THE WIEWEL
LAW FIRM

The Peace of Mind People®

Confidential Estate Planning Questionnaire

Personal and Financial Information

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1 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 __________ Date of Birth __________ Soc. Sec. 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 __________ Date of Birth __________ Soc. Sec. 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? ______________________________

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CHILDREN'S INFORMATION

*You **MUST** list **ALL** children - of either of you (Please Print)*

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 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 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 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 Name ________________________________

Children (name and age) ______________________________ ________________________________

________________________ ________________________ ________________________

Do you have any frozen sperm or cryopreserved embryos? ________ **YES** ________ **NO**
Have you had a sex change operation? ________ **YES** ________ **NO**
<u>For Married Couples</u>: Have either of you been the step-parent of the other? ________**YES** ________**NO**

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OTHER DEPENDENTS

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

Name ____________ Relationship ____________ Special Needs ☐

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:

Client #1 **Relationship**

Name of Primary Health Care Agent ____________ ____________
Address ____________ Phone # ( )
Name of Secondary Agent ____________ ____________
Address ____________ Phone # ( )
Name of back-up Agent ____________ ____________
Address ____________ Phone # ( )

Client #2 **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 ____________
Financial 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 or 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 estate or State gift tax return? (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 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	1
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	?

10 CASH ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Safe 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.

11 INVESTMENT ACCOUNTS

*** IRAs 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			

Name of Brokerage Firm Phone # & Address of Broker	Type	Account #	Owner	Amount
*				
Phone # ( )	Address			
*				
Phone # ( )	Address			
			Total	$

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

12 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 non-publicly 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 loan? _____ Yes _____ No

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13 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**

14 PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business 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
		Total $	

ART ___ Yes ___ No or **COLLECTIBLES** ___ Yes ___ No worth more than $75,000 $ ________

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 LOTS AND/OR CRYPTS: Location ________

15 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 ____________________ Agent's Name ____________________
Address ____________________ Phone # ( ) ____________________
Face Amt. ____________________ Cash Value ____________________

Company ____________________ Address ____________________
Phone # ( ) ____________________ Acct. Number ____________________
Type ____________________ Insured ____________________
Owner ____________________ Primary Beneficiary ____________________
Secondary Beneficiary ____________________ Agent's Name ____________________
Address ____________________ Phone # ( ) ____________________
Face Amt. ____________________ Cash Value ____________________

Company ____________________ Address ____________________
Phone # ( ) ____________________ Acct. Number ____________________
Type ____________________ Insured ____________________
Owner ____________________ Primary Beneficiary ____________________
Secondary Beneficiary ____________________ Agent's Name ____________________
Address ____________________ Phone # ( ) ____________________
Face Amt. ____________________ Cash Value ____________________

Company ____________________ Address ____________________
Phone # ( ) ____________________ Acct. Number ____________________
Type ____________________ Insured ____________________
Owner ____________________ Primary Beneficiary ____________________
Secondary Beneficiary ____________________ Agent's Name ____________________
Address ____________________ Phone # ( ) ____________________
Face Amt. ____________________ Cash Value ____________________

Company ____________________ Address ____________________
Phone # ( ) ____________________ Acct. Number ____________________
Type ____________________ Insured ____________________
Owner ____________________ Primary Beneficiary ____________________
Secondary Beneficiary ____________________ Agent's Name ____________________
Address ____________________ Phone # ( ) ____________________
Face Amt. ____________________ Cash Value ____________________

Total $ ____________________

17 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 $ ____________

18 SAFE 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 Safe Deposit Box? Yes ____ No ____
Location (Home, Office, etc.) ____________

19 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 $ ______________

20 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 $ ______________

21 CORPORATE BUSINESS AND PROFESSIONAL INTERESTS

TYPE: Privately owned (nonpublicly traded) stock.

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

Company ______________ Address ______________
Phone # (   ) ______________ % of Ownership ______________ Number of Shares ______________
Owner ______________ Value ______________
Is there a Buy/Sell Agreement? ☐ Yes ☐ No Is this an "S-Corporation"? ☐ Yes ☐ No

Company ______________ Address ______________
Phone # (   ) ______________ % of Ownership ______________ Number of Shares ______________
Owner ______________ Value ______________
Is there a Buy/Sell Agreement? ☐ Yes ☐ No Is this an "S-Corporation"? ☐ Yes ☐ No

Total $ ______________

22 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 $ ________________

23 OIL, GAS AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.
Please provide a 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 $ ________________

24 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 $ ________________

25 APPROXIMATE ANNUAL INCOME

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

Total $ ________________

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26 REAL PROPERTY

TYPE: Land, buildings, homes and time shares. TYPE OF OWNERSHIP: Individual, 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 $ ____________

27 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**	**Dollar Amounts** **Wife's**	**Jointly Owned**
Real Estate – Residence			
Real Estate – Other			
Real Estate – Commercial			
Personal Effects (Jewelry, etc.)			
Business Assets			
Investment Account (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			
TOTAL 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