

ESTATE PLANNING QUESTIONNAIRE

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We ask that you complete the following questionnaire and return it to Bolster & Bruder prior to your appointment to discuss estate planning issues. Please complete it to the best of your ability.

1. Husband's name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_  
Email address: \_\_\_\_\_
  
2. Wife's name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_  
Email address: \_\_\_\_\_
  
3. Home Address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_
  
4. Telephone: home: \_\_\_\_\_ his cell: \_\_\_\_\_ her cell: \_\_\_\_\_
  
5. Date and Place of Marriage: \_\_\_\_\_
  
6. If you were not married in this state, what year did you move here? \_\_\_\_\_

7. Have either of you been married before?  
Husband: Yes\_\_\_ No\_\_\_ Wife: Yes\_\_\_ No\_\_\_

8. Please list all children (from prior marriages also) and indicate which child is his, hers or ours.

<u>Names of Children</u>	<u>His, Hers, Ours</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Please complete the attached statement of assets and liabilities. (reflect the current fair market value of your assets)

10. Have you made any prior gifts? \_\_\_ Yes \_\_\_ No

11. If so, have you filed gift tax returns? \_\_\_ Yes \_\_\_ No  
If yes, please provide copies.

12. List below the name, age, relationship and address of any person who has not been mentioned above in this Questionnaire but who is to receive property under your Will.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Please list life insurance policies which you own and indicate whose life it insures.

<u>Company</u>	<u>Insured</u>	<u>Face Amount</u>	<u>Owner</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Do either of you expect to inherit a substantial amount of money? Yes \_\_\_ No \_\_\_  
If yes, please indicate the nature and extent of this property and the state where it is located:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

15. If you own any real property in another state, please indicate which state:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

16. Are you a beneficiary under a trust established by someone other than yourself?  
Yes \_\_\_ No \_\_\_ If yes, please indicate the nature of your beneficiary interest:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

17. If you are a beneficiary under someone else's Will or Trust, please indicate whether you have been given a power of appointment and whether you want to exercise this power: (please provide a copy of the document giving the power of appointment, if applicable)

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

18. If you have children under 18, the guardian is an individual or couple whom you appoint to raise your children in the event both of you should die. The guardian generally will receive distributions from your trustee or the agent under your Power of Attorney in the

event you are incapacitated for the support, maintenance, health and education of your children. Whom do you want to name as guardian to raise your children if both of you die? The law requires that you may only name joint guardians if they are a married couple. Please indicate at least one successor and preferably two if the person or couple initially named are unable to serve.

Husband's Will

Wife's Will

Guardian: \_\_\_\_\_

Guardian: \_\_\_\_\_

Successor(s): \_\_\_\_\_  
\_\_\_\_\_

Successor(s): \_\_\_\_\_  
\_\_\_\_\_

19. The Executor is the person you appoint in your Will to settle the affairs of your estate. Frequently, the surviving spouse is named as the Executor, either alone or with a co-executor. If the surviving spouse cannot or does not want to act as Executor, adult children, a bank, another relative, or a very reliable and long time friend may be named as Executor.

Whom do you want to appoint as Executor of your estate? Please indicate successors if the person initially named is unable to serve?

Husband's Will

Wife's Will

Executor: \_\_\_\_\_

\_\_\_\_\_

Successor(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

20. The Trustee is the person or corporate entity having trustee powers you appoint to handle the financial affairs for your spouse and/or children if utilization of a trust is considered advisable in your estate planning documents (a trust or trusts is required (i) in order to accomplish estate tax planning; (ii) if there are minor children or more remote descendants who may receive a distribution under your Will and/or trust agreement; (iii) if your children and more remote descendants are no longer minors but you do not wish for them to receive a sizable distribution at age 18; (iv) to preserve your assets not only for the benefit of your children but for your grandchildren and more remote descendant.) Frequently, the surviving spouse is named as the Trustee, either alone or with a co-trustee. If the surviving spouse cannot or does not want to act as trustee, adult children, a corporate entity having trustee powers, another relative, or a very reliable and long time friend may be named as Trustee. Since a trustee can be in existence for many years, it is recommended that you name a corporate entity having

trustee powers as the final successor trustee. Whom do you want to appoint as trustee? If you name individual(s) as the primary trustee(s) and successor trustee(s), please indicate a corporate entity having trustee powers as the final successor trustee to serve if the named individual(s) is unable to serve.

