

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 to *SIGN* legal documents _____

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

E-Mail _____

County of Residence _____ Birth Date _____ 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 to *SIGN* legal documents _____

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

E-Mail _____

County of Residence _____ Birth Date _____ 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

What Do You Do for Fun? _____

Who Referred You to Us? _____

CHILDREN'S INFORMATION

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

Full Legal Name _____ Birth Date _____ 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 _____ Birth Date _____ 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 _____ Birth Date _____ Soc. Sec. Number _____

Address _____ City _____ State _____ Zip _____

Home telephone (_____) _____ Cell: (_____) _____ Fax: (_____) _____

Married Divorced Widowed Single Spouse's Name: _____

Children (name and age) _____

Child # 4 Parent: Husband Wife Joint Special Needs: Medical Educational Financial

Full Legal Name _____ Birth Date _____ Soc. Sec. Number _____

Address _____ City _____ State _____ Zip _____

Home telephone (_____) _____ Cell: (_____) _____ Fax: (_____) _____

Married Divorced Widowed Single Spouse's Name: _____

Children (name and age) _____

Do you have any frozen sperm or cryopreserved embryos? _____ YES _____ NO

OTHER DEPENDENTS

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

Name	Relationship	Special Needs
_____	_____	<input type="checkbox"/>

GUARDIANS FOR MINOR CHILDREN

Please list the names of the people that you would want to care for your minor children if you cannot:

Name of Guardian(s) (Primary & Secondary)	Relationship
1. _____	_____
2. _____	_____

NAMES OF HEALTH CARE AGENTS

Please list the names of the people that you want to make health care decisions for you if you cannot.:

<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 #() _____

CURRENT PROFESSIONAL ADVISORS

Name of CPA: _____	Company _____
Phone # _____	Address _____

Name of Fin. Advisor: _____	Company _____
Phone # _____	Address _____

OTHER INFORMATION

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** and **social clubs** to which you currently belong:

Have you or any of your family members ever been a **Plaintiff** in any lawsuit or legal complaint (other than a divorce)? **Yes** or **No**. If Yes, please specify: _____

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 on next page)

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 () _____			

Total \$ _____

Are any of these assets pledged as collateral on any loans? Yes No

BONDS

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

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total \$ _____

Are any of these assets pledged as collateral on any loans? 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
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____, _____, _____

VETERINARIAN: Name: _____ Telephone: _____

BURIAL PLOTS AND/OR CRYPTS: Location: _____, _____

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
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (____)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (nonpublicly 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

<u>Assets</u>	<u>Dollar Amounts</u>		
	Husband's	Wife's	Jointly Owned
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	_____	_____	_____
<u>Liabilities</u>			
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