

ESTATE PLANNING QUESTIONNAIRE

Having a Last Will and Testament is your way to make sure that your final wishes are carried into effect by one or more Executors and/or Trustees whom you designate to handle your affairs. How each person decides to handle such matters is his or her own business, and you should be aware that while spouses usually have similar wishes, there is no requirement that their Wills be the same or even similar. If you have an existing Will, you may wish to prepare a codicil, which is an amendment, or to replace it altogether with a new Will. Please let us know if you want only to modify your existing Will, and we will need you to provide us a copy of same.

Each spouse should complete a separate questionnaire, if appropriate. In order to effectively plan your estate and prepare a Last Will and Testament which carries your desires into effect, we will need some information from you, which is described below.

(a) Personal Information:

Person Completing Questionnaire:

Full Name _____ Birthdate _____
Address _____ Zip Code: _____
City _____ State: _____ County: _____
Home Phone _____ Business Phone _____
Citizenship _____ Social Security No. _____

Burial Wishes:

Spouse:

Full Name _____ Birthdate _____
Address _____ Zip Code: _____
_____ State: _____ County: _____
Home Phone _____ Business Phone _____
Citizenship _____ Social Security No. _____

(b) Living Children:

<u>Name</u>	<u>Age</u>	<u>Marital Status</u>	<u>City of Residence</u> <u>(if not at parents')</u>

(c) Living Grandchildren:

<u>Name</u>	<u>Age</u>	<u>Marital Status</u>	<u>City of Residence</u> <u>(if not at parents')</u>

(d) Deceased Children: _____

Please state if you or your spouse has been previously married and divorced. If so, briefly outline the terms of any property settlement in connection with such divorce or any antenuptial agreement in connection with your present marriage _____

Do you have any serious medical problems? If so, please explain _____

Do your spouse or any of your children (or grandchildren) have any problems or handicaps which should be considered in designing your estate plan? _____

Do you have the responsibility for supporting anyone other than your spouse and children?

In the event that their other parent is not alive at the time of your death, whom would you wish to serve as guardian for the person and property of your minor children?

Whom do you wish to serve as successor to the original guardian?_____

Whom do you wish to serve as executor and trustee (with or without a bank as co-executor or co-trustee) under your will?_____

Whom do you wish to serve as successor executor and trustee?_____

Do you expect to inherit any substantial property in the near future which should be considered in planning your estate?_____

To the best of your knowledge, do you now earn income from any trust, or stand to earn such income in the future?_____

Do you possess a power of appointment under any will or trust agreement?_____

If you own an interest in a business (corporation, partnership or proprietorship), please state if the transfer of that interest is subject to any restrictions (e.g., buy-sell, shareholder or partnership agreements)._____

Have you and your spouse resided (while married to each other) in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, or Washington? If so, please indicate which states, and when you resided there. _____

Prior to December 31, 1981, did you make any gifts valued at \$3,000.00 or more? From January 1, 1982 until present, have you made any gifts valued at \$10,000.00 or more? If so, please attach of copy of the appropriate tax records or state the date of such gifts, the value and the persons to whom the gifts where made. _____

Was any of your jointly-owned property acquired before 1977? If so, please describe.

Do you wish to make any bequests or devises to charity? _____ Yes _____ No

If yes, specify the nature and amount of property to be bequeathed and the name of the charity.

Do you wish to make gifts or contributions (of property or money) to any friends, relatives or charities while you are living? _____

Please briefly state your desires as to the disposition of your property at death.

If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a plane crash, whom would you want to have your property? _____

If you have minor children who will take under your Will, do you want the amounts available to them to be held in trust until they reach certain age(s)? _____

Please complete the attached schedules concerning your assets and provide us copies with the documents requested therein, if possible.

Please furnish us with copies of the following documents:

- _____ Existing wills, if any
- _____ Trust documents for trusts created by you or by others for you or your family's benefit
- _____ Deeds to real property
- _____ Stock certificates, bonds, etc. (showing how the securities are owned)
- _____ Descriptions and beneficiary designations for employee benefit plans (pension, profit-sharing, 401(k), etc.)
- _____ Life insurance (including group life) certificates (showing the benefits, how the policy is owned and the designated beneficiaries)
- _____ Business buy-sell agreements, partnership agreements, employment contracts, and agreements for deferred compensation
- _____ Pre- or post-nuptial agreements and divorce decrees and property settlements
- _____ Personal income tax returns for last 3 years (federal and state)
- _____ Business income tax returns for last 3 years (federal and state)
- _____ Current financial statements, if available (personal and business)
- _____ Any gift tax returns filed

SCHEDULES OF ASSETS

Life Insurance Coverage

Life Ins. Company	Face Amount	Outstanding Loans	Beneficiaries Principal/Secondary	Permanent Ins./Other	Term Ins.
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			

Retirement Plans (e.g., IRA, profit-sharing, 401(k), Keogh, ESOP, defined benefit)

Type of Plan	% Vested	Account Balance (or Accrued Benefit)	Death Benefit	Beneficiaries Primary/Secondary

Deferred Compensation Plans

Describe: _____

Other Employee Benefits (e.g., stock options)

Describe: _____

Annuities (that will be payable to beneficiaries after your death)

Describe: _____

Real Property

	Property #1	Property #2	Property #3	Property #4
Description				
Usage (residence, investment, etc.)				
Location				
Owned in name(s) of				
Form of ownership				
Current fair market value				
Mortgages, liens, etc. (amount)				
Mortgage Insurance (yes/no)				

[CONTINUED ON NEXT PAGE]

Summary of Assets

Please give the current fair market value of your assets in each category and indicate (by placing the figures in the appropriate columns) whether the assets are owned by you separately, by your spouse separately, or by you and your spouse jointly.

		Husband	Wife	Jointly
1.	Residence	\$	\$	\$
2.	Other real property	\$	\$	\$
3.	Publicly traded stocks, bonds, mutual funds, etc.	\$	\$	\$
4.	Untraded securities (e.g., interests in limited partnerships)	\$	\$	\$
5.	Other investments (describe)	\$	\$	\$
6.	Business interests (in closely held corporations, partnerships or sole proprietorships)	\$	\$	\$
7.	Savings accounts, CDS, money markets	\$	\$	\$
8.	IRAs, pension, profit-sharing, etc.	\$	\$	\$
9.	Cash, checking accounts	\$	\$	\$
10.	Cars	\$	\$	\$
11.	Other personal property (furniture, jewelry, etc.)	\$	\$	\$
12.	Other property (describe)	\$	\$	\$
13.	Face value of life insurance	\$	\$	\$
14.	Add 1 through 13	\$	\$	\$
15.	All debts and mortgages (include residence mortgage, policy loans and other debts and mortgages)	\$	\$	\$
16.	Total (14 minus 15)	\$_____	\$_____	\$_____