

**All information disclosed on this Questionnaire will be held in the strictest confidence and will not be disclosed to any third party without your consent.
This form is to be completed by married persons only.**

Personal Information

Husband

Full Legal Name _____ Social Security # _____

Name you prefer on Legal Documents _____

Address _____ City _____ State _____ Zip _____

County _____ Home Phone _____ Cell Phone _____ DOB _____

Email Address _____ US Citizen? Yes No

Employer _____ Position _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Business Fax _____

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Are you a Veteran? Yes No If yes, please add Service Entry and Discharge Dates _____

Wife

Full Legal Name _____ Social Security # _____

Name on Legal Documents _____

Address _____ City _____ State _____ Zip _____

County _____ Home Phone _____ Cell Phone _____ DOB _____

Email Address _____ US Citizen? Yes No

Employer _____ Position _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Business Fax _____

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Date of Marriage _____ Existing Prenuptial Agreement? Yes No

Children (by Birth or Adoption)

| Name | Birthdate | Child of: |
|-------|-----------|---|
| _____ | _____ | <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint |
| _____ | _____ | <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint |
| _____ | _____ | <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint |
| _____ | _____ | <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint |
| _____ | _____ | <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint |
| _____ | _____ | <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint |

Does any child have special educational, medical or physical needs, or receive governmental benefits? Yes No
 If so, please print "S" by the child's name above.

Advisors

Accountant _____ Phone _____

Financial Advisor _____ Phone _____

Insurance Agent _____ Phone _____

Referred to Our Firm By _____

Successors- First being your Spouse, then followed by-

Who will serve as guardian for you and your minor children (if needed)?

| | | Husband's Responses | Wife's Responses |
|-----------|---------------|---------------------|------------------|
| Guardians | Second Choice | | |
| | Third Choice | | |

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

| | | Husband's Responses | Wife's Responses |
|--------------------------|---------------|---------------------|------------------|
| Power of Attorney Agents | Second Choice | | |
| | Third Choice | | |

If you were (both) incapacitated for any period of time, who would you choose to make health care decisions for you?

| | | Husband's Responses | Wife's Responses |
|----------------|---------------|---------------------|------------------|
| Medical Agents | Second Choice | | |
| | Third Choice | | |

Who would you choose to carry out the directions designated in your Last Will & Testament at the time of your death?

Husband's Responses

Wife's Responses

| | | | |
|-----------------------|---------------|--|--|
| Will Executors | Second Choice | | |
| | Third Choice | | |

Assets Information

The values listed are for discussion purposes only. A more accurate list will be obtained at a later date. You may use the back of this paper to continue a list in each category of asset.

To identify the Owner of an asset, use "JTS" for joint ownership with spouse; "JTO" for joint ownership with non-spouse; "H" for Husband as sole owner; "W" for Wife as sole owner; or "T" if owned by a revocable trust that you have created.

Bank and Savings Accounts. To identify type of account, use "CA" for checking account; "SA" for savings account; "CD" for certificate of deposit; "MM" for money market account. *Do not include IRAs or 401(k)s here.*

| | Financial Institution | Owner | Market Value | Type of Account |
|----------------------------------|------------------------------|--------------|---------------------|------------------------|
| Bank and Savings Accounts | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |

Stocks, Bonds or Investment Accounts. List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *Do not include IRAs or 401(k)s.*

| | Stock, Bond or Investment Acct | Owner | Market Value | Type of Plan |
|-------------------------|---------------------------------------|--------------|---------------------|---------------------|
| Stocks and Bonds | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |

Retirement Accounts. To identify type of account, use “P” for pension; “PS” for profit sharing; IRA, Roth IRA, SEP, or 401(k).

| | Custodial Institution | Owner | Market Value | Type of Plan |
|----------------------------|------------------------------|--------------|---------------------|---------------------|
| Retirement Accounts | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |

Real Estate.

| | | Owner | Market Value | Debt |
|--------------------|-----------------------|--------------|---------------------|-------------|
| Real Estate | 1. Personal Residence | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |

Personal Property.

| | Description | Owner | Market Value | Debt |
|--------------------------|-----------------------|--------------|---------------------|-------------|
| Personal Property | 1. Autos | | | |
| | 2. Household Contents | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |

