

MENDENFREIMAN

YOUR FUTURE IS HERE®

ESTATE PLANNING QUESTIONNAIRE (INDIVIDUAL)

This form is extremely important. Your accuracy and completeness in responding will help MendenFreiman LLP to represent you. Use the space provided, and if additional space is needed, use the *Supplemental Information* section at the end of this questionnaire for any comments or additional information you would like to provide.

Please submit the completed information packet to us a few days before your scheduled appointment. If you cannot submit the packet to us beforehand, please bring it with you to your scheduled appointment.

A. CLIENT DATA

Full Name: _____ Date of Birth: _____

Nickname: _____

Home Phone: _____

Cell Phone: _____

Office Phone: _____

Social Security Number: _____

Email: _____

Secondary Email: _____

Employer: _____

Fax: _____

U.S. Citizen? Yes No: _____

Health: Excellent Good Poor

ADDRESS

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Do you own any additional or out-of-state property? (If so, please provide the address(es) below.)

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

B. CHILDREN (if applicable, include adult and minor children, as well as any who have predeceased you)

Full Name	Gender	DOB	SSN	Grandchildren? (If yes, how many?)
Address:				
Address:				
Address:				
Address:				
Address:				
Address:				

C. ADVISOR INFORMATION

Accountant

Name: _____
Company: _____
Email: _____

Financial Advisor/Stock Broker

Name: _____
Company: _____
Email: _____

Banker

Name: _____
Company: _____
Email: _____

Insurance Advisor

Name: _____
Company: _____
Email: _____

May we communicate with any of the above individuals regarding your planning? (If so, who?)

D. REFERRAL INFORMATION

Who referred you to our office? _____
Company: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____

E. PLANNING PRIORITIES

Prioritize the following. You can choose the most important to you or rank all seven. (1 = most important, 7 = least important)

- _____ Protection of assets from my creditors
- _____ Protection of my assets from my children's creditors, such as litigation and divorce
- _____ Minimize taxes
- _____ Benefit charities
- _____ Simplicity
- _____ Postpone my children's or grandchildren's inheritance as to not inhibit their ambitions
- _____ Other: _____

F. QUESTIONS TO CONSIDER PRIOR TO OUR CONFERENCE

1. Do your children, grandchildren, or others you feel responsible for have any disabilities, special needs or other problems which should be considered or are currently receiving state or federal assistance due to a disability?

2. Do you have the responsibility for supporting anyone other than your children?

3. Have you ever lived in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA or WI)? If so, which one(s)?

4. Where do you store your important papers? _____

5. Do you have a Safe Deposit Box? Yes No

If yes, please indicate the name and address of the bank: _____

6. Have you prepaid your burial and funeral arrangements? Yes No

7. Have you ever filed a gift tax return? Yes No

8. Have you made any gifts with a value in excess of the annual exclusion from gift tax?

Yes No

9. Any other unique family circumstances, problems or planning concerns? Yes No

If yes, please provide information: _____

10. Are you a contributor to a 529 Plan? Yes No

If yes, please provide a statement of the 529 account.

11. Please think about who you would want to act on your behalf as Executor (1-2 year commitment), Trustee (could be for a long period of time), Financial Power of Attorney, Health Care Agent and Guardian (for minor children).

G. FINANCIAL INFORMATION

Note: You may use this form or an alternate one (from Quicken, a recent financial statement prepared for a bank, etc.) that provides similar information. Numbers may be rounded.

ASSETS

- | | |
|---|----------|
| 1. Principal Residence | \$ _____ |
| 2. Other real property (include location): | |
| State: _____ Purpose: _____ | \$ _____ |
| State: _____ Purpose: _____ | \$ _____ |
| State: _____ Purpose: _____ | \$ _____ |
| 3. Publicly-listed or traded securities | \$ _____ |
| 4. Cash, savings accounts, CDs, etc. | \$ _____ |
| 5. Closely-held and untraded securities | \$ _____ |
| 6. Partnership or sole proprietor interests | \$ _____ |
| 7. Cars | \$ _____ |
| 8. Other personal property | \$ _____ |
| 9. Face amount of life insurance
(provide detail in <i>Insurance Information</i>
section) | \$ _____ |
| 10. Pension, profit-sharing, IRAs, etc.
(provide detail in <i>Retirement Benefit Plans</i>
section) | \$ _____ |
| 11. Custodial Accounts [in which you are the
Custodian] | \$ _____ |
| 12. Other _____ | \$ _____ |
| 13. Other _____ | \$ _____ |
| ASSET TOTALS | \$ _____ |

LIABILITIES

- | | |
|-------------------|----------|
| Less: Mortgages | \$ _____ |
| Less: Other debts | \$ _____ |

OVERALL NET WORTH \$ _____

FINANCIAL INFORMATION, CONT.

Do you own property jointly with any person?

(If so, describe the property and with whom you own the property, and whether the ownership is a joint tenancy with right of survivorship, tenancy in common or some other type of joint ownership.)

Do you have any assets titled POD (Pay on Death) or TOD (Transfer on Death)?

If so, who is the person named?

Your annual gross household income (check one)

Under \$75,000

\$75,000-\$150,000

\$150,000-\$250,000

\$250,000-\$500,000

Over \$500,000

Predicted date of retirement: _____

Is any amount included in your current net worth a result of a substantial inheritance? _____

If so, please give details: _____

FUTURE INHERITANCE:

Do you anticipate receiving an inheritance? If so, how much and your best guess when?

\$_____ will be received from _____

H. INSURANCE INFORMATION

Note: Do the best you can to gather the information requested below, but do not let this effort delay the planning process. If you are not sure, put a question mark in the applicable box.

LIFE INSURANCE

Insured	Owner of Policy	Company	Face Amount	Cash Value	Primary Beneficiary	Contingent Beneficiary	Is this a: T (term) WL (whole life) U (universal) or O (other) policy	Annual Premium \$\$

Do you have any of the following types of insurance coverage? If so, please provide amount.

Disability: \$_____ Umbrella: \$_____ Long-term Care: \$_____

K. DISTRIBUTION OF YOUR PROPERTY

IF YOU HAVE CHILDREN...

STANDARD DISTRIBUTION

Most often, parents want their property divided among children “in equal shares.” Also, they want their property held in trust for young children (with distributions to pay education costs, weddings and other things parents normally provide for children). If you wish any division of your property other than an “equal” division for your children, please describe the division:

DEFAULT RECIPIENTS

If you and all of your descendants (children, grandchildren, etc.) pass away in a simultaneous event, whom would you want to receive your property?

IF YOU DO NOT HAVE CHILDREN...

Tell us who you would like to receive your property (use specific dollar amounts, percentages or “shares”).

Amount/Percentage/Share	Name	Relationship

Please bring the following to the planning session if possible so we may have a copy for our records.

- Your present Wills (if any)
- Declaration page of life insurance policies and annuities
- Property warranty deeds showing ownership
- Trust agreements (that you have either signed or of which you are a beneficiary)
- Buy-sell agreements
- Other documents or contracts affecting your estate
- Names, ages, addresses and occupations of your parents and siblings
- Copies of federal gift tax returns (if any filed)