	<u>Husband</u>	<u>Wife</u>
Trustee:	_____	_____
Successor(s):	_____	_____
	_____	_____
Corporate entity having trustee powers:	_____	

21. If you survive your spouse and children and more remote descendants or if you utilize a trust as part of your estate planning (which can continue for many years after your death) and there are no living named beneficiaries at the time of the distribution of the trust, to whom do you want to leave your property? Although this is generally a very remote contingency, there must be a "Takers of Last Resort" clause in your Will and/or Trust. There are several options listed below. Each of you should indicate by initialing the line below the option of your choice as to how you would like your estate and/or trust to pass in the unlikely event you have no descendants living at the time of distribution.

(i) To your heirs at law [this would be siblings and their descendants, if any, and if not, it would be aunts, uncles, cousins—most probably cousins in the case of a trust] and would require the Executor or Trustee to do an extensive genealogy search to determine who would be entitled to distributions, particularly for a trust which may continue for many years after your death.

Husband \_\_\_\_\_ Wife \_\_\_\_\_

(ii) To specifically named persons, i.e. siblings and their descendants, either in named percentages or per stirpes or if none then living, then to heirs at law.

Husband \_\_\_\_\_ Wife \_\_\_\_\_

(iii) To specifically named persons, i.e. siblings and their descendants, either in named percentages or per stirpes or if none then living, then to charity;

Husband \_\_\_\_\_ Wife \_\_\_\_\_

(iv) To named charities.

Husband \_\_\_\_\_ Wife \_\_\_\_\_

22. Other documents which complement your Will include (i) a Living Will and (ii) Durable Power of Attorney (financial or business purposes)

(i) Living Will:

(a) The Living Will allows you to express your desires regarding the use of life support systems if you are ever diagnosed with a terminal, irreversible, incurable condition which would result in death but for the use of such life support systems.

Do you wish to execute such an Advanced Directive?

Husband: Yes\_\_\_ No\_\_\_      Wife: Yes\_\_\_ No\_\_\_

(b) The Living Will designates an agent who will make health care decisions for you in the event your treating physician determines you no longer possess the capacity to make those decisions for yourself. You retain the right to make all of your health care decisions as long as your attending physician determines you have the capacity to do so. The spouse of the incapacitated person is usually named as the primary agent. Whom do you want to serve as your agent? Please indicate a successor if your designated agent is unable to serve.

Husband

Wife

Agent: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Successor: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Successor: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(ii) Durable Power of Attorney

The Durable Power of Attorney provides that your designated agent will handle your financial and business matters specifically when you are incapacitated. This is designated to avoid a costly guardianship proceeding. Usually the spouse of the incapacitated individual is named as the initial

designated agent. Whom do you want to serve as your agent? Please indicate at least one and preferably two successors or alternates in the event your designated agent is unable to serve.

Husband

Wife

Agent: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tel #: \_\_\_\_\_

\_\_\_\_\_

Successor: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tel #: \_\_\_\_\_

\_\_\_\_\_

Successor: \_\_\_\_\_

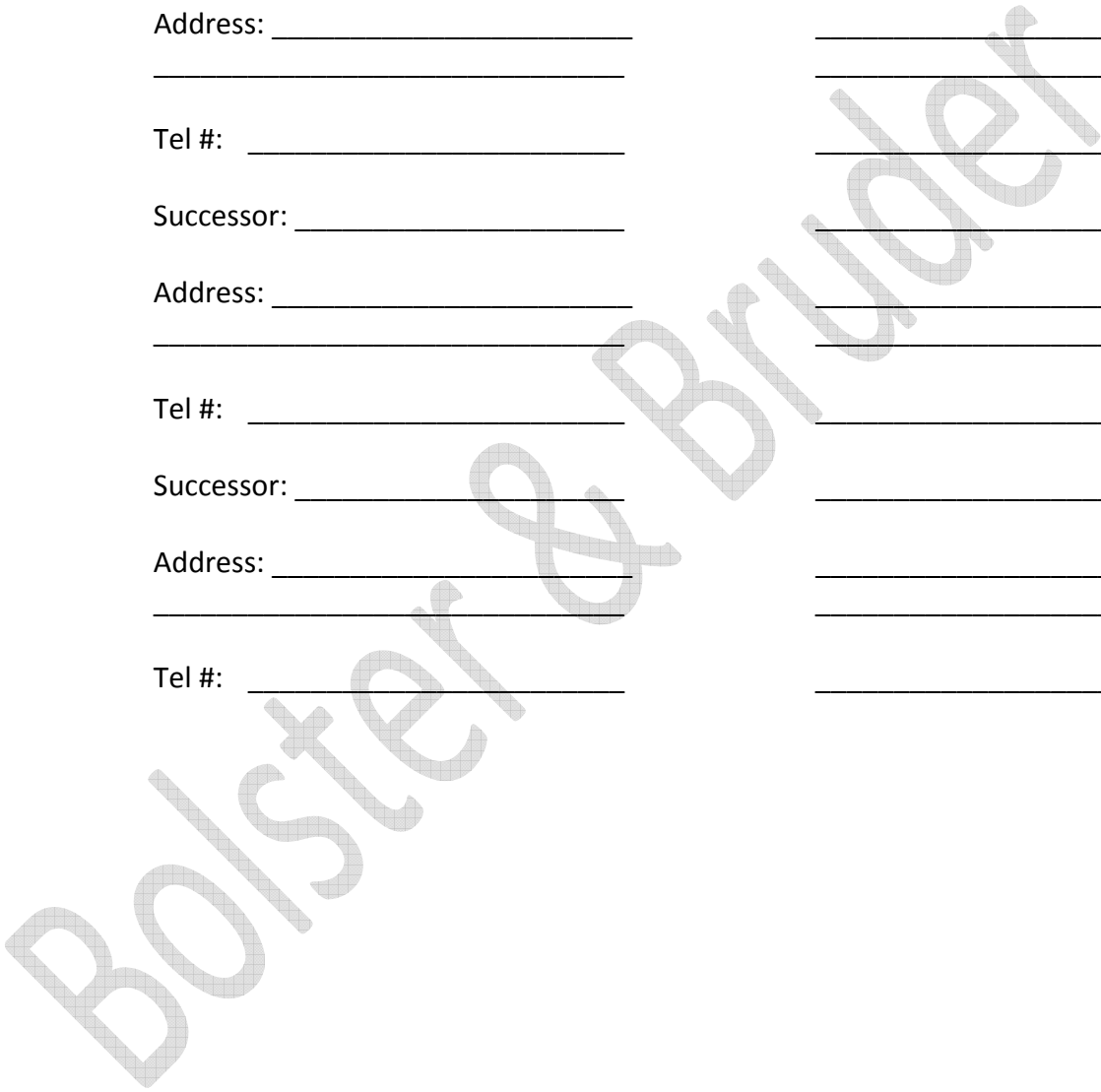
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tel #: \_\_\_\_\_

\_\_\_\_\_



Statement of Assets and Liabilities

(the values below should reflect the current fair market value of your assets)

<b>ASSETS</b>		<b>LIABILITIES</b>	
Cash	\$ _____	Short-term obligations	\$ _____
Investments	_____	Note payable-cars	_____
Closely-owned Business(es)	_____	Note payable-Residence	_____
Vehicles	_____	Long-term Obligations	_____
Residence	_____	Other liabilities	_____
Other Real Property	_____		
Personal Effects	_____		
Household Furnishings	_____		
IRA/401Ks	_____		
Pension Plans	_____		
Face value of Life insurance	_____		
Other assets	_____		
<b>TOTAL:</b>	<b>\$ _____</b>	<b>TOTAL:</b>	<b>\$ _____</b>