



Confidential Form for Households

CONFIDENTIAL QUESTIONNAIRE

In making estate planning recommendations to you, we must rely on the information you supply to us in this questionnaire. We can only make appropriate recommendations to you if we have accurate and complete information as to the value of assets you own, how the assets are titled, and other information included on the questionnaire. Therefore, please take the necessary time to provide us with complete and accurate information, and if you need assistance in understanding any of the questions, please let us know.

Date _____

I. FAMILY INFORMATION

1. Husband's Information:

Name _____ Date of Birth _____
Citizen of the United States? _____ Social Security # _____

Home Address _____
City _____ State _____ Zip Code _____
County _____ Home Phone # _____
Home e-mail address _____

Occupation _____
Business Address _____
City _____ State _____ Zip Code _____
County _____ Business Phone # _____
Business e-mail address _____

2. Wife's Information:

Name _____ Date of Birth _____
Citizen of the United States? _____ Social Security # _____

Home Address _____
City _____ State _____ Zip Code _____
County _____ Home Phone # _____
Home e-mail address _____

Occupation _____
Business Address _____
City _____ State _____ Zip Code _____
County _____ Business Phone # _____
Business e-mail address _____

3. Children of Your Marriage

	<u>Name</u>	<u>Date of Birth</u>	<u>Adopted?</u>	<u>Marital Status</u>
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____
(c)	_____	_____	_____	_____
(d)	_____	_____	_____	_____

4. Grandchildren of Your Marriage

	<u>Name</u>	<u>Date of Birth</u>	<u>Adopted?</u>	<u>Marital Status</u>
Children of Child (a)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children of Child (b)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children of Child (c)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children of Child (d)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

II. IF HUSBAND PREVIOUSLY MARRIED, PLEASE COMPLETE

1. Name of Previous Spouse _____
 Living _____ Deceased _____ If divorced, place of divorce _____
 Date of divorce _____

2. Husband's Children by Previous Marriage

	<u>Name</u>	<u>Date of Birth</u>	<u>Adopted?</u>	<u>Marital Status</u>
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____
(c)	_____	_____	_____	_____
(d)	_____	_____	_____	_____

3. Husband's Grandchildren of Previous Marriage

	<u>Name</u>	<u>Date of Birth</u>	<u>Adopted?</u>	<u>Marital Status</u>
Children of Child (a)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children of Child (b)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children of Child (c)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children of Child (d)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

III. IF WIFE PREVIOUSLY MARRIED, PLEASE COMPLETE

1. Name of Previous Spouse _____
 Living _____ Deceased _____ If divorced, place of divorce _____
 Date of divorce _____

2. Wife's Children by Previous Marriage

	<u>Name</u>	<u>Date of Birth</u>	<u>Adopted?</u>	<u>Marital Status</u>
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____
(c)	_____	_____	_____	_____
(d)	_____	_____	_____	_____

3. Wife's Grandchildren of Previous Marriage

	<u>Name</u>	<u>Date of Birth</u>	<u>Adopted?</u>	<u>Marital Status</u>
Children of Child (a)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children of Child (b)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children of Child (c)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children of Child (d)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

IV. ASSETS OTHER THAN RETIREMENT ACCOUNTS AND LIFE INSURANCE
 (If you have a current financial statement, please attach it to this questionnaire.)

	Approximate Fair Market Value of Assets in <u>Husband's Name</u>	Approximate Fair Market Value of Assets in <u>Wife's Name</u>	Approximate Fair Market Value of Assets held <u>Jointly^(A)</u>
Checking and Savings Accounts	_____	_____	_____
Certificates of deposit, Money Market funds, Treasury bills, etc.	_____	_____	_____
Accounts or Notes Receivable	_____	_____	_____
Bonds (U.S. Government, corporate, municipal, other)	_____	_____	_____
Brokerage Accounts	_____	_____	_____
Publicly Traded Stocks	_____	_____	_____
Closely Held Stocks	_____	_____	_____
Other Investments (e.g., partnership interests, tax shelters, etc.)	_____	_____	_____
Residence	_____	_____	_____
Other Real Estate	_____	_____	_____
Household Furnishings	_____	_____	_____
Art/Jewelry	_____	_____	_____
Automobiles/Boats	_____	_____	_____
Miscellaneous Personal Property	_____	_____	_____
Total Assets Other Than Retirement Accounts and Life Insurance	=====	=====	=====

(A) If held jointly with non-spouse, please indicate.

