



Confidential Estate Planning Questionnaire

By completing this Confidential Estate Planning Questionnaire, you enable me to more accurately identify estate planning issues, and estate planning strategies, and more efficiently prepare your estate planning documents.

If you are married, you will be asked to sign a separate letter, acknowledging the inherent conflict of interest when I mutually represent a husband and wife in their estate planning.

By signing below you agree that you completed this Confidential Estate Planning Questionnaire or have had it completed at your direction. You also authorize Marlaine C. Teahan, Attorney-at-Law, to release a copy of this Confidential Estate Planning Questionnaire, or any information contained in it, to (a) the duly appointed conservator of your estate in the event you become legally incapacitated; or (b) the duly appointed personal representative of your probate estate in the event of your death; or (c) to the duly appointed trustee of any trust that you might establish.

Signature
(Husband) _____ Date: _____

Signature
(Wife) _____ Date: _____

Title (Mr./Mrs./Ms./Dr.)		Date	
Home Address		Home Phone and Cell #s	
		Email Address	
		County	
Business Address (Husband)		Phone #	
		Email Address	
		County	
Business Address (Wife)		Phone #	
		Email Address	
		County	



I. FAMILY HISTORY

	Husband	Wife (Maiden Name)
Name		
Social Security #		
Birth Date		
MI Resident?	How Long?	How Long?
US Citizenship?	How Long?	How Long?

Children (Name/Address)	SS Number	Date of Birth	Children of Deceased Children (if any)

Grandchildren (Name/Address)	SS Number	Date of Birth	Children of Deceased Grandchildren (if any)

Has husband or wife been married previously? ___ Yes ___ No. If so, please list children of prior marriage(s).



Husband's Children (from previous marriage)		Wife's Children (from previous marriage)	
Name/Birth Date		Name/Birth Date	
Address		Address	

Name/Birth Date		Name/Birth Date	
Address		Address	

Name/Birth Date		Name/Birth Date	
Address		Address	

Support obligation **to** former spouse: _____

Support obligation **from** former spouse: _____

Dependents: Do you have any dependents other than children (such as invalid sister, elderly parents, etc.?) ___ Yes ___ No. If yes, list pertinent information:

Please bring copies of any Judgment of Divorce and Property Settlement Agreement or, if not available, identify state and county where divorce took place. _____



Have you previously executed either: (If yes, please provide a copy.)

Pre-nuptial Agreement ___ Yes ___ No
Post-nuptial Agreement ___ Yes ___ No

Have you previously executed a Will or Trust? ___ Yes ___ No. If yes, please provide copies of current Wills and/or Trusts.

Have you executed a Power of Attorney? ___ Yes ___ No. If yes, please provide copies.

Have you executed a Designation of Patient Advocate? ___ Yes ___ No. If yes, please provide copies.

Have you executed a "Living Will"? ___ Yes ___ No. If yes, please provide copies.

Name/address of accountant: _____

Name/address of physician(s): _____
(Husband) _____

Name/address of physician(s): _____
(Wife) _____

Who referred you to this law firm? _____

Do you, or anyone you intend to include in your Will, have any unusual health problems?
___ Yes ___ No.

If yes, explain who has the problem and its nature. _____



II. FINANCIAL MATTERS

List all real estate, including personal residence(s), owned by you:

PERSONAL RESIDENCE:

Address	Mkt. Value	Balance Owing	To Whom is Property Titled?

OTHER REAL ESTATE:

Address	Mkt. Value	Balance Owing	To Whom is Property Titled?

OTHER OWNED ASSETS:

Description (Name/Account#):	Husband \$	Wife \$	Joint with Husband/Wife \$	Joint with Other Person \$
<i>Checking Accounts:</i>				
<i>Savings Accounts:</i>				



Description (Name/Account#):	Husband \$	Wife \$	Joint with Husband/Wife \$	Joint with Other Person \$
<i>Certificates of Deposit (CDs):</i>				
<i>Money Market Accounts:</i>				
<i>Stocks:</i>				
<i>Stock Bonus:</i>				
<i>Bonds:</i>				



Description (Name/Account#):	Husband \$	Wife \$	Joint with Husband/Wife \$	Joint with Other Person \$
<i>Mutual Funds:</i>				
<i>Promissory Notes:</i>				
<i>IRAs:</i>				
<i>Tax Sheltered Annuities:</i>				
<i>Deferred Compensation:</i>				
<i>Retirement Plans:</i>				



Description (Name/Account#):	Husband \$	Wife \$	Joint with Husband/Wife \$	Joint with Other Person \$
<i>Notes/Loans (money owed to you):</i>				
<i>Automobiles:</i>				
<i>Boat/Recreational Vehicle(s):</i>				
<i>Anticipated Bonus:</i>				
<i>Commissions:</i>				
<i>Expense Account:</i>				
<i>Art/Antiques:</i>				
<i>Collections:</i>				
<i>Jewelry:</i>				
<i>Other Unique Assets:</i>				
Total Approximate Dollar Value:				



Do you have a safe deposit box? ___ Yes ___ No. If yes, please complete the following chart.

SAFE DEPOSIT BOX(ES):

Location:	
Name on box:	
Who has key?:	

Location:	
Name on box:	
Who has key?:	

Location:	
Name on box:	
Who has key?:	

LIABILITIES (DEBTS) OTHER THAN MORTGAGE(S):

Type of Liability	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Do you hold a power of appointment (i.e., ability to direct where someone else's money goes once they have passed away)? If yes, please describe: _____



Are you the beneficiary of any trust or do you anticipate any inheritances in the foreseeable future? _____. If yes, please complete the following chart:

Beneficiary (Husband/Wife/Both)	Type of Inheritance (Cash, Real Estate, etc.)	Estimated Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Name and address of current Insurance Agent:

List the following information regarding your life insurance policies:

Husband		Wife	
Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	
Type of Policy	(Term, Group, Whole, Universal)	Type of Policy	(Term, Group, Whole, Universal)
Primary Beneficiary		Primary Beneficiary	
Contingent Beneficiary		Contingent Beneficiary	
Cash Value-Less Loan		Cash Value-Less Loan	
Face Value (Death Benefit)		Face Value (Death Benefit)	



Husband		Wife	
Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	
Type of Policy	(Term, Group, Whole, Universal)	Type of Policy	(Term, Group, Whole, Universal)
Primary Beneficiary		Primary Beneficiary	
Contingent Beneficiary		Contingent Beneficiary	
Cash Value-Less Loan		Cash Value-Less Loan	
Face Value (Death Benefit)		Face Value (Death Benefit)	

Husband		Wife	
Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	
Type of Policy	(Term, Group, Whole, Universal)	Type of Policy	(Term, Group, Whole, Universal)
Primary Beneficiary		Primary Beneficiary	
Contingent Beneficiary		Contingent Beneficiary	
Cash Value-Less Loan		Cash Value-Less Loan	
Face Value (Death Benefit)		Face Value (Death Benefit)	

Is there any insurance on the life of your children? ___ Yes ___ No. If yes, list information on back of this page.



Do you have any disability, accident and/or health insurance? ___ Yes ___ No. If "yes", please complete the following:

Husband		Wife	
Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	

Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	

Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	

List the following information regarding your business interests:

Business Name	Type of Entity (Corp/Partnership/ LLC/Proprietor)	Agreements* (Buy/Sell, Stk Purchase, etc.)	Ownership (Percentage Owned and/or # of shares)	Value

* please bring copies of all Agreements to our first meeting.



III. YOUR CURRENT WORTH

Please complete carefully. This summarizes your total estate assets. (Be sure the numbers you enter here agree with the numbers on preceding pages.)

Assets	You	Spouse	Joint with Spouse	Joint with Others
Real Estate (Net Equity)				
Stocks and Savings Bonds				
Bank Accounts/CDs/Savings				
Employee Benefit Plans				
Business Assets				
Life Insurance				
Miscellaneous Property (Include household, special items, cars)				
Notes/Loans				
Subtotals:				
Subtract Obligations and Liabilities	(\$_____)	(\$_____)	(\$_____)	(\$_____)
Net Totals:				
Total Estate Assets (add Net Totals above):	\$			



IV. TESTAMENTARY WISHES

Husbands and wives may designate separate guardians, conservators, executors, etc. If separate designees are desired, complete both tables in each section. If both husband and wife desire the same designee, complete only one table in each section.

If neither you nor your spouse were living, who would you like to take care of your minor or disabled children: (Guardian)

Husband	Name	Address
Guardian		
1st Alternate		
2nd Alternate		

Wife	Name	Address
Guardian		
1st Alternate		
2nd Alternate		

If neither you nor your spouse were living, who would like to handle your minor children's financial affairs: (Conservator)

Husband	Name	Address
Conservator		
1st Alternate		
2nd Alternate		



Wife	Name	Address
Conservator		
1st Alternate		
2nd Alternate		

Who do you desire to nominate for **personal representative** of your estate? (Executor)

Husband	Name	Address
Personal Representative		
1st Alternate		
2nd Alternate		

Wife	Name	Address
Personal Representative		
1st Alternate		
2nd Alternate		



Who do you desire to name as the **Trustee** of your Revocable Grantor Trust (“Living Trust”)? It is common for you to be the Initial Trustee.

Husband	Name	Address
Trustee		
1st Alternate		
2nd Alternate		

Wife	Name	Address
Trustee		
1st Alternate		
2nd Alternate		

Who do you desire to nominate for **attorney-in-fact** (a person who will make non-medical decisions on your behalf during your lifetime when you are unable to do so)?

Husband	Name	Address
Attorney-in-Fact		
1st Alternate		
2nd Alternate		



Wife	Name	Address
Attorney-in-Fact		
1st Alternate		
2nd Alternate		

Who do you desire to nominate for **patient advocate** (a person who will make medical decisions on your behalf when you are unable to do so)?

Husband	Name	Address	Phone
Patient Advocate			
1st Alternate			
2nd Alternate			

Wife	Name	Address	Phone
Patient Advocate			
1st Alternate			
2nd Alternate			

Do you wish to provide for anatomical gifts upon your death (e.g., heart, kidneys, eyes, corneas, skin)? Yes No

Do you wish to provide for funeral arrangements in your Will (e.g. burial, cremation, etc.)?
 Yes No



Where are your cemetery lots, if any? _____

Do you have prepaid funeral arrangements? ___ Yes ___ No

If there are there any specific persons or charities (other than immediate family members described earlier) you want to benefit from your estate, please list below.

CHARITIES:

Gift or % of Estate	Name	Address

INDIVIDUALS:

Gift or % of Estate	Name	Address

Please describe your specific intentions regarding disposition of any of your tangible personal property (e.g., jewelry, antiques, collections, recreational items, etc.):



NOTES, COMMENTS, SPECIAL CONCERNS, SPECIAL INSTRUCTIONS:

REMINDER: *At the time of our conference, please be sure to bring in deeds to all real estate, any existing wills, insurance or annuity policies, investment information and other documents you believe appropriate or want me to review.*