ESTATE PLANNING QUESTIONNAIRE

PERSONAL

Client's Name: ______________________________

Spouse's Name: ______________________________

Address: ______________________________

County of Residence: ______________________________

Home Telephone: ______________________________

Business Telephone: ______________________________

E-Mail Address: ______________________________

Client's Occupation: ______________________________

Spouse's Occupation: ______________________________

Client's Birthdate: ______________________________

Spouse's Birthdate: ______________________________

Client's Social Security No.*:______________________________

Spouse's Social Security No.*: ______________________________

Is client a U.S. Citizen? ________________Is spouse a U.S. Citizen? ______________

Have client and spouse ever lived in community property state? If so, which state and when?

____

Have client and spouse signed a prenuptial agreement? ______________________________

* Clark Hill PLC has adopted a privacy policy with regard to social security numbers. However, if you ask us to assist with the changing of ownership of any assets, you agree that we may provide such numbers to others as reasonably necessary to complete the change of ownership.

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FINANCIAL INFORMATION

Complete Personal Financial Statement Attached

Did client and/or spouse ever serve in the U.S. armed forces? If so, obtain copy of honorable discharge papers. ____

Client's Father

Name ____

Age ____

Estimated Net Worth ____

Client's Mother

Name ____

Age ____

Estimated Net Worth ____

Spouse's Father

Name ____

Age ____

Estimated Net Worth ____

Spouse's Mother

Name ____

Age ____

Estimated Net Worth ____

Does client and/or spouse have a safe deposit box? Where? In whose name?

____

Does client and/or spouse have any prearranged funeral/burial arrangements?

____

Review liquidity needs of survivor(s): ______________________________

Name, Address and Birthdate of each Child and Grandchild:

(**Child 1**):
Name:____

Address: ____

Birthdate:____

(**Child 1 - Spouse**):

Name:____

Address: ____

Birthdate:____

(**Child 1- Children**):

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

(**Child 2**):
Name:____

Address: ____

Birthdate:____

(**Child 2 - Spouse**):

Name:____

Address: ____

Birthdate:____

(**Child 2- Children**):

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

(**Child 3**):
Name:____

Address: ____

Birthdate:____

(**Child 3 - Spouse**):

Name:____

Address: ____

Birthdate:____

(**Child 3- Children**):

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

(**Child 4**):
Name:____

Address: ____

Birthdate:____

(**Child 4 - Spouse**):

Name:____

Address: ____

Birthdate:____

(**Child 4- Children**):

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

Name:____

Address: ____

Birthdate:____

Personal Representative(s):

Name:____

Address: ____

Telephone:____

Name:____

Address: ____

Telephone:____

Successor Personal Representative(s):

Name:____

Address: ____

Telephone:____

Name:____

Address: ____

Telephone:____

Trustee(s):

Name:____

Address: ____

Telephone:____

Name:____

Address: ____

Telephone:____

<u>Successor Trustee(s)</u>:

Name:____

Address: ____

Telephone:____

Name:____

Address: ____

Telephone:____

<u>Durable Power of Attorney</u>:

Attorney-in-Fact: ____

Address: ____

Telephone:____

Successor Attorney-in-Fact: ____

Address: ____

Telephone:____

<u>Designation of Patient Advocate</u>:

Patient Advocate: ____

Address: ____

Telephone:____

Successor Patient Advocate: ____

Address: ____

Telephone:____

Guardian(s):

Name:____

Address: ____

Telephone:____

Name:____

Address: ____

Telephone:____

Conservator(s):

Name:____

Address: ____

Telephone:____

Name:____

Address: ____

Telephone:____

Advisors:

Accountant: ____

Address: ____

Telephone:____

Trust Officer: ____

Address: ____

Telephone:____

Bank: ____

Address: ____

Telephone:____

Common Insurance Agent: ____

Address: ____

Telephone:____

PERSONAL FINANCIAL STATEMENT

1. Monies on Deposit

Bank or Other Institution	Nature of Deposit	Account or Certificate Number	Usual or Approximate Balance

2. Real Estate

In the "Title" column of the schedules below, please indicate whether the item is in your name, in your spouse's name, jointly held, or held in some other manner (e.g., in trust or payable on death).

Address	Title	Estimated Value	Mortgage Face/Balance

If held jointly, please indicate proportion of contribution by joint tenants, date of creation of joint tenancy, type of joint tenancy and whether gift tax return filed.

3. Stocks and Bonds, Including U.S. and Municipal Obligations

In Detail or by Category Name Issuer and Amount	Title	Estimated Value	Estimated Yield

4. Life Insurance

Issuer and Policy Number	Value	Beneficiary	Owner	Loan

5. <u>Interests in Partnerships and Other Businesses</u>

Name and Nature of Business	Degree of Ownership	Estimated Value	Estimated Income

6. Interest in Pension, Profit Sharing, Stock Option and Similar Corporate or Other Plans, Annuities, Power of Appointment (please furnish copies of relevant documents and pertinent information regarding description, amount involved, beneficiary, etc.).

____

____

____

7. Have you or spouse established an IRA? If so, at what institution, what is the estimated value and composition of assets, and who is the beneficiary?

____

____

____

8. Automobiles, Sporting Equipment, Household Furnishings, Jewelry, Clothing and Personal Effects.

Description	Ownership	Estimated Value

9. Interests in Trusts, Generation-Skipping Transfers and Other Expectancies of You or Spouse.

____
____
____
____
____

10. Other Assets (including any mineral, royalty or household interests).

____
____
____
____

11. Outstanding Mortgages and Debts.

____
____
____
____
____
____

General Notes: