JAKLE & ALEXANDER, LLP

ESTATE PLANNING QUESTIONNAIRE

This checklist describes information helpful for the initial estate planning conference. Obviously, since personal circumstances differ, not all questions apply to everyone. However, by assembling this data in advance of the first conference, you will aid me to formulate your Estate Plan.

PART I YOUR FAMILY

	<u>Name</u>	Date of BirthUS Citizen?	
You			
Your Spouse, Partner	/		
Children			
Are any of th If yes, which	e children from a one(s)?	prior marriage/or partnership?	
Date of Marr Marriage/Reg	iage/ Registration gistration of Dom	of Domestic Partnership: State of Residence at time stic Partnership	of
	OT a citizen of the	United States, what country are you a citizen of? Do you have a Greencard?	
		PART II FINANCIAL INFORMATION	
Your occupat	tion:	Spouse's/Partner's occupation	
Home addres	s:		
		Phone: ()	
Work address	s:		
		Phone: ()	

PART III SUMMARY OF ASSETS

(Married couples/ Registered Domestic Partners having separate and community property should use separate sheets for the community property and each spouse's/partner's separate property. If sufficient sheets have not been provided, please phone and ask for them).

How Title Approximate Current Mkt. Liens or Net

<u>Is Held Cost Value Mortgages Value</u>

- 1. Home
- 2. Other Real Estate
- 3. Marketable Stocks
- 4. Marketable Bonds
- 5. Bank accounts, Savings and Loan Accounts, CD's (do not itemize)
- 6. Partnerships, closely held stock and other investments
- 7. Promissory Notes owned by you
- 8. Cars, furniture, furnishings, jewelry, & tangible property
- 9. Valuable collections (art, stamps, etc.)

PART IV SUMMARY OF LIFE INSURANCE

If there is insurance on the life of you and/or your spouse/partner, list the following information for both of you. You are the "insured" for policies on your life; your spouse/partner is the "insured" for policies on his or her life, etc.

Company and Policy Number	<u>Insured</u>	Present Beneficiary	Present Owner Am	Face nount	Policy <u>Loans</u>	Net Death Benefit Amt
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				TOTAL:		\$

PART V SUMMARY OF DEBTS

Do r Asse	t include secured loans, mortgages or trust deeds reflected in the above Summary of s.	
	TOTAL: \$	_
	PART VI ADDITIONAL INFORMATION	
A.	Are you or your spouse/partner a participant in any pension plan, profit sharing plan, Keogh Plan or Individual Retirement Account (IRA)? Yes □ No □ Present	
	Participant Name of PlanAmt of Death Benefit Beneficiary	
_		
B.	Are you a beneficiary or trustee under a Trust? Yes \square No \square If yes, please bring a cop the estate planning conference.	y to
C.	Please bring to the estate planning conference copies or originals of the grant deeds or title policies (not trust deeds) for each parcel of real property owned by you or in which you have interest.	an
D.	Please bring to the estate planning conference copies of any trusts established by you or you spouse/partner.	ſ
E.	Do you own any real estate in another state? Yes \square No \square	
F.	Do you live in another state part of the year? Yes \square No \square	
G.	If you are married/in a registered domestic partnership, were any of the assets listed above received by you or your spouse/registered domestic partner by gift or inheritance, or owned to your present marriage/registered domestic partnership? Yes \square No \square If yes, bring details the estate planning conference.	
Н.	Are you (or your spouse/partner) likely to receive an inheritance from a parent or relative? Yes \square No \square	
I.	Have you (or your spouse/partner) made gifts exceeding \$10,000 to one person in any year? □ No □	Yes
	If yes, please bring details and copies of any gift tax returns either of you have filed.	

J.	If you are married/in a registered domestic partnership, have you and your spouse/registered domestic partner ever entered into an agreement regarding the ownership of your respective assets (i.e., a prenuptial/premarital agreement/pre-registration of domestic partnership agreement)? Yes No If yes, please bring a copy of the agreement to the conference.
K.	Have you (or your spouse/partner) made a pledge to a charitable organization? Yes □ No □ If yes, please bring the information to the conference.
	PART VII YOUR ESTATE PLAN
A.	<u>Present Will</u> . Do you have a present Will, if so, please bring a copy (or the original if you have it) to the estate planning conference, even if you wish to change its terms completely.
В.	<u>Specific Bequests</u> . List any specific bequests such as amounts of money, jewelry, or personal effects which you wish to leave to particular family members or friends, and which are not contained in your present Will.
C.	Charitable Gifts. If you have a history of making charitable gifts and desire to include charitable gifts in your estate plan, list the charitable organization(s) and the amount of the gift(s) to each.
D.	Executors/Trustees: List your tentative choice for Executor(s). If you believe your estate plan may call for use of a trust, also list your choice for Trustee(s):
	First Executor/Trustee:
	First Successor:
	Second Successor: Should the Executors (and Trustees) be allowed to alter the above line of succession by nominating their own successors? Yes \(\sigma\) No \(\sigma\)
E.	Guardians: If you have a child or children under age 18, list your tentative choice for Guardian(s).

	First Choice for Guardian:
	Second Choice for Guardian:
	If you named a married couple/registered domestic partners as Guardians and they get a divorce/dissolution, do you choose the husband or the wife, or named former registered domestic partner to continue as Guardian, or should the successor Guardian(s) take over? Husband \(\Boxed{\text{Wife}} \Boxed{\text{Former Registered Domestic Partner's Name} \Boxed{\text{D}} \Boxed{\text{Successor Guardian(s)}} \Boxed{\text{D}}
	If you named two Guardians to act together and one Guardian dies, do you want the remaining Guardian to continue to act or should the successor Guardian(s) take over? Remaining Guardian \square Successor Guardian(s) \square
	Should the Trustee be authorized to help defray the Guardian's increased household expenses resulting from the addition of your child(ren) to the Guardian's household (increased utilities, larger car, home improvements to accommodate larger family)? Your child(ren)'s own expenses will be paid in any event. Yes \Box No \Box
	PART VIII YOUR TEAM OF PROFESSIONAL ADVISORS
Please	provide the names and contact information for your other professional advisors:
A.	Accountant: [Name]Address:
	Telephone: Fax: Email:
B.	Investment Advisor: [Name]Address:
	Telephone: Fax:
C.	Insurance Broker: [Name]Address:
	Telephone: Fax: Email:
D.	Financial Planner: [Name]Address:
	Telephone: Fax: Email: