

FREED & SHEPHERD, P.C. - ESTATE PLANNING QUESTIONNAIRE

IT IS MOST HELPFUL (AS WELL AS COST EFFICIENT) IF YOU FILL OUT THESE PAGES AND EMAIL THEM TO US BEFORE OUR MEETING. (BRING THEM WITH YOU WHEN YOU COME IN, IF YOU HAVE NOT SENT THEM TO US). HOWEVER, PLEASE DO NOT DELAY YOUR APPOINTMENT FOR LACK OF ANSWERS SINCE WE CAN ASSIST YOU WITH TROUBLESOME ITEMS AT OUR CONFERENCE. PLEASE GIVE US FULL NAMES AND CORRECT DATA AS WE WILL DRAFT FROM THESE ANSWERS. PLEASE DO THE BEST THAT YOU CAN! THANK YOU.

	Client - Husband if Married	Spouse
Full Name		
Soc. Security #		
Date of Birth		
US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Health Problems?		
Referred by:		
Do You Have a will?	<input type="checkbox"/> Yes - Please Attach <input type="checkbox"/> No	<input type="checkbox"/> Yes - Please Attach <input type="checkbox"/> No
Do you have a recent Financial Statement?	<input type="checkbox"/> Yes - Please Attach <input type="checkbox"/> No	<input type="checkbox"/> Yes - Please Attach <input type="checkbox"/> No
Specific Burial Instructions?	<input type="checkbox"/> Yes - Please Attach <input type="checkbox"/> No	<input type="checkbox"/> Yes - Please Attach <input type="checkbox"/> No
If Your Death is imminent do you wish to die naturally?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to Donate any Organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your father's age at death		
Your mother's age at death		

YOUR BASIC INFORMATION

	Client-Husband's:	Wife's
Home Telephone		
Cell Phone		
Email Address		
Home Address		
Mailing Address	<input type="checkbox"/> Same as above. <input type="checkbox"/> Please send any correspondence to:	
Your Home	is Located in the <input type="checkbox"/> City or <input type="checkbox"/> County of: _____ (Please name City or County)	
Employer		
Office Telephone #		
Office E-mail:		
Office Fax #		
Community Property?	Since Your Marriage, Have You Ever Lived in Any Community Property State? (Az, Ca, Tx, Id, La, Nm, Ny, Wa & Wi)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Safe Deposit Box(es)		
CPA's Name, Address Telephone # and Fax #		
Banker's Name, Address Tele # & Fax #		
Ins Agent's Name, Address Tele # & Fax #		

CHILDREN			
Your Children	Child #1	Child #2	Child #3
Full Name			
Age			
Marital Status			
Spouse's Name?			
Marriage Stable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiscally Responsible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Children			
Any Adopted Children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Names and Ages of Child's Children			
Please Describe Any Special Problems?			
If Your Child Predeceases Both of You, Leave a Gift to His or Her Spouse?	<input type="checkbox"/> No <input type="checkbox"/> Yes, How Much?	<input type="checkbox"/> No <input type="checkbox"/> Yes, How Much?	<input type="checkbox"/> No <input type="checkbox"/> Yes, How Much?

CHILDREN			
Your Children	Child #4	Child #5	Child #6
Full Name			
Age			
Marital Status			
Spouse's Name?			
Marriage Stable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiscally Responsible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Children			
Any Adopted Children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Names and Ages of Child's Children			
Please Describe Any Special Problems?			
If Your Child Predeceases Both of You, Leave a Gift to His or Her Spouse?	<input type="checkbox"/> No <input type="checkbox"/> Yes, How Much?	<input type="checkbox"/> No <input type="checkbox"/> Yes, How Much?	<input type="checkbox"/> No <input type="checkbox"/> Yes, How Much?

PRIOR MARRIAGES

	Client - Husband	Wife
Former Spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Former Spouse		
Do You Owe Child Support, Alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a court order or settlement agreement?	<input type="checkbox"/> Yes - Please Attach <input type="checkbox"/> No	<input type="checkbox"/> Yes - Please Attach <input type="checkbox"/> No
Are you required to maintain life insurance?	<input type="checkbox"/> Yes - Please Attach <input type="checkbox"/> No	<input type="checkbox"/> Yes - Please Attach <input type="checkbox"/> No
Children's Names, Ages, Marital Status, and # of Children		
Make gifts to these family members during your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Make gifts to these family members at your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Problems or Other relevant information?		

