ESTATE PLANNING QUESTIONNAIRE

GENERAL INFORMATION

Marital Status: Marrie	ed □Unmarried □U1	nmarried with long-t	term partner (domestic partner)
Are you Registere	d Domestic Partner	s? Yes No	□ Don't Know
Client Name Informati	on		
First Name:	Middle:		Last:
Nickname (if any): _		Alias Name (if any	:
Gender:	□ Female SS#:		DOB:
U.S. Citizen?	es 🗆 No		
If No, specify citiz	zenship:		
			erious Adverse Condition
Legally blind? □ Y	es □ No	Disabled?	□ Yes □ No
Spouse/Partner Name	Information		
First Name:	Middle:		Last:
Nickname (if any): _		Alias Name (if any	:
Gender:	□ Female SS#:		DOB:
U.S. Citizen? □ Ye	es 🗆 No		
If No, specify citiz	zenship:		
Health: Excellent	□ Reasonably go	ood 🗆 Poor 🗆 Se	erious Adverse Condition
Legally blind? □ Y	es □ No	Disabled?	□ Yes □ No
Contact Information			
	Client		Spouse/Partner
Address			
City			
State			
State			
Zip			
Home Phone			
Home Fax			
Personal email			

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Cell Phone	e										
Business P	Phone										
Business F	Tax										
Business e	mail										
Business											
Referral	Information										
By whon	n were you refe	rred to this	office?								
Name		Address			C	ity		State	Zip		
					l .				I		
			CHILI	OREN (i	fapplic	able)					
	None		T ::	Candan	Data	. £ D:-4h	Child of		ld of	Child	
Child 1	Name	e	Living Y/N	Gender M/F	Date	of Birth	Both Y/N	Clien Y/N		Spouse Y/N	only
Child 2			Y/N	M/F			Y/N	Y / N		Y/N	
Child 3			Y/N	M/F			Y / N	Y/N		Y / N	
Child 4			Y/N	M/F			Y/N	Y/N		Y/N	
Child 5			Y/N	M/F			Y/N	Y/N		Y/N	
Child 5 Child 6											
Child 6	Address (if not spouse/partner)		Y/N Y/N	M/F	В	egally lind	Y/N Y/N Disabled	Y/N Y/N Rece SSI	ives	Y/N Y/N Comple Educat	
Child 6 Child 1			Y/N Y/N	M/F	В Ү	lind / N	Y/N Y/N Disabled Y/N	Y/N Y/N Rece SSI Y/N	ives	Y/N Y/N Comple Educat Y/N	
Child 6 Child 1 Child 2			Y/N Y/N	M/F	В	/ N / N	Y/N Y/N Disabled Y/N Y/N	Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N	
Child 1 Child 2 Child 3			Y/N Y/N	M/F	В	/ N / N / N / N	Y/N Y/N Disabled Y/N Y/N Y/N	Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N	
Child 1 Child 2 Child 3 Child 4			Y/N Y/N	M/F	В	Iind	Y/N Y/N Disabled Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N	
Child 1 Child 2 Child 3			Y/N Y/N	M/F	B Y Y Y Y Y Y Y Y Y	/ N / N / N / N	Y/N Y/N Disabled Y/N Y/N Y/N	Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N	
Child 1 Child 2 Child 3 Child 4 Child 5			Y/N Y/N	M/F	B Y Y Y Y Y Y Y Y Y	lind	Y/N Y/N Disabled Y/N Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N Y/N	
Child 1 Child 2 Child 3 Child 4 Child 5 Child 6	spouse/partner)		Y/N Y/N	M/F M/F	B Y Y Y Y Y Y Y Y Y	Iind	Y/N Y/N Disabled Y/N Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N Y/N	
Child 1 Child 2 Child 3 Child 4 Child 5 Child 6			Y/N Y/N	M/F M/F	B Y Y Y Y Y Y Y Y Y	Iind	Y/N Y/N Disabled Y/N Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N Y/N	
Child 1 Child 2 Child 3 Child 4 Child 5 Child 6	n(s) for minor	or disable	Y/N Y/N	M/F M/F	B Y Y Y Y Y Y Y Y Y	Iind	Y/N Y/N Disabled Y/N Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N Y/N	
Child 1 Child 2 Child 3 Child 4 Child 5 Child 6	spouse/partner)	or disable	Y/N Y/N	M/F M/F	B Y Y Y Y Y Y Y Y Y	Iind	Y/N Y/N Disabled Y/N Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N Y/N	
Child 6 Child 1 Child 2 Child 3 Child 4 Child 5 Child 6 Guardia Initial G	n(s) for minor	or disable	Y/N Y/N	M/F M/F	B Y Y Y Y Y Y	Iind	Y/N Y/N Disabled Y/N Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N Y/N	
Child 6 Child 1 Child 2 Child 3 Child 4 Child 5 Child 6 Guardia Initial G	n(s) for minor	or disable	Y/N Y/N	M/F M/F	B Y Y Y Y Y Y	Iind	Y/N Y/N Disabled Y/N Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N Y/N	
Child 6 Child 1 Child 2 Child 3 Child 4 Child 5 Child 6 Guardia Initial G	n(s) for minor	or disable	Y/N Y/N	M/F M/F	B Y Y Y Y Y Y	Iind	Y/N Y/N Disabled Y/N Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N Y/N	
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Child 6 Child 1 Child 2 Child 3 Child 4 Child 5 Child 6 Guardia Initial G Name	n(s) for minor uardians/Cons	or disable servators	Y/N Y/N lient and	en (if app	B Y Y Y Y Y Y Olicable	Iind	Y/N Y/N Disabled Y/N Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N Y/N	
Child 6 Child 1 Child 2 Child 3 Child 4 Child 5 Child 6 Guardia Initial G Name	n(s) for minor uardians/Cons	or disable servators	Y/N Y/N lient and	en (if app	B Y Y Y Y Y Y Olicable	Iind	Y/N Y/N Disabled Y/N Y/N Y/N Y/N	Y / N Y / N Y / N	ives	Y/N Y/N Comple Educat Y/N Y/N Y/N Y/N	

