

INTAKE QUESTIONNAIRE

NAME AND ADDRESS

Name(s): _____ Date of Birth: _____

Mailing Address: _____

Telephone Nos.: (Work) _____ (Home) _____
(Mobile) _____

E-mail Address: _____

ESTATE PLAN

Do you have an existing Will(s) ? Yes No
(If yes, provide your attorney with a copy)

FAMILY INFORMATION

Marital Status:

- Married
Name of spouse _____ Date of Birth: _____
- Single
- Unmarried, Widow or Widower
- Unmarried, Divorced
- Married Person Establishing Separate Trust

Children:

<u>Name</u>	<u>Date of Birth</u>	<u>Indicate Whether Adopted or from a Previous Marriage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any deceased children? [] Yes [] No

If Yes, Name of Deceased Child: _____

Did this deceased child leave any children? [] Yes [] No

Name of Deceased Child: _____

Did this deceased child leave any children? [] Yes [] No

Have any children received an advance on their inheritance or are any children financially indebted to you? [] Yes [] No

Is there any reason to treat your children other than equally?

If you wish to exclude any of your children or grandchildren from taking any part of your estate, list those persons.

Are any of the children financially irresponsible? [] Yes [] No

Are any of the children under a disability? [] Yes [] No

Have you been married previously? [] Yes [] No

If any of your children should predecease a parent, should his/her share pass through to his/her children?
[] Yes [] No

If Yes to the above, please indicate grandchildren, if any:

<u>Name</u>	<u>Date of Birth</u>	<u>Parents</u>
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In the event of your death, who should be guardian of your minor children? (a guardian has physical and legal control over your children until they reach the age of eighteen)

First choice: Name(s): _____

Address: _____

Relationship (if any): _____

Second choice:

Name(s): _____

Address: _____

Relationship (if any): _____

Other Pertinent Family Information or Explanation of Above Items:

TRUST

Do you wish to have a trust established after your death for the benefit of your spouse and/or children?

Yes No

If yes to the above, please indicate who the trustee(s) should be. (A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age eighteen. You may name an individual, bank or trust company, or both.)

First choice: Name(s): _____

Address: _____

Alternate trustee:

Name(s): _____

Address: _____

Terms of distribution (education, marriage, etc.) _____

Ages(s) for distribution to children from the trust (Ex.: 1/3 at age twenty-one, 1/3 at age twenty-five, 1/3 at age thirty) _____

PERSONAL REPRESENTATIVE

Who should be Personal Representative of your estate? (A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.)

First choice (Spouse is normally named first): _____

Alternate:

Name: _____

Address: _____

Second Alternate:

Name: _____

Address: _____

SPECIFIC BEQUESTS

Do you wish to make any specific bequests? [] Yes [] No

Do you wish to make any charitable bequests? [] Yes [] No

Do you have a safe deposit box? If so, where? _____

Does anyone else have access to your box? _____

INFORMATION REGARDING ASSETS

1. Estimated net worth of estate: \$ _____

2. Cash or cash-equivalent accounts held at financial institutions:
 Checking and savings accounts, or certificates of deposit, with banks, savings and loans, or credit unions. How many different financial institutions? _____

3. Investments (check all that apply):
 Cash or money fund accounts, or certificates of deposit with stock broker firms.
How many different broker firms? _____
 Stocks, bonds, and mutual funds where your broker holds the certificates and sends you periodic statements showing your account balance.
How many different stock brokerage firms? _____
 Mutual funds where you deal directly with the issuing company rather than through your stock broker. How many different mutual fund companies? _____
 Stocks and bonds (other than U.S. Savings Bonds) where you hold the certificates in your possession. How many different companies/issuers? _____
 U.S. Savings Bonds.
 Treasury bills or other government securities.
 Limited partnerships. How many limited partnerships? _____
 Oil and gas royalty or working interests. How many? _____
 Oil and gas mineral rights in land. How many parcels of land? _____
 Other securities [describe] _____

4. Retirement plans:
 Individual retirement accounts (IRAs), Keogh, or other individual plans providing tax deferment for deposits and income. How many different financial institutions hold IRA accounts for:
Husband _____ Wife _____
 Employer-provided profit sharing, retirement, or other benefit plans:
How many different plans for: Husband _____ Wife _____

5. Complete this section if you own real estate.
 Personal residence located in state of _____
 Other property. How many different parcels of real estate do you own, other than your personal residence? _____
In what state(s) are these parcels located? _____
Are you purchasing any of the above properties on a contract for deed?
 Yes No. If Yes, provide details: _____

6. Complete this section if you are engaged in business.

Do you own a business, or are you a partner in a business? Yes No

If Yes, complete the following:

- Business is organized as a corporation. How many corporations? _____
How many corporations are subchapter S corporations? _____
- Business is organized as a partnership. How many partnerships? _____
- Business is a sole proprietorship. How many different firms? _____

7. Receivables: If any money is owed to you, as payments on contracts, where you have sold a business, as payments on obligations secured by real estate, or where you have loaned money to someone and you hold a note, indicate each type of indebtedness that you hold.

- Promissory note(s) secured by real estate. Amount(s) owed: _____
- Installment contract(s) of sale of personal property.
Amount(s) owed: _____
- Unsecured promissory note(s). Amount(s) owed: _____

8. Life Insurance Policies: Please indicate the name of the person insured, the name of the insurance company, the face amount of the policy, the type of policy, and the beneficiaries.

<u>Name of Insured</u>	<u>Insurance Company</u>	<u>Face Amount</u>	<u>Type of Policy</u>	<u>Beneficiaries</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Annuities: Please indicate the name of the annuitant and the type of annuity. Do not list annuities under which no benefits are payable after the death of the annuitant.

Regular annuities payable for guaranteed minimum term or amount:

Tax-deferred annuities:

10. Personal property other than automobiles, trucks, boats, and trailers:

- Household furniture and appliances
- Collections, art, antiques, valuable jewelry
- Automobiles
- Boats
- Recreational vehicles

- Motor home
- Business machinery and equipment
- Personal equipment and tools
- Farm or ranch machinery and equipment (other than general household tools)
- Livestock