IMPORTANT ESTATE PLANNING INFO - PLEASE ATTACH ALL RELEVANT INFORMATION

Additional Information:	Client Husband if Married	Wife	If Yes, Please Describe:
Do You Anticipate Inheritances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	(How Much and from whom?)
Any Gifts Made Prior to 1983 in excess of \$3,000? After 1982 in excess of \$10,000? After 2002 in excess of \$11,000? After 2005 in excess of \$12,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Attach gift tax returns)
Are You the Beneficiary of a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Attach Trust)
Have You Set up Any Trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Attach Trust)
Have you Inherited Assets within last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Attach Information)
Do you want to Forgive Any Loans at death of the Survivor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other information that we should know:

YOUR EXECUTORS, GUARDIANS, AGENTS, AND TRUSTEES

Who should: (List FULL names & relationship)	Client - Husband if Married	Wife
Take Care of Your Assets after Your Death? Can Your Spouse do this by Herself or Himself?		
Take Care of Your Money and Assets after the Death of Both of You? Can Your Child(ren) Do this? If So Which One(s)?		
Take Care of Your Minor Children (Under 18) after the Death of Both of you?		
Take Care of Your Assets If You Are Incapacitated?		
Take Care of Your Assets If You are Incapacitated & Your First Choice Can Not Act?		
Make Your Medical Decisions for You If You Can't Make Such Decisions?		
Make Your Medical Decisions for You If You Can't Make Such Decisions and your First Choice Cannot?		

PLEASE FURNISH US WITH AS MANY OF THE FOLLOWING DOCUMENTS AS ARE CHECKED:

- Existing Wills or Trust Agreements as well as any codicils or amendments;
- Life Insurance Policies;
- Divorce Decrees and Property Settlement Agreements;
- Deeds and Lease Agreements for Real Estate;
- Employee Benefit and Retirement Plans;
- Corporation Documents and Shareholder Agreements;
- Partnership Agreements;
- Deeds of Trust and Notes for Money Owed to You;
- Last Year's Income Tax Returns;
- Gift Tax Returns;
- Financial Statements, if available;
- Any Other Information That Might Be Important.
- A list showing how any stocks, bonds, or other securities are owned (how the ownership appears on the certificates) and value of each such security.
- Estate tax returns for any family member who has died within the last 10 years.
- A family tree showing spouse, children, grandchildren, parents, brothers, sisters, nieces, and nephews, with an indication "*" if deceased and ages if living.
- The Life Insurance Schedule which is enclosed.
- Any trusts created by you or for your benefit

DISTRIBUTION OF YOUR ASSETS

DISTRIBUTIONS: (Where your assets are to go after death):	Client - Husband if Married	Wife
Distribution of Your Home To:		
Assuming There Were No Estate or Gift Taxes, Would You Leave Any of Your Assets to Someone Other than Your Spouse?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then to whom?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then to whom?
At Death of Survivor, Do You Want to Make Specific Gifts to Children?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then to whom?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then to whom?
At Death of Survivor, Do you want to Make Specific Gifts to Grandchildren?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then to whom?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then to whom?
At Death of Survivor, Do You Want to Make Any Charitable Gifts?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then to whom?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then to whom?
At Death of Survivor, Do You Want to Make Specific Gifts to Others?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then to whom?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then to whom?
Do You Have Parents Who Need to Be Supported?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then how?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then how?
At the Death of the Survivor, should your children take all of their assets outright?	<input type="checkbox"/> To children OUTRIGHT in equal shares, <i>i.e.</i> , no trusts <input type="checkbox"/> In trust distribution to each child as follows: <input type="checkbox"/> 1/3 at 25, 30, 35 <input type="checkbox"/> 1/3 at 30, 35, 40 <input type="checkbox"/> 1/3 at 35, 40, 45 <input type="checkbox"/> Other -	<input type="checkbox"/> To children OUTRIGHT in equal shares, <i>i.e.</i> , no trusts <input type="checkbox"/> In trust distribution to each child as follows: <input type="checkbox"/> 1/3 at 25, 30, 35 <input type="checkbox"/> 1/3 at 30, 35, 40 <input type="checkbox"/> 1/3 at 35, 40, 45 <input type="checkbox"/> Other -
In the event no child or grandchild survives, then distribute assets as follows:	<input type="checkbox"/> ½ to Husband's Heirs & ½ to Wife's Heirs <input type="checkbox"/> All to Husband's Heirs <input type="checkbox"/> All to Wife's Heirs <input type="checkbox"/> All to Charity <input type="checkbox"/> Other -	<input type="checkbox"/> ½ to Husband's Heirs and ½ to Wife's Heirs <input type="checkbox"/> All to Husband's Heirs <input type="checkbox"/> All to Wife's Heirs <input type="checkbox"/> All to Charity <input type="checkbox"/> Other -
Specific Bequests: Please note that for gifts of tangible personal property you may simply leave a written statement signed by you and referred to in your will. If you choose to use this method, you will be able to change, add, or delete gifts without incurring the added costs of executing a codicil to your will. Please Attach such a list if you desire.		
Specific Bequests in Will to the following: Beneficiary Address Asset/Cash Sum Alternate Taker		
Specific Bequests in Will to the following: Beneficiary Address Asset/Cash Sum Alternate Taker		

