
KANE AND KOLTUN
ATTORNEYS AT LAW
CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

FAMILY UNIT INFORMATION

1. Your full name as it should appear on legal documents: _____
Date of Birth: _____ Your e-mail address: _____

2. Residence address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Residence Phone Number: _____ Cell/Mobile Phone Number: _____

3. Employer: _____
Business Address: _____
City: _____ County: _____ State: _____
Business/Cell Phone Number: _____

4. Do you have any serious current health problems? If so, please explain:

5. Your spouse's (if any) full name as it should appear on legal documents:

Spouse's Date of Birth: _____ Spouse's e-mail address: _____
Spouse's Business Number: _____ Spouse's Cell/Mobile Number: _____

6. Spouse's Employer: _____
Business Address: _____
City: _____ County: _____ State: _____

7. Does your spouse have any serious current health problems? If so, please explain:

8. Date of marriage: _____. Please list each state in which you and your spouse were permanent residents during marriage: _____

9. Names and dates of birth of all children of you and/or your spouse.

Note: Please include deceased children, but indicate (D) after name. Please also include adopted children by indicating (A) after name.

10. If any of your children are married, please indicated the names of your married children and the full names of their spouses.

11. Names and ages of grandchildren.

12. Name and place of residence of your living parents (please indicate whether or not you help to support your parents):

13. Name and place of residence of your spouse's living parents (please indicate whether or not you help to support your spouse's parents):

14. Are there any family members who require special medical attention, schooling or nursing care? If so, please indicate:

15. Have you or your spouse had any previous marriages? If so, please list terminating event (i.e., death or divorce) and date:

16. Do you have any legal or financial obligations to a former spouse or children? If so, please describe that nature of these financial obligations (including any obligations to maintain life insurance in force):

(*Please note that it is recommended that you bring a copy of any Marital Settlement Agreement or other document evidencing this obligation.)

17. Are any relatives (other than spouse and children) dependent upon you for support? If yes, please explain: _____

18. Social Security Numbers: Yours: _____ Your spouse's: _____
19. Are you a U.S. citizen? Yes ____ No ____ Is your spouse a U.S. citizen? Yes ____ No ____
20. Are you or your spouse the beneficiary under any trust agreement? Yes ____ No ____
 If yes, please explain: _____

21. Do you or your spouse have a power of appointment to dispose of either income or principal under any trust? Yes ____ No ____ . If yes, please explain: _____

22. Do you or your spouse anticipate receiving a significant inheritance? Yes ____ No ____
 If yes, please explain: _____

23. Are you, your spouse or your children receiving gifts from anyone under a program of annual giving? Yes ____ No ____ . If yes, please explain:

Note: The answers you provide here will be held strictly confidential. You should be aware that the law firm of Kane and Koltun will rely upon the accuracy of these answers in preparing your estate planning documents. Please make every effort to insure their accuracy.

ASSET INVENTORY

<u>DESCRIPTION OF ITEM</u>	<u>IN YOUR NAME ONLY</u>	<u>IN YOUR SPOUSE'S NAME</u>	<u>IN JOINT NAMES</u>
CHECKING ACCOUNTS			
(average balance):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
SAVINGS AND MONEY MARKET ACCOUNTS			
(average balance):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
CERTIFICATES OF DEPOSIT (CD's):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
MARKETABLE SECURITIES:			
A. STOCKS			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Note: Please value all assets at their approximate current fair market value. Since the value of assets typically fluctuate from day to day, you do not need to be overly concerned with their exact current value. In most cases, a reasonable approximation will suffice. Of far more critical concern is the *exact manner in which the assets are titled*. Please be certain to indicate exactly how your assets are titled (i.e., in your sole name, in “joint name,” “in trust for” and so on).

<u>DESCRIPTION OF ITEM</u>	<u>IN YOUR NAME ONLY</u>	<u>IN YOUR SPOUSE'S NAME</u>	<u>IN JOINT NAMES</u>
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A. STOCKS - continued

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

B. BONDS

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

C. MUTUAL FUND SHARES

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

INDIVIDUAL RETIREMENT ACCOUNTS (IRA's):

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

INTEREST IN PENSION, PROFITSHARING, 401(k), 403(b) or OTHER TYPES OF RETIREMENT PLANS:

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

<u>DESCRIPTION OF ITEM</u>	<u>IN YOUR NAME ONLY</u>	<u>IN YOUR SPOUSE'S NAME</u>	<u>IN JOINT NAMES</u>
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MORTGAGES (payable to you), LEASES, COPYRIGHTS, TRADEMARKS, PATENTS, ETC.

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

BUSINESS INTERESTS (Please list all businesses in which you have an ownership interest):

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Are any of these business interests Subchapter S corporations? Yes _____ No _____. (If yes, please specify which ones and indicate your ownership percentage) _____

OTHER INVESTMENTS:

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

REAL ESTATE (AT FAIR MARKET VALUE):

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

OUTSTANDING MORTGAGES ON REAL ESTATE LISTED ABOVE:

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

<u>DESCRIPTION OF ITEM</u>	<u>IN YOUR NAME ONLY</u>	<u>IN YOUR SPOUSE'S NAME</u>	<u>IN JOINT NAMES</u>
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TANGIBLE PERSONAL PROPERTY:

- | | | | | |
|----|---|----------|----------|----------|
| a. | Cars, trailers
& other motor
vehicles | \$ _____ | \$ _____ | \$ _____ |
| b. | Boats & aircraft | \$ _____ | \$ _____ | \$ _____ |
| c. | Personal effects,
jewelry, furs | \$ _____ | \$ _____ | \$ _____ |
| d. | **Collections,
works of art | \$ _____ | \$ _____ | \$ _____ |
| e. | Household effects | \$ _____ | \$ _____ | \$ _____ |
| f. | Guns, pets and
hobby equipment | \$ _____ | \$ _____ | \$ _____ |
| g. | Other tangible assets | \$ _____ | \$ _____ | \$ _____ |

**Are you or your spouse a collector of any items (such as coins, stamps, art work and the like of any significant value? Yes _____ No _____. If yes, please explain and include your estimation of the value of these collectibles: _____

***TOTAL ASSETS** (other than insurance):

PLEASE LIST AGGREGATE VALUE OF ALL ITEMS LISTED ON PRIOR PAGES:

\$ _____ \$ _____ \$ _____

LIFE INSURANCE AND ANNUITY CONTRACTS

	<u>POLICY I</u>	<u>POLICY II</u>	<u>POLICY III</u>	<u>POLICY IV</u>
NAME OF INSURED	_____	_____	_____	_____
INSURANCE COMPANY	_____	_____	_____	_____
POLICY NUMBER	_____	_____	_____	_____
TYPE OF POLICY (i.e. ordinary life, term, etc.)	_____	_____	_____	_____
POLICY OWNER	_____	_____	_____	_____
PRIMARY BENEFICIARY	_____	_____	_____	_____
CONTINGENT or ALTERNATE BENEFICIARY	_____	_____	_____	_____
FACE AMOUNT OF POLICY	_____	_____	_____	_____
PRESENT CASH VALUE	_____	_____	_____	_____
OUTSTANDING BALANCE ON POLICY LOANS	_____	_____	_____	_____

LIABILITIES*

<u>DESCRIPTION OF ITEM</u>	<u>IN YOUR NAME ONLY</u>	<u>IN YOUR SPOUSE'S NAME</u>	<u>IN JOINT NAMES</u>
NOTES PAYABLE (other than real estate mortgages):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
AVERAGE INCOME TAXES:			
_____	\$ _____	\$ _____	\$ _____
OTHER SIGNIFICANT LIABILITIES (other than normal monthly obligations):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
CONTINGENT LIABILITIES AS ENDORSER OR GUARANTOR:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES - AGGREGATE VALUE OF ALL ITEMS LISTED ABOVE:			
	\$ _____	\$ _____	\$ _____

*Note: Please include a brief description of all significant liabilities, the approximate amount due and who is the liable party (or parties).

DOCUMENTS REQUESTED

The documents listed below are all important to the development of your estate plan. Because these documents contain technical legal details which should be analyzed by a lawyer, it is important that you furnish a copy of each of these if at all possible. Please be certain to bring copies (not necessarily the originals) of the following documents:

1. Present Will of you and your spouse.
2. The trust instrument for any trust created by you or your spouse.
3. The trust instrument for any trust under which you, your spouse or any of your children are a beneficiary or have any other interests.
4. Gift tax returns (all).
5. Stockholder or partnership agreements (including buy-sell agreements).
6. Instruments under which you or your spouse have a power of appointment.
7. Prenuptial or postnuptial agreements or separation agreements.
8. Powers of Attorney, Health Care Designations and/or Living Wills executed or authorized By you or your spouse.

Selection of Designated Representatives

As part of the estate planning process, you will be asked to designate certain representatives to serve on your behalf. A list of those representatives and a brief description of the services that he or she will perform are listed below.

PERSONAL REPRESENTATIVE

A personal representative is the person who administers your estate and distributes your assets in accordance with the terms set forth under your Will. Depending on the terms set forth in your Will and how you structure your asset holdings, the personal representative's role may be significant or not very significant. At a minimum, the personal representative will be responsible for the distribution of your personal effects and the handling of claims (if any) against your estate. In addition, if an estate tax return is required to be filed, the personal representative is generally the person who is responsible for having that return prepared and who, upon completion, will sign the return.

1st Choice: _____

2nd Choice: _____

TRUSTEE

A trust is a written agreement pursuant to which assets are managed for the benefit of certain designated beneficiaries. Should you form a trust, then a trustee must be appointed to manage the assets of the trust. The trustee is also charged with the responsibility to carrying out the terms of the written trust agreement. In the event you form a special form of trust called a Revocable Trust, then you will usually appoint yourself as the first trustee of this Revocable Trust. However, you will still need to appoint a successor trustee(s) to serve on your behalf in the event you deceased or disabled or otherwise unable or unwilling to serve as trustee.

1st Choice: _____

2nd Choice: _____

AGENT

Your Agent is the person who acts for you to make financial decisions and execute legal documents under a Durable Power of Attorney form. Typically, the Agent acts when you are unable to act for one reason or another. The benefit of this document is that it can provide a simple and inexpensive alternative to a lengthy guardianship process in the event that you are ever incapable of making financial decisions for yourself.

1st Choice: _____

2nd Choice: _____

HEALTH CARE SURROGATE

Your health care surrogate is the person who you authorize to make personal health care decisions for you , in the event that you are ever unable to make a health care decision for yourself. The health care decisions which your surrogate can make may involve the choice of medical procedures and providers, including the right to transfer you from one health care facility to another and to apply for all health insurance benefits that are available to you.

1st Choice: _____

2nd Choice: _____

GUARDIAN

The person who you nominate to physically care for your minor children, if something happens to you.

1st Choice: _____

2nd Choice: _____