V. DEBTS AND OBLIGATIONS

	<u>Amount of Husband's Obligations</u>	<u>Amount of Wife's Obligations</u>	<u>Amount of Obligations Owed Jointly^(B)</u>
Current Unpaid Expense Items	_____	_____	_____
Loans Outstanding:			
Outstanding Mortgage on residence	_____	_____	_____
Outstanding Mortgage(s) on other Real Estate	_____	_____	_____
Other Loans	_____	_____	_____
Tax Liabilities	_____	_____	_____
Unpaid Pledges	_____	_____	_____
Other	_____	_____	_____
Guarantee on Debt of Third Party	_____	_____	_____
Total Obligations	=====	=====	=====

(B) If owed jointly with a non-spouse, please indicate.

VI. RETIREMENT ACCOUNTS

	<u>For Husband</u>		<u>For Wife</u>	
	<u>Approximate Death Value</u>	<u>Beneficiary^(C)</u>	<u>Approximate Death Value</u>	<u>Beneficiary^(C)</u>
Profit Sharing Plan (incl. 401(k))	_____	_____	_____	_____
Pension Plan	_____	_____	_____	_____
Incentive Compensation Plan	_____	_____	_____	_____
Deferred Compensation	_____	_____	_____	_____
IRA	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total Retirement Accounts	=====	=====	=====	=====

(C) Attach copy of beneficiary designations and Summary Plan Description for each retirement plan listed above.

VII. LIFE INSURANCE

<u>Insurance on Client's Life</u>				<u>Insurance on Spouse's Life</u>			
Face	Cash			Face	Cash		
<u>Amount</u>	<u>Value</u>	<u>Owner</u>	<u>Beneficiary</u> ^(D)	<u>Amount</u>	<u>Value</u>	<u>Owner</u>	<u>Beneficiary</u> ^(D)

Personal Life Insurance

Type (Term,
Whole Life):

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Group Life Insurance

Type (Term,
Whole Life):

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Total
Insurance** _____

(D) Attach copy of beneficiary designations.

VIII. TRUST AND ESTATE INTERESTS

Are you a Grantor, Income Beneficiary or Remainder Beneficiary under any Will or Trust? Yes____ No____. If yes, please attach a copy of applicable will or trust agreement, as well as a statement describing the assets and liabilities involved.

Are you currently acting as a Trustee under any existing trust? Yes____ No____. Are you currently acting as the Executor, Personal Representative or Administrator of an estate of a decedent? Yes____ No____. If yes, please attach a copy of applicable trust or will.

IX. ASSETS OF DEPENDENTS

Do any of your dependents presently have substantial assets? Yes_____ No_____.

If yes, please name and describe: _____

X. EXPECTATIONS AS TO FUTURE INHERITANCE

Please indicate if you, your spouse or children have any reasonable expectations, as to inheritance from parents or other relatives in an amount more than \$100,000. Yes_____

No_____. If yes, describe: _____

XI. OTHER ADVISORS (Name, Address and Telephone Number)

Accountant _____

Insurance Agent _____

Financial Planner _____

Stock Broker _____

Other _____

XII. DOCUMENTS

Please attach copies of the following documents to this Questionnaire if available:

1. Husband's and Wife's latest Wills (and Codicils, if any);
2. Antenuptial or Postnuptial agreements between Husband and Wife;
3. Divorce decrees or settlements pertaining to Husband or Wife from a prior marriage;
4. Documents indicating any alimony obligations on the part of Husband or Wife;
5. Deeds relating to any real estate;

6. Current financial statement;
7. Insurance policy information;
8. Pertinent will or trust agreement naming you or your spouse as executor, personal representative, trustee, grantor, income beneficiary or remainder beneficiary;
9. Summary Plan Description for each of your retirement plans.

XIII. QUESTIONS TO THINK ABOUT

1. Generally, how do you want your assets distributed at your death? _____

2. Do you propose to leave any assets directly to your children (as opposed to your spouse) at your death? Yes___ No___. If yes, describe what type of property _____
_____.
3. Would you want assets that are left to your children to be held in trust? Yes___ No___. If yes, when would you want assets to be distributed to the child from the trust:
 - a) All at one age, such as 25, 30 or 35? _____
 - b) In stages, such as ½ at age 25 and the remainder at age 30? _____
4. Do Husband or Wife have:
 - a) Any family members with special physical, medical or educational needs? If yes, please indicate name(s), relationship(s) and age(s): _____

 - b) Any dependent relatives outside your immediate family? (If so, please indicate name(s), relationship(s) and age(s): _____

5. Are any gifts to be made to charities or individuals other than spouse and children? Yes___ No___. If yes, describe: _____

6. If you, your spouse and your descendants died in a common disaster, to whom or what organization or institution would you leave your property?

