds

NOTE: Although this form requests information regarding both spouses, and other family members, this is not meant to imply that an attorney should, or can, in all situations provide such services for both spouses, or for other family members. Each situation must be considered individually. However, even when representing one spouse, information regarding the overall family situation is important so that the questionnaire should still be completed to the extent possible.

Estate Planning Questionnaire

DATE _____

General Information

CLIENT:

NAME _____

OTHER NAMES USED _____

HOME ADDRESS _____

OTHER RESIDENCES _____

TELEPHONE _____

OCCUPATION _____

EMPLOYER _____

POSITION _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

DATE AND PLACE OF BIRTH _____

CITIZENSHIP _____

MARITAL STATUS _____

SOCIAL SECURITY NUMBER _____

SPOUSE (if applicable):

NAME _____

OTHER NAMES USED _____

RESIDENCE IF OTHER THAN YOURS _____

OTHER RESIDENCES _____

OCCUPATION _____

EMPLOYER _____

POSITION _____

DATE AND PLACE OF BIRTH _____

CITIZENSHIP _____

SOCIAL SECURITY NUMBER _____

Family Profile

	<u>Name</u>	<u>Marital Status</u>	<u>No. of Children</u>	<u>Date of Birth</u>	<u>Occupation</u>	<u>Social Security Number</u>
Children and Deceased Children (include address if other than yours, and note if child is deceased)						

Assets

Note: Feel free to prepare supplementary schedules to provide further details with respect to any of the following categories.

	Client	Spouse	Joint
Cash, Bank Accounts and Money Market Funds			
Bonds and Bond Funds			
Listed Stocks and Mutual Funds			
Listed Partnerships			
Residence			
Second Homes			
Investment Real Estate			
Professions or Businesses in which you are active (Sole Proprietorships, Partnerships or Corporations)			
Closely held Businesses (In which you are not active)			
Retirement Plans (including IRAs) (Complete Supplemental Information on page 7)			
Life Insurance (Complete Supplemental Information on page 7)			
Annuities			
Interests in Estates and Trusts			
Home Furnishings			
Automobiles			
Collections			
Other Personal Effects			
Miscellaneous (Identify if significant)			
TOTALS			

Supplemental Information Regarding Retirement Plans:

	IRA	Keogh	Pension	Profit-Sharing
Participant				
Beneficiary				
Present Value				

Liabilities

	Debt #1	Debt #2	Debt #3	Debt #4
Creditor				
Amount of Debt				
Assets Encumbered (if any)				
Personal Liability (indicate "yes" or "no", and husband (H), wife (W) or joint (J) if there is personal liability)				

Advisors

Name and Address

Telephone No.

Accountant _____

Life Insurance Agent _____

Investment Advisor _____

Stockbroker _____

Other Attorney _____

Physician _____

Other Consultant or Advisor _____

If spouse uses different advisors, please note and provide the same information for spouse's advisors.

LIFE INSURANCE

POLICY OWNER	INSURED	INSURANCE COMPANY	POLICY # & CERT. #	FACE AMOUNT ON DEATH	ADDITIONAL AMOUNT ACCIDENTAL DEATH	TYPE OF POLICY	APPROXIMATE ANNUAL PREMIUM	APPROXIMATE PRESENT CASH SURRENDER VALUE	POLICY BENEFICIARY OR BENEFICIARIES	COMMENTS (E.G., LOANS, SETTLEMENT OPTIONS)

Additional Information

1. If you or your spouse were married previously, indicate to whom, when and how marriage was terminated, whether there were children of such marriage and whether there are any continuing rights or obligations arising pursuant to any property settlement agreement or divorce decree.
2. Where and when did your current marriage occur?
3. In what states have you resided during your marriage?
4. Have you and your spouse entered into a pre-nuptial or post-nuptial agreement?
5. Has either spouse filed gift tax returns or made any gifts (outright or in trust) exceeding \$10,000 per year to any person?
6. Does either spouse have a power of appointment or other interest under a will or trust created by someone else?
7. Does either spouse expect a significant inheritance?
8. Is either spouse a party to a buy-sell agreement, stock option plan, salary continuation plan or other deferred compensation plan other than a qualified pension or profit sharing plan?
9. In general, how do you want your estate distributed among your beneficiaries?
10. To what degree is each spouse capable of managing financial affairs?
11. Does either spouse want to control the way his or her assets pass after the other spouse dies (as opposed to giving the other spouse such control)?
12. If a trust is established for the surviving spouse, to what extent should he or she be permitted to invade the principal?
13. Is there anyone other than your spouse and children for whom you are financially responsible or to whom you or your spouse wish to leave a part of your estate?
14. Do you wish to make any charitable gifts in your Will(s) or Trust(s)?

15. Do you want any assets to pass to your children before the second spouse's death?
16. Do you want assets passing to your children or grandchildren to be held in trust until a specific age?
17. If so, at what ages should the trust require distributions of income or principal to your children or grandchildren? (The Trustee can be given discretion to make such distributions prior to such ages, and all beneficiaries need not be treated the same.)
18. Should any special problems be considered or special allowances be made as to any person, for example, for physical or mental disabilities?
19. If a child is under 18 when both spouses die, whom do you want to raise such child?
20. Whom do you and your spouse want the Executor(s) of your estate to be? (You may each select one or more individuals and/or a bank or other qualified corporate executor.)
21. Whom do you and your spouse want to be the Trustee(s) of any trusts established in your Wills? (You may each select one or more individuals and/or a bank or other qualified corporate trustee.)
22. If you or your children have adopted or do adopt a child, should the adopted child be treated the same as a natural child?
23. If a child dies while assets are in trust for him or her, do you want such child to be able to leave any of such assets to his or her spouse (outright or for a term of years ending with the death or remarriage of such surviving spouse)?
24. If neither of you, and none of your issue (lineal decedents) survive, to whom do you want your assets to pass?
25. Do you have any specific preferences as to funeral, burial and/or anatomical bequests?
26. Do you or your spouse have a safe deposit box? If so, where is each located, and in what name or names is each maintained?
27. Where are your insurance policies kept?

28. Where are original wills and other important papers kept?
29. Do you wish to discuss Powers of Attorney or instructions regarding medical treatment (Living Wills) and/or authorization to permit medical procedures?
30. Do any of your intended beneficiaries have special needs?
31. Are you interested in making a possible organ donation?
32. Do you have reason to believe that you might become subject to claims for which you do not have adequate liability insurance or that would reduce the value of your assets significantly?
33. If so, do you wish to discuss asset protection planning which might require you to place assets out of your ability to control them but still might leave you vulnerable to court orders that attempt to force you to obtain access to such assets?
34. Did you ever live in any state in which you owned community property? If so, please give dates and which property might still be subject to such community property status?
35. Do either of you have concerns about residing in a nursing home? What is the nature of your concerns and do either of you have long term care insurance?
36. Do either of you have any pets for which you would like to make special provision if neither of you were able to take care of the pet?
37. To what extent, if at all, do you believe that you will feel comfortable in discussing your estate planning with your children or other loved ones?
38. Other than as joint tenants as husband and wife, do either of you own property in any joint capacity or tenant in common capacity with anyone else, such as children or siblings?