

DATE: _____

PART I GENERAL INFORMATION

Formal Name _____
First Middle Last

Alias(s) _____

Preferred Name to be Called _____
Place of Birth (State or Country, if not U.S.) _____

Date of Birth _____

Social Security No. _____

Home Phone _____ Cell No. _____

Preferred No. to Contact _____ Home _____ Cell _____ Work _____

Preferred Email Address _____

Home Address _____
Street City, State, Zip
County _____ Citizenship (Country) _____
Current State of Domicile _____ How Long (Number of Years) _____

Billing Address _____

Seasonal Address from _____ to _____

Employer _____

Occupation _____

Business Address _____

Business Phone _____ Fax No. _____

Email Address(es) _____

Prior Residences (states) _____

CHILDREN

1.

2.

Name
(First, M.I., Last)

Gender

_____ Male _____ Female

_____ Male _____ Female

Date of Birth

Place of Birth

Social Security Number

Home Address

Phone Number

Occupation

Name of Spouse

Names and Ages of Children

Special Needs of this Child

Note if Adopted, Divorced
or Separated

CHILDREN (continued)

3.

4.

Name
(First, M.I., Last)

Gender

____ Male ____ Female

____ Male ____ Female

Date of Birth

Place of Birth

Social Security Number

Home Address

Phone Number

Occupation

Name of Spouse

Names and Ages of Children

Special Needs of this Child

Note if Adopted, Divorced
or Separated

CHILDREN (continued)

5.

6.

Name
(First, M.I., Last)

Gender

____ Male ____ Female

____ Male ____ Female

Date of Birth

Place of Birth

Social Security Number

Home Address

Phone Number

Occupation

Name of Spouse

Names and Ages of Children

Special Needs of this Child

Note if Adopted, Divorced
or Separated

CHILDREN (continued)

7.

8.

Name
(First, M.I., Last)

Gender

____ Male ____ Female

____ Male ____ Female

Date of Birth

Place of Birth

Social Security Number

Home Address

Phone Number

Occupation

Name of Spouse

Names and Ages of Children

Special Needs of this Child

Note if Adopted, Divorced
or Separated

PARENTS

FATHER

MOTHER

Name

Address

Phone Number

Health

(Excellent, Average, Poor)

Age (if Deceased, Please
Indicate Date of Death)

Estimated Size of Estate

BROTHERS AND SISTERS

1.

2.

Name (First, M.I., Last)

Gender

____ Male ____ Female

____ Male ____ Female

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

BROTHERS AND SISTERS (continued)

3.

4.

Name (First, M.I., Last)

Gender

_____ Male _____ Female

_____ Male _____ Female

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

5.

6.

Name (First, M.I., Last)

Gender

_____ Male _____ Female

_____ Male _____ Female

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

7.

8.

Name (First, M.I., Last)

Gender

_____ Male _____ Female

_____ Male _____ Female

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

Are any persons other than minor children dependent on you? If so, describe relationship and degree of dependency.

FORMER SPOUSES (IF ANY)

1. Name of Former Spouse(s) _____
2. If the marriage(s) ended by divorce or dissolution, please provide the date(s) of divorce or dissolution.

3. If marriage(s) ended because of death, please provide the date(s) of death.

PART II GIFTS AND INHERITANCES

1. Describe the date and amount of any large gifts that have been made to you or your spouse (in excess of \$10,000).

2. Describe any inheritance that you or your spouse has received from any person.

3. Describe any gifts or inheritances that you or your spouse anticipates receiving from any person.

4. Describe any large gifts that you or your spouse has made to any person in any one year (in excess of \$10,000).

5. Describe any large gifts that you or your spouse expects to make to any person in any one year (in excess of \$15,000).

ESTIMATED ASSETS & LIABILITIES

ASSETS	Owned in Your Name Alone (or in Trust)	Owned Jointly Value	Name of Joint Owner (Please Provide Name of Joint Owner)
Residences:	\$ _____	\$ _____	\$ _____
Other Real Estate:			
Ohio	_____	_____	_____
Non-Ohio	_____	_____	_____
Cash & Equivalents:			
Checking Account(s)	_____	_____	_____
Savings Account(s)	_____	_____	_____
CDs & Money Market	_____	_____	_____
Marketable Securities:			
Stocks/Mutual Funds	_____	_____	_____
Taxable Bonds	_____	_____	_____
Tax-Exempt Bonds	_____	_____	_____
Life Insurance (Page 12):	_____	_____	_____
Business Interests (Page 14):	_____	_____	_____
Retirement Plans:			
Corporate Plans (401(k), 403(b), etc.)	_____	_____	_____
IRA's:	_____	_____	_____
Qualified Annuities (Page 13):	_____	_____	_____
Non-Qualified Annuities (Page 13):	_____	_____	_____
Personal Property:			
Collections of Value	_____	_____	_____
Other: (Describe)			
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS:	\$ _____	\$ _____	\$ _____

LIABILITIES

Residences:

Primary Mortgage \$ _____ \$ _____ \$ _____

Second Mortgage _____

Other Real Estate Mortgages: _____

Personal Loans: _____

Income Taxes: _____

Other Debts: _____

TOTAL LIABILITIES: \$ _____ \$ _____ \$ _____

NET WORTH: \$ _____ \$ _____ \$ _____
(Assets Minus Liabilities)

LIFE INSURANCE INFORMATION

1.			\$		\$	
	Company	Type		Face Value		Cash Value
		Insured		Owner		Beneficiary

2.			\$		\$	
	Company	Type		Face Value		Cash Value
		Insured		Owner		Beneficiary

3.			\$		\$	
	Company	Type		Face Value		Cash Value
		Insured		Owner		Beneficiary

4.			\$		\$	
	Company	Type		Face Value		Cash Value
		Insured		Owner		Beneficiary

5.			\$		\$	
	Company	Type		Face Value		Cash Value
		Insured		Owner		Beneficiary

Do you have long-term care insurance in place currently? _____ YES _____ NO

Do you have long-term disability insurance in place? _____ YES _____ NO

ANNUITIES

QUALIFIED ANNUITIES

1.