Husband's Will? _____

Wife's Will? _____
7. Is any person to be specifically disinherited? Yes___ No___. If so, whom and relation, if any? _____.

8. Have Husband or Wife made any substantial (over \$3,000 prior to 1982; over \$10,000 after 1981; over \$11,000 after 2002; over \$12,000 after 2005; and over \$13,000 after 2009) gifts in the past? Yes_____ No_____. If yes, please have information for further discussion.

9. Do any of your children have any significant outstanding debts due to you? Yes___ No___; If yes, describe: _____

10. Are any of your children already well situated financially such that it might be advantageous to have their share of any inheritance left in a so-called Generation-Skipping Trust for their benefit? Yes_____ No_____.

11. Has any life insurance on your or your spouse's life been placed in a trust? Yes_____ No_____. If yes, describe: _____

12. Please indicate whether you have lived in a community property state (i.e., Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin) with your spouse. Yes_____ No_____. If yes, please indicate which state _____.

13. Do you own any interest in a corporation, partnership or other entity that is subject an option or buy-sell agreement? Yes___ No___. If yes, describe: _____
_____ Attach a copy of such agreement(s).

14. Is a farm or farm property involved? Yes_____ No_____.

15. You should be considering who you would like to name as personal representative (executor) of your will, as trustee of any trusts created under your will, as well as guardian and custodian of any minor children.

Husband's Will:

Proposed Personal Representatives of Will:

First: _____

First Alternate: _____

Second Alternate: _____

Do you wish your personal representative(s) to be compensated for their services rendered, if family member, Yes___ No___; if other non-related person, Yes___ No___.

Proposed Trustees:

First: _____

First Alternate: _____

Second Alternate: _____

Do you wish your trustee(s) to be compensated for their services rendered, if family member, Yes___ No___; if other non-related person, Yes___ No___.

If an individual trustee is named, do you want that individual to have the right to name additional co-trustees? Yes___ No___; to name successor trustees? Yes___ No___.

If a corporate trustee is named with an individual trustee, do you want the individual trustee to have the authority to replace the corporate trustee? Yes___ No___.

If a corporate trustee is named, do you want the trust beneficiaries to have authority to change the corporate trustee? Yes___ No___.

Proposed Guardian and Custodian of any Minor Children:

First: _____

First Alternate: _____

Second Alternate: _____

Wife's Will:

Proposed Personal Representatives of Will:

First: _____

First Alternate: _____

Second Alternate: _____

Do you wish your personal representative(s) to be compensated for their services rendered, if family member, Yes___ No___; if other non-related person, Yes___ No___.

Proposed Trustees:

First: _____

First Alternate: _____

Second Alternate: _____

Do you wish your trustee(s) to be compensated for their services rendered, if family member, Yes___ No___; if other non-related person, Yes___ No___.

If an individual trustee is named, do you want that individual to have the right to name additional co-trustees? Yes___ No___; to name successor trustees? Yes___ No___.

If a corporate trustee is named with an individual trustee, do you want the individual trustee to have the authority to replace the corporate trustee? Yes___ No___.

If a corporate trustee is named, do you want the trust beneficiaries to have authority to change the corporate trustee? Yes__ No__.

Proposed Guardian and Custodian of any Minor Children:

First:_____

First Alternate:_____

Second Alternate:_____

16. Is a Durable Power of Attorney needed for Husband and Wife? Yes_____ No_____. Please list whom you would authorize as your attorney-in-fact.

Husband:

First:_____

First Alternate:_____

Second Alternate:_____

Wife:

First:_____

First Alternate:_____

Second Alternate:_____

17. Is a Living Will Declaration and Health Care Power of Attorney needed for Husband and/or Wife? Yes_____ No_____. If yes, please list whom you would authorize as your health care proxy:

Husband:

First:_____

Address:_____

Phone:_____

First Alternate:_____

Address:_____

Phone:_____

Second Alternate:_____

Address:_____

Phone:_____

Wife:

First: _____

Address: _____

Phone: _____

First Alternate: _____

Address: _____

Phone: _____

Second Alternate: _____

Address: _____

Phone: _____

18. Are any of the following additional services to be considered?

- | | |
|-------|--|
| _____ | Gift planning/Gift tax returns |
| _____ | Transferring deeds |
| _____ | Retirement account beneficiary designations |
| _____ | Revocable management trust |
| _____ | Irrevocable life insurance trusts |
| _____ | Irrevocable trust for children/grandchildren |
| _____ | Buy/Sell Agreement |
| _____ | Deferred compensation agreement |
| _____ | Pre-nuptial agreement |
| _____ | Other (please describe): _____ |
| | _____ |