CLIENT'S DISPOSITIVE PROVISIONS

Cash Gifts (cash and cash	-equivalent gifts)				
Name of Recipient		Relatio	onship	Amount	
		•		1	
Gifts of Real Estate					
Name of Recipient	Relationship]	Description of	property	
	 	I			
Gift of Tangible Property	(autos/iewelry/art/et	tc.)			
Name of Recipient	Relationship		Description of	property	
			•		
Gift of Intangibles (stock/	hands/annuitias/atc)				
Name of Recipient	Relationship		Description of	nronerty	
Name of Recipient	Ketationship	-	Description of	property	
	SPOUSE'S DISPO	CITIVE	DDOVICIO	NC	
	SPOUSE S DISPO	SIIIVE	rkovisio	110	
Cash Gifts (cash and cash	-eanivalent gifts)				
Name of Recipient	e equivalent gires)	Relatio	onshin	Amount	
THE OF THE PROPERTY.		11011101	,p	Timyunv	
Cifts of Dool Estate					
Gifts of Real Estate	Relationship	1 :	Dagarintian of		
Name of Recipient	Ketationship	-	Description of	property	
Gift of Tangible Property					
Name of Recipient	Relationship		Description of	property	

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Gift of Intangibles (stock/bonds/a	nnuities/etc.)	
Name of Recipient	Relationship	Description of property
CLIENT'S RI	ESIDUAL GIFTS	(after specific gifts, above)
Spouse/Partner		
Want to provide primarily for your	r Spouse/Partner (a	nd then secondarily for children/descendants, if
any)? □ Yes □ No		
If Yes, prefer gift to Spouse/Part	tner to be given:	Outright In a Trust
Children/Descendants		
Prefer gift to children (if any) to be	given: □ Outright	□ In a Trust
Do you wish to treat children equal	ly? □ Yes □ N	o
Prefer gift to grandchildren (if any)	•	tright □ In a Trust
Do you wish to treat grandchildren	_	□ No
Other Beneficiaries	equally. 🗆 105	110
Other Beneficiaries		
Specify gift to other beneficiary(ies	s):	
CDOLICEIC DI		/ e/ · · · · · · · · · · · · · · · · · ·
SPOUSE'S RI	ESIDUAL GIFTS	(after specific gifts, above)
Spouse/Partner		
Want to provide primarily for you	r Spouse/Partner (a	nd then secondarily for children/descendants, if
any)? □ Yes □ No		
If Yes, prefer gift to Spouse/Part	tner to be given:	Outright In a Trust
Children/Descendants	C	
Prefer gift to children to be given:	□ Outright □ Ir	n a Trust
Do you wish to treat children equal	_	
Prefer gift to grandchildren to be gi	•	□ In a Trust
	_	
Do you wish to treat descendants ed	qualiy! Yes [□ No
Other Beneficiaries		