Life Insurance Policies and Annuities. List the issuing company. To identify type of contract, use “T” for term insurance, “CV” for insurance policies having a cash value, “A” for annuities.

| | Insurance Company/Account Number | Type | Owner | Insured | Cash Value | Death Benefit |
|--------------------------------------|---|-------------|--------------|----------------|-------------------|----------------------|
| Life Insurance/ Annuities | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| | 4. | | | | | |
| | 5. | | | | | |

Other Property. List other property that you have that does not fit into any other listed category. This may include an interest in a closely-held business, monies owed to you, etc.

| | Description | Owner | Market Value |
|-----------------------|-------------|-------|--------------|
| Other Property | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | 5. | | |

ADDITIONAL IMPORTANT ISSUES

Are either of you currently receiving, or are entitled to receive, any money or other types of assets from a trust set up by someone else for your benefit? Yes No

Do either of you expect to receive an inheritance in the future from parents, relatives, or friends? Yes No

If you answered the previous question “Yes”, please estimate the approximate total value of the inheritance you expect to receive. Husband: \$ _____ Wife: \$ _____

Additional Documentation

General Document Request

In some instances, it is necessary for us to review other documents before I can make planning recommendations. If possible, please bring with you to the Initial Interview the following documentation:

- Copies of existing planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.
- Pre-marital or Post-marital Agreement (if applicable).
- Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist such as one of you paying child support, paying for medical insurance for minor children, or requiring you to carry life insurance on your life for the benefit of your child(ren).

To be Completed by Husband

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that I frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

