Confidential
Estate Planning
Questionnaire

Personal and Financial Information

The Wiewel Law Firm

Attorneys and Counselors at Law

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PERSONAL INFORMATION

(Please Print)

Client # 1

Full Legal Name____

What other names have you also been known as______________________________

What name do you use on legal documents_________________________________

By what name would you like to be addressed by our staff?_______________________

E-Mail ____

County of Residence___________ Birthdate___________Social Security Number_________________

Home address_____________________________City___________State_______Zip____________

Home telephone(____)_________________Cell:(___)___________________Fax:(___)____________

Employer_____________________ Position___________Business Telephone(____)_______________

Business address__________________________City___________State_______Zip_______________

☐Married: Date________ ☐Divorced: Date_________ ☐Widowed : Date____________ ☐Single

Client # 2

Full Legal Name____

What other names have you also been known as______________________________

What name do you use on legal documents_________________________________

By what name would you like to be addressed by our staff?_______________________

E-Mail ____

County of Residence___________ Birthdate___________Social Security Number_________________

Home address_____________________________City___________State_______Zip____________

Home telephone(____)_________________Cell:(____)___________________Fax:(___)____________

Employer_____________________ Position___________Business Telephone(____)_______________

Business address__________________________City___________State_______Zip_______________

☐Married: Date________ ☐Divorced: Date_________ ☐Widowed : Date____________ ☐Single

Who referred you to us?____

CHILDREN'S INFORMATION

Child # 1 *Parent*: ☐Husband ☐Wife ☐ Joint *Special Needs*: ☐Medical ☐Educational ☐ Financial

Full Legal Name________________________Birthdate___________Soc. Sec. Number_______________

Address_______________________________________City___________State_______Zip____________

Home telephone(_____)__________________Cell:(____)____________________Fax:(___)____________

☐Married ☐Divorced ☐Widowed ☐Single Spouse's Name: _______________________________

Children (name and age) ____________________________ ____________________________

______________________ ____________________________ ____________________________

Child # 2 *Parent*: ☐Husband ☐Wife ☐ Joint *Special Needs*: ☐Medical ☐Educational ☐ Financial

Full Legal Name________________________Birthdate___________Soc. Sec. Number_______________

Address_______________________________________City___________State_______Zip____________

Home telephone(_____)__________________Cell:(____)____________________Fax:(___)____________

☐Married ☐Divorced ☐Widowed ☐Single Spouse's Name: _______________________________

Children (name and age) ____________________________ ____________________________

______________________ ____________________________ ____________________________

Child # 3 *Parent*: ☐Husband ☐Wife ☐ Joint *Special Needs*: ☐Medical ☐Educational ☐ Financial

Full Legal Name________________________Birthdate___________Soc. Sec. Number_______________

Address_______________________________________City___________State_______Zip____________

Home telephone(_____)__________________Cell:(____)____________________Fax:(___)____________

☐Married ☐Divorced ☐Widowed ☐Single Spouse's Name: _______________________________

Children (name and age) ____________________________ ____________________________

______________________ ____________________________ ____________________________

OTHER DEPENDENTS

Friends or relatives who are dependents or *potential* dependents. (Use Full Legal Name)

Name **Relationship** **Special Needs**

____ ___________________ ☐

GUARDIANS FOR MINOR CHILDREN

Please provide the name of the people that you would want to care for your minor children in the event you are unable to.

Name of Guardian(s) (Primary & Secondary) **Relationship**

1._________________________________ ___________________________________

2._________________________________ ___________________________________

NAMES OF HEALTH CARE AGENTS

Please provide legal names of the people that you would want to make health care decisions for you in the event you are unable to communicate to a health care professional.

<u>Client #1</u> Relationship

Name of Primary Health Care Agent__________________________________ _______________

Address _______________________________________ Phone #(________)_______________________

Name of Secondary Agent ____ _______________

Address _______________________________________ Phone #(________)_______________________

Name of back-up Agent ____ _______________

Address _______________________________________ Phone #(________)_______________________

<u>Client #2</u> Relationship

Name of Primary Health Care Agent__________________________________ _______________

Address _______________________________________ Phone #(________)_______________________

Name of Secondary Agent ____ _______________

Address _______________________________________ Phone #(________)_______________________

Name of back-up Agent ____ _______________

Address _______________________________________ Phone #(________)_______________________

Personal Physicians: _________________________, ____________________________________

OTHER PROFESSIONAL ADVISORS

Name of CPA: ________________________________ Company_____________________________
Phone # ______________________________________ Address ______________________________

Name of Fin. Advisor: __________________________ Company _____________________________
Phone # ______________________________________ Address ______________________________

CHARITIES and MEMBERSHIPS

Please list the **Charities**, **Educational** and **Religious Organizations** you have supported financially or with your time in the past 2 years:

_____________________________,________________________________,________________________
_

Please list the **Professional Associations** you are a member of:_________________________________

__________________________________, ____________________________,
____

IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children or close relatives receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children or other close relatives have special education, medical, or physical needs?		
Are any of your children or close relatives institutionalized?		
Are you, or your spouse receiving social security, disability, or other benefits, public or private?		
Do you provide primary or other major financial support to adult children or any other adult?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)		
Have you and your spouse ever signed a pre- post- marriage contract? (Please furnish a copy)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed please furnish a copy)		
Have you or your spouse ever filed a Federal or State gift tax returns? (Please furnish a copy)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please Furnish a Copy)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish a copies of these documents)		
Are you and your spouse United States citizens?		
Are either you or your spouse the beneficiary of any trust now?		

INSTRUCTIONS FOR COMPLETING THE *PERSONAL INFORMATION* CHECKLIST

General Headings	This *Personal Information* Checklist is designed to help you list all the property you own , how it is titled, and its value. If you own more property than can be listed on this checklist use extra sheets of paper to list your additional property.
Type	Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.
"Owner" of Property	How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property category, there is a column titled "Owner." When filling in this column, please use the following abbreviations:

For Property Owned By:	**With:**	**Use:**
Single	If you are single and you own property in your name only, use	I
Client #1's	No other person	C1
Client # 2's	No other person	C2
Joint Tenancy	A spouse	JTS
Joint Tenancy	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
Tenancy in Common	Someone other than a spouse	TCO
Unknown	If you cannot determine how the property is owned	?

CASH ACCOUNTS

TYPE: Checking Account "CA"   Savings Account "SA"   Certificate of deposits "CD" Safety Deposit Box "SD"

Name of Institution / Branch Address	Type	Account #	Owner	Amount
* ______________________________ ______________________________	________	____________________	________	________
* ______________________________ ______________________________	________	____________________	________	________
* ______________________________ ______________________________	________	____________________	________	________
* ______________________________ ______________________________	________	____________________	________	________
* ______________________________ ______________________________	________	____________________	________	________
* ______________________________ ______________________________	________	____________________	________	________
* ______________________________ ______________________________	________	____________________	________	________

TOTAL $__________

Are any funds directly deposited in any of the above accounts? Yes ☐ No ☐

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

INVESTMENT ACCOUNTS

*** IRA's or Annuities should be listed later ***

TYPE: Money market "MM", Investment "I", Cash Management "CM" or other account that is in a street name (indicate type below)

Name of Brokerage Firm Phone # & Address of Broker	Type	Account #	Owner	Amount
* __________________________	________	____________________	________	____________
Phone #(________)______________	Address: ____			
* __________________________	________	____________________	________	____________
Phone #(________)______________	Address: ____			
* __________________________	________	____________________	________	____________
Phone #(________)______________	Address: ____			

(continued)

Name of Brokerage Firm **Phone # & Address of Broker**	**Type**	**Account #**	**Owner**	**Amount**
*				
Phone #(________)______________	Address:			
*				
Phone #(________)______________	Address:			

Are any of these accounts pledged as collateral on any loans? **Total $____________**

__ Yes __ No

STOCKS & STOCK OPTIONS

TYPE: **STOCK** in publicly owned corporations which is a stock traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded companies should be listed under "*Corporate Business and Professional Interests*" Stocks held in a street name or investment account should be listed under "*Investment Accounts*"). Also please list **STOCK OPTIONS** of *any type* from any company here.

Company Name **Address & Phone #**	**Owner**	**Number of Shares**	**Fair Value Market**
*			
Phone (_____)			
*			
Phone (_____)			
*			
Phone (_____)			
*			
Phone (_____)			
*			
Phone (_____)			
*			
*			
Phone (_____)			

Are any of these assets pledged as collateral on any loans? **Total $____________**

__ Yes __ No

BONDS

TYPE: US Savings Bonds, Corporate, Municipal, etc., (indicate type below).

Type	Owner	Face Value
___________________	___________________	___________________
___________________	___________________	___________________
___________________	___________________	___________________
___________________	___________________	___________________

Are any of these assets pledged as collateral on any loans? **Total $____________**

__ Yes __ No

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable nonbusiness personal property (indicate type below and give a lump sum value for miscellaneous items.)

Type	Owner	Value	Is there a loan against the asset
___________________	___________________	___________________	☐ Yes ☐ No
___________________	___________________	___________________	☐ Yes ☐ No
___________________	___________________	___________________	☐ Yes ☐ No
___________________	___________________	___________________	☐ Yes ☐ No

Total $__________

Property and Casualty Insurance Agent(s): ______________________________

Types of Insurance (Home, Auto, Umbrella, etc): ____

LONG TERM CARE Insurance? ___ Yes ___ No; Insurance Carrier:__________________________

PETS? Names & breeds: ____________________, ________________________,___________________

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H. R. 10, IRA, SEP, 401(k) (Indicate type below)

Company Name Address and Phone #	Type of Plan	Value	Beneficiary upon Your Death	Are you currently receiving benefits from this plan
___________________ ___________________ Phone # (___)______________	________	______________	__________	☐ Yes ☐ No
___________________ ___________________ Phone # (___)______________	________	______________	__________	☐ Yes ☐ No
___________________ ___________________ Phone # (___)______________	________	______________	__________	☐ Yes ☐ No
___________________ ___________________ Phone # (___)______________	________	______________	__________	☐ Yes ☐ No

Total $____________

LIFE INSURANCE POLICIES

TYPE: Term, whole life, split dollar, group life, (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

Company______________________________________ Address___________________________________
Phone #(___)___________________________________ Acct. Number______________________________
Type____ Insured___________________________________
Owner____ Primary Beneficiary_________________________
Secondary Beneficiary_______________________ Agents Name______________________________
Address____ Phone #(___)_______________________________
Face Amt.______________________________________ Cash Value________________________________

Company______________________________________ Address___________________________________
Phone #(___)___________________________________ Acct. Number______________________________
Type____ Insured___________________________________
Owner____ Primary Beneficiary_________________________
Secondary Beneficiary_______________________ Agents Name______________________________
Address____ Phone #(___)_______________________________
Face Amt.______________________________________ Cash Value________________________________

Company______________________________________ Address___________________________________
Phone #(___)___________________________________ Acct. Number______________________________
Type____ Insured___________________________________
Owner____ Primary Beneficiary_________________________
Secondary Beneficiary_______________________ Agents Name______________________________
Address____ Phone #(___)_______________________________
Face Amt.______________________________________ Cash Value________________________________

Company______________________________________ Address___________________________________
Phone #(___)___________________________________ Acct. Number______________________________
Type____ Insured___________________________________
Owner____ Primary Beneficiary_________________________
Secondary Beneficiary_______________________ Agents Name______________________________
Address____ Phone #(___)_______________________________
Face Amt.______________________________________ Cash Value________________________________

Company______________________________________ Address___________________________________
Phone #(___)___________________________________ Acct. Number______________________________
Type____ Insured___________________________________
Owner____ Primary Beneficiary_________________________
Secondary Beneficiary_______________________ Agents Name______________________________
Address____ Phone #(___)_______________________________
Face Amt.______________________________________ Cash Value________________________________

Total $______________

ANNUITIES

Company______________________________________ Address___________________________________
Phone #(___)___________________________________ Acct. Number______________________________
Type____ Annuitant__________________________________
Owner____ Primary Beneficiary_________________________
Secondary Beneficiary_______________________ Agents Name______________________________
Address_______________________________________ Phone #(___)_______________________________
Face Amt._____________________________________ Cash Value________________________________

Company______________________________________ Address___________________________________
Phone #(___)___________________________________ Acct. Number______________________________
Type____ Annuitant__________________________________
Owner____ Primary Beneficiary_________________________
Secondary Beneficiary_______________________ Agents Name______________________________
Address_______________________________________ Phone #(___)_______________________________
Face Amt._____________________________________ Cash Value________________________________

Company______________________________________ Address___________________________________
Phone #(___)___________________________________ Acct. Number______________________________
Type____ Annuitant__________________________________
Owner____ Primary Beneficiary_________________________
Secondary Beneficiary_______________________ Agents Name______________________________
Address_______________________________________ Phone #(___)_______________________________
Face Amt._____________________________________ Cash Value________________________________

Company______________________________________ Address___________________________________
Phone #(___)___________________________________ Acct. Number______________________________
Type____ Annuitant__________________________________
Owner____ Primary Beneficiary_________________________
Secondary Beneficiary_______________________ Agents Name______________________________
Address_______________________________________ Phone #(___)_______________________________
Face Amt._____________________________________ Cash Value________________________________

Total $_____________

SAFETY DEPOSIT BOXES

Name of Institution______________________________ Address_____________________________________
Box Number(s)______________Persons with Access____

Name of Institution______________________________ Address_____________________________________
Box Number(s)______________Persons with Access____

Do you have a Safe or Lock Box other than a Safety Deposit Box? Yes___ No___
Location (Home, Office, etc.)____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes, payable to you; other monies owed to you.

Please Bring a copy of any promissory notes.