Specify gift to other beneficiary(ies):	
EXECUTORS (for Wills)	
CLIENT'S EXECUTORS	
Initial Executor Under Client's Will (will serve concurrently)	
Name	
Check if Spouse/Partner is first choice □	
Successor Executors Under Client's Will (serve at death/disability of Initial Executors	
Name	
SPOUSE/PARTNER'S EXECUTORS	
Initial Executors Under Spouse/Partner's Will (will serve concurrently)	
Name	
Check if Spouse/Partner is first choice □	
Successor Executors Under Spouse/Partner's Will (serve at death/disability of Initial Ex	ecutors
TVAILE	
TRUSTEES (if applicable)	
TROSTEES (II applicable)	
CLIENT'S TRUSTEES	
Initial Trustees for Client (applicable if trusts being considered)	
Name	
Successor Trustees for Client (applicable if trusts being considered) Name	
1 Taine	
	

ame
uccessor Trust Protectors for Client (may be applicable if trusts being considered)
ame
POUSE/PARTNER'S TRUSTEES
nitial Trustees for Spouse/Partner (applicable if trusts being considered) ame
uccessor Trustees for Spouse/Partner (applicable if trusts being considered)
ame
itial Tours Donata dans for Conservation (many beauty)
ame
uccessor Trust Protectors for Spouse/Partner (may be applicable if trusts being considered)
ame
CLIENT'S HEALTH CARE DIRECTIVES
o you have a current Living Will? Yes No If yes, date:
o you have a current Health Care Directive (also called Health Care Power of Attorneys)? 🗆 Ye
No. If yes, date:
• — —
uccessor Trust Protectors for Spouse/Partner (may be applicable if trusts being considered ame CLIENT'S HEALTH CARE DIRECTIVES To you have a current Living Will? Yes No If yes, date:

	, ,	death was miniment.	□ Yes □ N	10	
Do you wish to	o become an organ donor?	? □ Yes □ No			
Primary Heal	th Care Agent(s)				
Name	Address	City	State	Zip	Phone
L	I	<u> </u>			
Alternate Hea	Address	City	State	Zip	Phone
Name	Address	City	State	Zip	FHORE
an i		1	l		
Name of Prim	nary Care Physician Address	City	State	Zip	Phone
Mame	1 Audi Coo	City	Sente	Lip	1 HUHC
	date:	`			orneys)? Yes
Do you have a IF YOU DO N	date: HIPAA Authorization? TOT HAVE A LIVING TO SERVE OLDER THAN	□ Yes □ No. If yes	s, date:	CCTIVI	– E OR YOUR
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a	date: HIPAA Authorization? TOT HAVE A LIVING TO SERVE OLDER THAN	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS re Directive, do you w	s, date: CARE DIRE OLD, PLEAS ant to provide	CCTIVI SE COM	E OR YOUR MPLETE THE
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a nutrition/hydra	date: HIPAA Authorization? TOT HAVE A LIVING TO SARE OLDER THAN G: Living Will or Health Car	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS re Directive, do you w death was imminent?	s, date: CARE DIRE OLD, PLEAS ant to provide	CCTIVI SE COM	E OR YOUR MPLETE THE
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a nutrition/hydra Do you wish to	date:	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS re Directive, do you w death was imminent?	s, date: CARE DIRE OLD, PLEAS ant to provide	CCTIVI SE COM	E OR YOUR MPLETE THE
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a nutrition/hydra Do you wish to	date:	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS re Directive, do you w death was imminent?	s, date: CARE DIRE OLD, PLEAS ant to provide	CCTIVI SE COM	E OR YOUR MPLETE THE
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a nutrition/hydra Do you wish to Primary Heal	date:	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS THE Directive, do you we death was imminent? Yes ☐ Yes ☐ No	s, date: CARE DIRE OLD, PLEAS ant to provide \(\sigma\) Yes \(\sigma\) N	CCTIVI SE COM for con	E OR YOUR MPLETE THE tinued
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a nutrition/hydra Do you wish to Primary Heal	date:	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS THE Directive, do you we death was imminent? Yes ☐ Yes ☐ No	s, date: CARE DIRE OLD, PLEAS ant to provide \(\sigma\) Yes \(\sigma\) N	CCTIVI SE COM for con	E OR YOUR MPLETE THE tinued
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a nutrition/hydra Do you wish to Primary Heal Name Alternate Hea	date:	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS re Directive, do you w death was imminent? ? ☐ Yes ☐ No City	CARE DIRE OLD, PLEAS ant to provide Yes N	CCTIVI SE COM for con Io	E OR YOUR MPLETE THE tinued Phone
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a nutrition/hydra Do you wish to Primary Heal Name	h HIPAA Authorization? In HIPAA Authorization? In NOT HAVE A LIVING ITS ARE OLDER THAN IT	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS THE Directive, do you we death was imminent? Yes ☐ Yes ☐ No	s, date: CARE DIRE OLD, PLEAS ant to provide \(\sigma\) Yes \(\sigma\) N	CCTIVI SE COM for con	E OR YOUR MPLETE THE tinued
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a nutrition/hydra Do you wish to Primary Heal Name Alternate Hea	date:	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS re Directive, do you w death was imminent? ? ☐ Yes ☐ No City	CARE DIRE OLD, PLEAS ant to provide Yes N	CCTIVI SE COM for con Io	E OR YOUR MPLETE THE tinued Phone
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a nutrition/hydra Do you wish to Primary Heal Name Alternate Hea Name	date:	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS re Directive, do you w death was imminent? ? ☐ Yes ☐ No City	CARE DIRE OLD, PLEAS ant to provide Yes N	CCTIVI SE COM for con Io	E OR YOUR MPLETE THE tinued Phone
Do you have a IF YOU DO N DOCUMENT FOLLOWING In preparing a nutrition/hydra Do you wish to Primary Heal Name Alternate Hea Name	date:	☐ Yes ☐ No. If yes WILL OR HEALTH THREE (3) YEARS re Directive, do you w death was imminent? ? ☐ Yes ☐ No City	CARE DIRE OLD, PLEAS ant to provide Yes N	CCTIVI SE COM for con Io	E OR YOUR MPLETE THE tinued Phone