| | <u>Level of Concern (if any)</u> | | | |
|--|----------------------------------|--------------------------|--------------------------|--------------------------|
| | None | Low | Medium | High |
| Tax Concerns | | | | |
| 1. <i>Estate Taxes.</i> I've heard that estate taxes can be as high as 50% of the value of my assets. I'd like to know how to reduce or eliminate an estate tax liability I might have..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <i>Capital Gains Taxes.</i> We have an asset that we're thinking about selling and I'd like to know how we might reduce or eliminate any capital gains taxes that we might owe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <i>Income Taxes.</i> We have significant income from investment assets and I'd like to know if there is any way to reduce or eliminate the amount of income taxes we pay..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <i>Interest Expense.</i> We pay quite a bit of interest on business and/or personal loans or lines of credit and would like to know if we could reduce the amount of interest we pay. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Concerns | | | | |
| 5. <i>Custodian of Minor Children.</i> I'm concerned that, if I and my wife were to die, our children will be placed in the custody of someone other than whom we select. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <i>Beneficiaries' Creditors.</i> I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them to their creditors, lawsuits, or divorcing parents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <i>Fiscal Immaturity.</i> I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them due to their mismanagement of the money..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <i>Children-In-Law.</i> I'm concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance we might leave to our children..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <i>Mismanagement.</i> I'm concerned that the person(s) in charge of managing my children's or grandchildren's inheritance might squander or mismanage the funds. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <i>Grandchildren's Education.</i> I'm concerned that my children might not provide for my grandchildren's education which is very important to me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <i>Making Beneficiary Ineligible for Governmental Benefits.</i> I have an individual whom I'd like to benefit in my estate planning who is currently receiving governmental benefits but who might lose eligibility if they inherit assets. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | <u>Level of Concern (if any)</u> | | | |
|--|---|--------------------------|--------------------------|--------------------------|
| | None | Low | Medium | High |
| 12. <i>Spousal Control of My Assets if I Pass First.</i> I would like to know that if I were to die first, my assets are available to my wife but that upon my wife's death, my assets pass to our children or other beneficiaries. I would not, for example, want my assets to pass to my wife's next husband or to any other individual who might influence my wife..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. <i>Family Disputes.</i> I am concerned about my beneficiaries commencing lawsuits against each other because they feel that they've received less than they should have received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. <i>Hard-to-Divide Assets.</i> My assets are comprised significantly of one or more assets that are not easily divisible (such as an operating business) and I'm concerned that disputes will arise relating to how the assets might be divided.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. <i>Values & Virtues.</i> I'm concerned that the inheritance I leave to my beneficiaries might prevent them from being productive citizens and would like to take the necessary steps to prevent that from happening. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. <i>Planning for Parents.</i> I'm concerned that my parents or my wife's parents will need financial assistance if we were to die prematurely..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability Concerns | | | | |
| 17. <i>Guardianship.</i> I'm concerned that if I were to become disabled, I would need a guardianship so that someone would have the legal ability to make healthcare and financial decisions for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. <i>HIPAA.</i> My current planning does not reflect the HIPAA privacy rules and I'm concerned that if something happened to me, health care personnel might not disclose information about me to my loved ones | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. <i>Disability of Single, Adult Children.</i> I'm concerned that if a single, adult child of mine became disabled, that I would not have the legal ability to make decisions for my child or be informed about my child's health situation due to HIPAA privacy rules | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creditor Concerns | | | | |
| 20. <i>Frivolous Lawsuits.</i> I'm concerned about my assets being taken through frivolous lawsuits..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. <i>Nursing Home.</i> I'm concerned about my assets being lost to the nursing home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. <i>Creditors of Jointly Owned Property.</i> I have property owned as joint tenants with someone other than my wife and I'm concerned that a creditor of that other person could take the entire property | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Post-Death Concerns | | | | |
| 23. <i>Probate.</i> I'm concerned about the unnecessary delays and costs that my estate will incur if my assets pass via a probate proceeding..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. <i>Fire Sale.</i> I'm concerned about my assets having to be sold in a "fire sale" to pay estate taxes or to pay debts that I owe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | <u>Level of Concern (if any)</u> | | | |
|--|---|--------------------------|--------------------------|--------------------------|
| | None | Low | Medium | High |
| 25. <i>Liability of Executor.</i> I'm concerned that the person I've named as my Executor might be sued by an heir because my Executor did not understand what duties were required of them and what liability they take on for serving as Executor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. <i>Privacy.</i> I'm concerned about my affairs being made public and would prefer to keep my affairs private | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Business Concerns | | | | |
| 27. <i>Validity of Corporate Shield.</i> I own a corporation or limited liability company and I'm concerned that my personal assets may still be exposed to liabilities of the company because I've not held company meetings annually, kept minutes from those meetings, elected officers, etc..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. <i>Employee Lawsuits.</i> I'm concerned that my employees might sue because of an out-of-date or non-existent employee agreements..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. <i>Business Succession Plan.</i> I have a company and I'm concerned that the company might falter if I were to die unexpectedly because I don't currently have a business succession plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. <i>Out-of-Date Buy-Sell Agreement.</i> I have a buy-sell agreement with the other owners of the company in which I'm involved but I have no idea if it's up-to-date or if the company will have the funds to buy out my interest if I were to die | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Concerns | | | | |
| 31. <i>Standard of Living.</i> I'm concerned that I or my wife might not be able to maintain our current standard of living during retirement..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. <i>Exhaustion of Assets During Disability.</i> I'm concerned my assets might be completely consumed to pay for my care or my wife's care in the event of a disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING CONCERNS & ANXIETIES

To be Completed by Wife

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that I frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

| | <u>Level of Concern (if any)</u> | | | |
|--|---|--------------------------|--------------------------|--------------------------|
| | None | Low | Medium | High |
| Tax Concerns | | | | |
| 1. <i>Estate Taxes.</i> I've heard that estate taxes can be as high as 50% of the value of my assets. I'd like to know how to reduce or eliminate an estate tax liability I might have..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <i>Capital Gains Taxes.</i> We have an asset that we're thinking about selling and I'd like to know how we might reduce or eliminate any capital gains taxes that we might owe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <i>Income Taxes.</i> We have significant income from investment assets and I'd like to know if there is any way to reduce or eliminate the amount of income taxes we pay..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <i>Interest Expense.</i> We pay quite a bit of interest on business and/or personal loans or lines of credit and would like to know if we could reduce the amount of interest we pay. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Concerns | | | | |
| 5. <i>Custodian of Minor Children.</i> I'm concerned that, if I and my husband were to die, our children will be placed in the custody of someone other than whom we select. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <i>Beneficiaries' Creditors.</i> I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them to their creditors, lawsuits, or divorcing parents..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <i>Fiscal Immaturity.</i> I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them due to their mismanagement of the money..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <i>Children-In-Law.</i> I'm concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance we might leave to our children..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <i>Mismanagement.</i> I'm concerned that the person(s) in charge of managing my children's or grandchildren's inheritance might squander or mismanage the funds. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <i>Grandchildren's Education.</i> I'm concerned that my children might not provide for my grandchildren's education which is very important to me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <i>Making Beneficiary Ineligible for Governmental Benefits.</i> I have an individual whom I'd like to benefit in my estate planning who is currently receiving governmental benefits but who might lose eligibility if they inherit assets. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING CONCERNS & ANXIETIES (WIFE'S CONTINUED)

