

ESTATE PLANNING QUESTIONNAIRE

					Date:	
l. Family and E	Employment	Information				
ushand's Name.						🗌 Yes 🗌 Ne
usband's Name:	First Name	Middle Na	ime	Last Name		U.S. Citizen?
How would y	ou like your name to read	on your estate planning docu	ments?	Other	Names Known B	у
Date of Birth	Place of Birth	Social Security	No.	Cell Phone No.	Email	Address
	Father's Name			Mother's Name		
usband's Employment	Info: Presently employed	ed? 🗆 Yes 🛛 No If Yes, fo	or how lo	ng? Occupation:		
Employer/Bu	siness Name	Business Street Add	ress	City	State	Zip Code
Titl	e	Business Phone No.		Business Fax No.	Business Er	nail Address
7* 6 . 9						
/ife's Name:	First Name	Middle Na	ime	Last Name		$\frac{\Box \text{ Yes } \Box \text{ N}}{\text{U.S. Citizen?}}$
How would y	ou like your name to read	on your estate planning docu	ments?	Other	Names Known B	у
Date of Birth	Place of Birth	Social Security	No.	Cell Phone No.	Email	Address
	Father's Name			Mother's Name		
/ife's Employment Info	Presently employed?	Yes \Box No If Yes, for how	v long?	Occupation:		
Employer/Bu	siness Name	Business Street Add	ress	City	State	Zip Code
Titl	e	Business Phone No.		Business Fax No.	Business Er	nail Address
rimary Residence:						
	Street Addr	ess	City	County	State	Zip Code
Telephone	e No.	Fax No.		Seasonal Dates (if any)	Date Res	dence Established
econdary Residence (if						
	Str	eet Address	City	County	State	Zip Code
Telephone	e No.	Fax No.	-	Seasonal Dates (if any)	Date Res	dence Established

II. Marital Information

			🗌 Yes 🗌 No		\Box Yes \Box No			
Date of Marriage	Where Living When M	Aarried? H	lusband: Prior Marria	age(s)?	Wife: Prior Marriage(s)?			
Do you have any obligations under a divorce decree from a prior marriage? \Box Yes \Box No If Yes, provide copy of decree.								
Do you have a prenuptial of	or postnuptial agreement	in effect: 🗆 Ye	$s \square$ No If Yes,	please	provide copy of agreement.			
Please check any of the fol	lowing community prope	erty states in wh	ich you have live	d or acc	quired property while married:			
□ Arizona	a 🛛 🗆 Louisiana	□ Texas	□ None					
	nia 🛛 Nevada	□ Washington						
🗆 Idaho	New Mexico	□ Wisconsin						

III. Family Information

Children (if any):

	Name of Child	Current Address & Phone Number	Date of Birth	Parents (H, W, or H&W*)	Spouse's Name (if married)
1					
2					
3					
4					
5					
6					
7					
8					

* H = Husband is parent of child; W = Wife is parent of child; H&W = Husband and Wife are parents of child

Grandchildren (if any):

Name of Grandchild	Parent (# from table above)	Current Address (if different from parent's address in table above)	Date of Birth
Α		(in different from parent 5 address in dore doove)	
В			
С			
D			
Е			
F			
G			
Н			
Ι			
J			
К			

IV. Current Estate Plan (please provide copies of any of the below documents)

Do you have a Will?	□ Yes	□ No	
Have you created a Trust?	□ Yes	□ No	
Do you have a Power of Attorney?	□ Yes	□ No	
Do you have a Living Will/Advance Directive?	□ Yes	□ No	
Are you the Grantor, Trustee, or Beneficiary of any Trust?	□ Yes	□ No	If Yes, please explain:

V. Professional Advisors

Accountant:		Fii	m Name
			in runie
Address	Telephone No.	Fax No.	Email Address
inancial Advisor:			
Name		Fi	m Name
Address	Telephone No.	Fax No.	Email Address
nsurance Agent:			
Name		Fin	rm Name
Address	Telephone No.	Fax No.	Email Address

VI. Gift Tax Filings

Have you ever filed a Gift Tax Return (IRS Form 709)? If Yes, please provide copies.

Husband:□ Yes□ NoWife:□ Yes□ No

VII. Estate Planning Information - General

Have you ever received a substantial amount by inheritance?	\Box Yes \Box No	If Yes, when and amount?
Do you anticipate receiving a substantial inheritance?	🗆 Yes 🗆 No	If Yes, approximate amount?
Do you have a safe deposit box?	🗆 Yes 🗆 No	If Yes, where?
Do you own property in a foreign country?	🗆 Yes 🗆 No	If Yes, where?
Do you have any relatives (other than your minor children) dependent upon you for support?	□ Yes □ No	If Yes, who?
Are you concerned that one or more of your children/grandchild		,
will not behave responsibly with money that you give them?	\Box Yes \Box No	

How did you hear about our firm?

VIII. Estate Planning Information - Fiduciaries

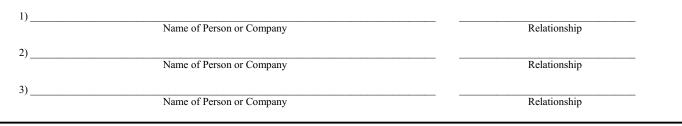
The selection of your fiduciaries is one of the most important steps in the estate planning process. This section of the questionnaire is intended to introduce you to the various fiduciary roles and responsibilities and encourage you to begin considering who is best suited to serve on your behalf. Your Hill Ward Henderson attorney will discuss the selection of your fiduciaries in detail with you.