CLIENT'S DURABLE POWER OF ATTORNEY Primary Agent(s) City Phone Name Address State Zip Alternate Agent(s) Name Address City State Zip Phone SPOUSE'S DURABLE POWER OF ATTORNEY **Primary Agent(s)** Name Address City State Zip Phone Alternate Agent(s) City Name Address State Zip Phone **ASSETS AND LIABILITIES** Personal Net Worth: \$_____ Client Annual Income: \$ Spouse Annual Income: \$ Client has interest in qualified pension plan(s)? \Box Yes \Box No Spouse/Partner has interest in qualified pension plan(s)? \Box Yes □ No Please bring a list of all life insurance policies on each of your life and your spouse/partner's life showing the face value, policy loans, the owner and beneficiary of each policy. FINANCIAL SUMMARY

			ASSETS		LIABILITIES
	Description	Client	Spouse/Partner	Joint	
Cash/Liquid					
	Savings				
	Checking				
	Money Market				
	Other				
Real Estate					

	Primary		
	Secondary		
	Other		
Personal Property			
	Automobiles		
	Jewelry		
	Art or Other Collections		
	Boats		
	Other		
Intangibles			
	Bonds		
	Stock		
	Mutual Funds		
	Note & Mortgages Receivables		
	Future Inheritance		
	Interests in Trusts		
	Annuities		
	Other		
Retirement Benefits			
	IRAs		
	401K		
	Keough Plan		
	SEP		
	Other		
Life Insurance			
	Cash Value of all policies		

OTHER PLANNING ISSUES

	Client	Spouse/Partner
Want to benefit Charity?	Y / N	Y/N
Ownership in farm or ranch?	Y / N	Y/N
Ownership in Closely held business?	Y / N	Y/N
Ownership in Closely held business?	Y / N	Y/N
Own stock is SubChapter S corporation?	Y / N	Y / N
Ownership in a Medical, Dental or Veterinarian Practice?	Y / N	Y / N
Own a valuable collection? (e.g., art, stamp collections)	Y / N	Y / N
Owns interest in gas/oil?	Y / N	Y / N
Own a Primary Residence?	Y / N	Y/N
Own a Secondary Residence?	Y / N	Y/N
Own other significant interests in real estate?	Y/N	Y/N

MISCELLANEOUS

Do you have a safe-deposit box? □ Yes	□ No
Location of safe-deposit box:	
Location of important papers:	
ununu l aggautidua	Siam (Cres. Q Dam (0.45) 400 0207

Has Client made gifts to any one person exceeding the gift tax annual exclusion (see note below for annual exclusion amounts for different years) in any one calendar year? □ Yes □ No
Has Spouse/Partner made gifts to any one person exceeding the gift tax annual exclusion (see note below for annual exclusion amounts for different years) in any one calendar year? Yes No
Has Client ever filed a Federal Gift Tax Return? □ Yes □ No
If Yes, Years of Returns filed:
Has Spouse/Partner ever filed a Federal Gift Tax Return? □ Yes □ No
If Yes, Years of Returns filed:
Do you have any other legal issues of which I should be aware? Yes No
If Yes, please describe:

* The gift tax annual exclusion was \$10,000 for gifts made in 2001 or earlier, \$11,000 for gifts made in 2002-2005, \$12,000 for gifts made in 2006-2008, \$13,000 for gifts made in 2009-2012, \$14,000 for gifts made in 2013-2017, \$15,000 for gifts made in 2018-2021, \$16,000 for gifts made in 2022 and \$17,000 for gifts made in 2023.