ASSET INFORMATION - Values to nearest \$1,000 -

PLEASE ATTACH RELEVANT INFORMATION & ANY RECENT FINANCIAL STATEMENTS

#	Estimated Asset Values	Client - Husband if Married	Wife	Joint	Please Describe & Attach
	Tangible Personal Assets (Cars, Jewelry, Art, Furniture, Rugs, Etc)				
	Cash & Bank Accounts				Attach statements
	Money Market Accounts and Cd's				Attach statements
	Brokerage Accounts				Attach statements
	Marketable Stocks and Bonds				Attach brokerage statements
	Loans and Notes Owed to You				Attach Notes
	Closely-held Businesses				Attach Financial Statement, Tax Return, Buy Sell Agreement, Partnership Agreement
	Real Estate - Home				Attach Deed
	Real Estate - Vacation Home				Attach Deed
	Real Estate - Other				Attach Deed
	Face Amount of all Life Insurance Policies				Please complete the attached Insurance Table and provide copy of last statement for each policy.
	Assets Outside US				Please describe
	Other Assets				Please describe
	Pension, Profit Sharing or Individual Retirement A/C				Attach statement and Summary Plan Description (SPD)
	TOTAL ASSETS				

#	AMOUNT OF LIABILITIES:	Client - Husband if Married	Wife	Joint	Please Describe
	Mortgage That You Owe				
	Mortgage That You Owe				
	Other Liabilities				
	Other Liabilities				
	Total Liabilities				

Life Insurance Policies - Insuring Client (Husband if Married)'s Life
PLEASE ATTACH LAST POLICY STATEMENT FOR EACH POLICY

	Policy # 1	Policy # 2	Policy # 3	Policy # 4
Policy Number				
Company				
Agent				
Term or Whole Life (Permanent)				
Owner of Policy				
Face Amount				
Annual Premiums				
Total Premiums Paid				
Cash Value				
Loans Against Policy?				
Current Beneficiary				
Current Contingent Beneficiary				
Pledged to Lender to secure loan?				
Subject to a split dollar agreement?				
Subject to a Buysell Agreement?				
DO NOT COMPLETE THE BALANCE OF THIS TABLE				
New Owner				
New Contingent Owner				
New Beneficiary				
New Contingent Beneficiary				
Forms to Insurance Company				
Copy to Bf Book				
Tickled?				
Endorsement received				
All Actions Completed?				

Life Insurance Policies - Insuring Wife's Life
PLEASE ATTACH LAST POLICY STATEMENT FOR EACH POLICY

	Policy # 1	Policy # 2	Policy # 3	Policy # 4
Policy Number				
Company				
Agent				
Term or Whole Life (Permanent)				
Owner of Policy				
Face Amount				
Annual Premiums				
Total Premiums Paid				
Cash Value				
Loans Against Policy?				
Current Beneficiary				
Current Contingent Beneficiary				
Pledged to Lender to secure loan?				
Subject to a split dollar agreement?				
Subject to a Buysell agreement?				
DO NOT COMPLETE THE BALANCE OF THIS TABLE				
New Owner				
New Contingent Owner				
New Beneficiary				
New Contingent Beneficiary				
Forms to Insurance Company				
Copy to Bf Book				
Tickled?				
Endorsement received				
All Actions Completed?				