| | <u>Level of Concern (if any)</u> | | | |
|--|---|--------------------------|--------------------------|--------------------------|
| | None | Low | Medium | High |
| 12. <i>Spousal Control of My Assets if I Pass First.</i> I would like to know that if I were to die first, my assets are available to my husband but that upon my husband's death, my assets pass to our children or other beneficiaries. I would not, for example, want my assets to pass to my husband's next wife or to any other individual who might influence my husband. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. <i>Family Disputes.</i> I am concerned about my beneficiaries commencing lawsuits against each other because they feel that they've received less than they should have received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 15. <i>Values & Virtues.</i> I'm concerned that the inheritance I leave to my beneficiaries might prevent them from being productive citizens and would like to take the necessary steps to prevent that from happening. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. <i>Planning for Parents.</i> I'm concerned that my parents or my husband's parents will need financial assistance if we were to die prematurely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability Concerns | | | | |
| 17. <i>Guardianship.</i> I'm concerned that if I were to become disabled, I would need a guardianship so that someone would have the legal ability to make healthcare and financial decisions for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Creditor Concerns | | | | |
| 20. <i>Frivolous Lawsuits.</i> I'm concerned about my assets being taken through frivolous lawsuits..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. <i>Nursing Home.</i> I'm concerned about my assets being lost to the nursing home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Post-Death Concerns | | | | |
| 23. <i>Probate.</i> I'm concerned about the unnecessary delays and costs that my estate will incur if my assets pass via a probate proceeding..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. <i>Fire Sale.</i> I'm concerned about my assets having to be sold in a "fire sale" to pay estate taxes or to pay debts that I owe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING CONCERNS & ANXIETIES (WIFE'S CONTINUED)

| | <u>Level of Concern (if any)</u> | | | |
|--|---|--------------------------|--------------------------|--------------------------|
| | None | Low | Medium | High |
| 25. <i>Liability of Executor.</i> I'm concerned that the person I've named as my Executor might be sued by an heir because my Executor did not understand what duties were required of them and what liability they take on for serving as Executor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. <i>Privacy.</i> I'm concerned about my affairs being made public and would prefer to keep my affairs private | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Business Concerns | | | | |
| 27. <i>Validity of Corporate Shield.</i> I own a corporation or limited liability company and I'm concerned that my personal assets may still be exposed to liabilities of the company because I've not held company meetings annually, kept minutes from those meetings, elected officers, etc..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. <i>Employee Lawsuits.</i> I'm concerned that my employees might sue because of an out-of-date or non-existent employee agreements..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. <i>Business Succession Plan.</i> I have a company and I'm concerned that the company might falter if I were to die unexpectedly because I don't currently have a business succession plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. <i>Out-of-Date Buy-Sell Agreement.</i> I have a buy-sell agreement with the other owners of the company in which I'm involved but I have no idea if it's up-to-date or if the company will have the funds to buy out my interest if I were to die | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Concerns | | | | |
| 31. <i>Standard of Living.</i> I'm concerned that I or my husband might not be able to maintain our current standard of living during retirement..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. <i>Exhaustion of Assets During Disability.</i> I'm concerned my assets might be completely consumed to pay for my care or my husband's care in the event of a disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please list any charitable causes you have or that you support with either your time or financial resources:

My favorite College/University is: _____

About Your Goals & Objectives

What prompted you to schedule this appointment? Don't focus on the tools to be used but rather on the outcomes to be achieved.

| <u>Goals</u> | <u>Consequence if Goal Isn't Accomplished</u> |
|--------------|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

YOUR EXPECTATIONS OF US

Meeting your expectations in the estate planning process is very important to our law firm, but in order to do that we need to know in advance what those expectations are. Please describe your expectations of us should you decide to hire us to prepare and implement your estate plan for you.