Name of Debtor	Date Due	Owed to	Current Balance
______________________________	_______	______________________	_______________
______________________________	_______	______________________	_______________
______________________________	_______	______________________	_______________

Total $____________

PARTNERSHIP INTERESTS

TYPE: General and Limited Partnerships. Please list your percentages that you own

Please Bring the Partnership Agreement

Name of Partnership____
Owners______________________________________Value_____________________________________
Who holds Partnership papers____________________Phone #(___)___________________________

Name of Partnership____
Owners______________________________________Value_____________________________________
Who holds Partnership papers____________________Phone #(___)___________________________

Name of Partnership____
Owners______________________________________Value_____________________________________
Who holds Partnership papers____________________Phone #(___)___________________________

Total $____________

CORPORATE BUSINESS AND PROFESSIONAL INTEREST

TYPE: Privately owned (nonpublicy traded) stock.

Please provide a copy of any Buy/Sell agreements if applicable

Company______________________ Address_________________________Phone #.(___)___________
Number of Shares_________________________% of Ownership ______________________________
Owner_______________________________________Value_____________________________________
Is there a Buy/Sell Agreement ☐ Yes ☐ No Is this an "S-Corporation" ☐ Yes ☐ No

Company______________________ Address_________________________Phone #.(___)___________
Number of Shares_________________________% of Ownership ______________________________
Owner_______________________________________Value_____________________________________
Is there a Buy/Sell Agreement ☐ Yes ☐ No Is this an "S-Corporation"? ☐ Yes ☐ No

Total $____________

SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership.

Name of Business	Description of Business	Owner	Value
____________________	____________________	________________	__________
____________________	____________________	________________	__________
____________________	____________________	________________	__________

Total $____________

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Please provide copy of Agreement, Certificate or Deed

Company______________________Type_______________Name___________________________
Address________________________________City_________________State______Zip________
County________________________________Phone #____________________________________
Owner_________________________________Value______________________________________

Company______________________Type_______________Name___________________________
Address________________________________City_________________State______Zip________
County________________________________Phone #____________________________________
Owner_________________________________Value______________________________________

Total $____________

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT RECOVERY

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description	Value
____	________________________
____	________________________
____	________________________

Total $_______________

APPROXIMATE ANNUAL INCOME

TYPE: Total Income from *all sources* – Before taxes (Both Spouses if Married)

Total $_______________

REAL PROPERTY

TYPE: Land, buildings, homes and time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights(JTWROS), Tenants in common(TC)

Please provide a copy of the Deed or Agreement relating to each property

Address	Owner	Fair Market Value
____________________________________ City_______________State______Zip________ County______________________________	_________	____________
____________________________________ City_______________State______Zip________ County______________________________	_________	____________
____________________________________ City_______________State______Zip________ County______________________________	_________	____________
____________________________________ City_______________State______Zip________ County______________________________	_________	____________
____________________________________ City_______________State______Zip________ County______________________________	_________	____________

Total $____________

OTHER ASSETS

TYPE: Any property that you have that does not fit into any listed category.

Description	Owner	Value
______________________________	__________________	____________
______________________________	__________________	____________
______________________________	__________________	____________
______________________________	__________________	____________

Total $____________

Summary of Values – Fair Market Value Today

Assets	Husband's	Wife's	Jointly Owned
	Dollar Amounts		
Real Estate – Residence	______________	_____________	________________
Real Estate – Other	______________	_____________	________________
Real Estate – Commercial	______________	_____________	________________
Personal Effects (Jewelry, etc)	______________	_____________	________________
Business Assets	______________	_____________	________________
Invest Acct (Brokerage)	______________	_____________	________________
Stocks	______________	_____________	________________
Bonds	______________	_____________	________________
Money Market/Checking/Savings	______________	_____________	________________
CD's/Treasury	______________	_____________	________________
Retirement Accounts (IRA, 401k)	______________	_____________	________________
Retirement Accounts (Pension)	______________	_____________	________________
Life Insurance – Company	______________	_____________	________________
Life Insurance – Other	______________	_____________	________________
Other Assets (Boat, cars, farm)	______________	_____________	________________
Total Assets	______________	_____________	________________
Liabilities			
Mortgage – Residence	______________	_____________	________________
Loans – Other	______________	_____________	________________
Credit Cards	______________	_____________	________________
Other Liabilities	______________	_____________	________________
NET ESTATE	__________	__________	_____________

- **Affirmation: The undersigned hereby states and affirms that the information contained in this Confidential Estate Planning Questionnaire is an accurate and complete record of all assets, liabilities and account information, and that The Wiewel Law Firm (the "Firm") will be relying on this information in its preparation and counseling regarding estate planning if the undersigned becomes a Client of the Firm. If the undersigned becomes a Client of the Firm, any information that would render this information inaccurate or incomplete will be provided to the Firm in writing within ten (10) days of the date the undersigned becomes aware of the inaccuracy or incompleteness of it.**

Date: ______________________________ **Date:** ______________________________

______________________________ ______________________________

Client **Client**