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

	Name	Date of Birth	US Citizen?
You	______________________	______________	__________
Your Spouse/ Partner	______________________	______________	__________
Children	______________________	______________	__________
	______________________	______________	__________
	______________________	______________	__________
	______________________	______________	__________

Are any of the children from a prior marriage/or partnership? ________
If yes, which one(s)? ____

Date of Marriage/ Registration of Domestic Partnership: _________ State of Residence at time of Marriage/Registration of Domestic Partnership _________

If you are <u>NOT</u> a citizen of the United States, what country are you a citizen of? ______________________ Do you have a Greencard? ___________

PART II
FINANCIAL INFORMATION

Your occupation: ______________Spouse's/Partner's occupation :__________________

____

Home address: ____

_______________________________ Phone: (   ) _____________________

Work address:

____

_______________________________ 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).

	Description	How Title Is Held	Approximate Cost	Current Mkt. Value	Liens or Mortgages	Net Value
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	Insured	Present Beneficiary	Present Owner	Face Amount	Policy Loans	Net Death Benefit Amt
______________	____________	______________	___________	$___________	$_________	$__________
______________	____________	______________	___________	$___________	$_________	$__________
______________	____________	______________	___________	$___________	$_________	$__________
______________	____________	______________	___________	$___________	$_________	$__________
______________	____________	______________	___________	$___________	$_________	$__________
				TOTAL:		$__________

PART V
SUMMARY OF DEBTS

Do not include secured loans, mortgages or trust deeds reflected in the above Summary of Assets.

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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 ☐

Participant	Name of Plan	Amt of Death Benefit	Present Beneficiary

B. Are you a beneficiary or trustee under a Trust? Yes ☐ No ☐ If yes, please bring a copy to the estate planning conference.

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 an interest.

D. Please bring to the estate planning conference copies of any trusts established by you or your spouse/partner.

E. Do you own any real estate in another state? Yes ☐ No ☐

F. Do you live in another state part of the year? Yes ☐ No ☐

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 prior to your present marriage/registered domestic partnership? Yes ☐ No ☐ If yes, bring details to the estate planning conference.

H. Are you (or your spouse/partner) likely to receive an inheritance from a parent or relative?
Yes ☐ No ☐

I. Have you (or your spouse/partner) made gifts exceeding $10,000 to one person in any year? Yes ☐ No ☐
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. Present Will. 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.

B. Specific Bequests. 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.

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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.

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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 ☐ No ☐

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 ☐ Wife ☐ Former Registered Domestic Partner's Name fff____________ ☐ Successor Guardian(s) ☐

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 ☐ Successor Guardian(s) ☐

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 ☐ No ☐

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: ____________________
Email: ______________________________

C. Insurance Broker: [Name]______________________________
Address: ______________________________
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Telephone: ____________________ Fax: ____________________
Email: ______________________________

D. Financial Planner: [Name]______________________________
Address: ______________________________
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Telephone: ____________________ Fax: ____________________
Email: ______________________________