<u>Personal Representative</u> – A Personal Representative (often called an "executor") is the person or company appointed by the court to administer a decedent's probate estate. Responsibilities of the Personal Representative generally include the collecting of all assets, paying debts of the estate, filing applicable tax returns, and distributing the remainder of the estate according to the terms of a Will. Who would you designate as your Personal Representative in the event of your death? *Note - If this person is not a blood relative, he or she must be a resident of the State of Florida.*

Husband's Choice: Please list at least one backup designee in the event a designee is unable or unwilling to act.



Wife's Choice: Please list at least one backup designee in the event a designee is unable or unwilling to act.



 $\underline{\mathbf{Trustee}}$ – A Trustee is the person or company designated to manage the affairs of your trust. Duties of a Trustee include the duty to carry out the express terms of the trust instrument, the duty to defend the trust, the duty to prudently invest trust assets, the duty of impartiality among the beneficiaries, and the duty to account for trust transactions. Who would you designate as the Trustee of your trust?

Husband's Choice: Please list at least one backup designee in the event a designee is unable or unwilling to act.



Wife's Choice: Please list at least one backup designee in the event a designee is unable or unwilling to act.



<u>**Guardian for Minor Children**</u> – Who would you designate as guardian of your children in the event both you and your spouse die or become incapacitated while your children are minors? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

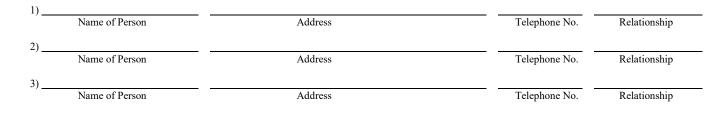


Durable Power of Attorney – Who would you designate to make financial and business decisions for you?

Husband's Choice: Please list at least one backup designee in the event a designee is unable or unwilling to act.

1)				
, <u> </u>	Name of Person	Address	Telephone No.	Relationship
			-	*
2)				
<i>.</i>	Name of Person	Address	Telephone No.	Relationship
			*	*
3)				
<i>,</i> <u> </u>	Name of Person	Address	Telephone No.	Relationship
			-	

Wife's Choice: Please list at least one backup designee in the event a designee is unable or unwilling to act.



Health Care Surrogate – Who would you designate to make medical decisions for you if you become incapacitated?

Husband's Choice: Please list at least one backup designee in the event a designee is unable or unwilling to act.

1)	Name of Person	Address	Telephone No.	Relationship
2)	Name of Person	Address	Telephone No.	Relationship
3)	Name of Person	Address	Telephone No.	Relationship

Wife's Choice: Please list at least one backup designee in the event a designee is unable or unwilling to act.

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1)	Name of Person	Address	Telephone No.	Relationship
2)	Name of Person	Address	Telephone No.	Relationship
3)	Name of Person	Address	Telephone No.	Relationship

IX. Financial Information

Please provide the following financial information. Attach additional sheets or supporting documentation as needed.

	Form of Ownership:				
Asset:	Husband's Name Approximate Value:	Wife's Name Approximate Value:	Joint Name Approximate Value:	Other Approximate Value:	
$\underline{A. \ Cash \ Accounts}. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	or other institution and type of a	ccount (e.g., Checking, Sa	vings, CDs, Money Mark	et, etc.).	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
B. Brokerage Accounts and Securities. Please in	ndicate name of each brokerage	account (or name of each s	ecurity and number of sha	ares if not held in a	
brokerage account).	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$ \$	\$	s	\$	
C Notes and Martgage Bassivables Di	*		*	2	
C. Notes and Mortgage Receivables. Please indic	s	te for each note and mortg:	s	\$	
		\$ \$	\$	\$	
D. Classly Held Durgin and Internets Digital	*	ч Т	*	*	
D. Closely Held Business Interests . Please description proprietorship, etc.).	be each closely held business int	erest and type of interest (e.g., C corp., S corp., LLC	, partnership, sole	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
E. Real Estate. Please list the address of each real estate	e parcel. Please separately list th	e approximate value of an	y mortgage(s) for each pa	rcel.	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<u>F. Retirement Plans</u> . Please indicate the type of retire affiliation, if any.	ment plan (e.g., traditional IRA,	Roth IRA, 401(k), profit s	haring, pension, annuities	s, etc.) and employer	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
G. Tangible Personal Property. Please list motor	vehicles, jewelry & art, and othe	r valuable items.	•		
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
H. Liabilities. Please list any mortgages or other substan	tial debts owned by you that are		1	l	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
			1	1	

X. Life Insurance

Please list each of your insurance policies below. Please include policies that insure your life and policies that you own that insure the lives of others. Attach additional sheets or supporting documentation as needed.

	Company	Policy #	Policy Type ¹	Effective Date	Face Value ²	Cash Value	Person Insured	Policy Owner ³	Beneficiary	Loan Against Policy
1										
2										
3										
4										
5										
6										
7										
8										
9										

¹ Policy types include: Term, Whole Life, Group Life, Split Dollar, etc.
² The face value of a life insurance policy is ordinarily the policy's death benefit.
³ The owner of a life insurance policy is ordinarily the person who has the power to change its beneficiary.