_____ Issuing Company	_____ Contract No.	_____ First Payment Date
_____ Schedule of Payments and Amounts	_____ Payee	_____ Beneficiary (in case of Payee's Death)

2.

_____ Issuing Company	_____ Contract No.	_____ First Payment Date
_____ Schedule of Payments and Amounts	_____ Payee	_____ Beneficiary (in case of Payee's Death)

3.

_____ Issuing Company	_____ Contract No.	_____ First Payment Date
_____ Schedule of Payments and Amounts	_____ Payee	_____ Beneficiary (in case of Payee's Death)

NON-QUALIFIED ANNUITIES

1.

_____ Issuing Company	_____ Contract No.	_____ First Payment Date
_____ Schedule of Payments and Amounts	_____ Payee	_____ Beneficiary (in case of Payee's Death)

2.

_____ Issuing Company	_____ Contract No.	_____ First Payment Date
_____ Schedule of Payments and Amounts	_____ Payee	_____ Beneficiary (in case of Payee's Death)

3.

_____ Issuing Company	_____ Contract No.	_____ First Payment Date
_____ Schedule of Payments and Amounts	_____ Payee	_____ Beneficiary (in case of Payee's Death)

BUSINESS INTERESTS

Name of Business #1: _____ Phone: _____

Address: _____

Nature of Business: _____

Kind of Entity:
(Check One)

_____ Sole Proprietorship _____ Partnership _____ Limited Liability Company

_____ Corporation _____ *S Corporation

_____ Other (Explain): _____

*It is important for us to know if your business is an S Corporation because only special types of trusts can be shareholders of S corporation stock.

Percentage of interest owned by you: _____ %

Children involved in business: _____

Percentage owned by child (each): _____

Tax basis or book value (estimate): _____

Your estimate of present value of entire business: _____

BUSINESS INTERESTS (continued)

Name of Business #2: _____ Phone: _____

Address: _____

Nature of Business: _____

Kind of Entity:
(Check One) _____ Sole Proprietorship _____ Partnership _____ Limited Liability Company
_____ Corporation _____ *S Corporation
_____ Other (Explain): _____

*It is important for us to know if your business is an S Corporation because only special types of trusts can be shareholders of S corporation stock.

Percentage of interest owned by you: _____%

Children involved in business: _____

Percentage owned by child (each): _____

Tax basis or book value (estimate): _____

Your estimate of present value of entire business: _____

PART III DISPOSITIVE OBJECTIVES

1. Please list as completely as possible, any specific property you wish to give to a particular person at your death:

Item	Beneficiary
a.	_____
b.	_____
c.	_____
d.	_____

2. Are there any members of your family with special needs and/or problems?

3. Are there any special charitable provisions you wish to make?

4. Whom do you wish to name as Guardian of your minor children?

First Choice:

Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

Second Choice:

Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

Third Choice:

Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

Fourth Choice:

Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

5. Whom do you wish to name to administer your Estate after your death (as Executor, Trustee, etc.)?

First Choice

Second Choice

Name: _____

Address: _____

Relationship: _____

Third Choice

Fourth Choice

Name: _____

Address: _____

Relationship: _____

6. Whom do you wish to name to handle financial matters for you while you are living but need assistance?

First Choice

Second Choice

Name: _____

Address: _____

Relationship: _____

Third Choice

Fourth Choice

Name: _____

Address: _____

Relationship: _____

7. Whom do you wish to name to make health care decisions for you when you cannot make them for yourself?

First Choice

Second Choice

Name: _____

Address: _____

Phone: _____

Relationship: _____

Third Choice

Fourth Choice

Name: _____

Address: _____

Phone: _____

Relationship: _____

ADVISORS

Please list the names, addresses, and phone numbers of other persons who serve as advisors to either of you.

Other Lawyers

Law Firm

Address

Phone

Investment Advisor

Company

Address

Phone

Life Insurance Agent

Company

Address

Phone

Accountant

Company

Address

Phone

Real Estate Advisors

Company

Address

Phone

Physician

Address

Phone

Dentist

Address

Phone

Preferred Hospital

Minister, priest, rabbi, or
other religious counselor

Address

Phone

Please attach copies of the following documents, if applicable:

1. Current Wills, Codicils, Powers of Attorney for Health Care, Powers of Attorney for financial matters, or Living Wills.
2. Current Trust Agreements and Amendments (if applicable).
3. Any Powers of Attorney under which someone has granted you authority to act as his or her agent
4. Pre/Post Nuptial Agreements (to the extent they remain applicable).
5. Divorce Decrees, Settlement Agreements, or Custody Agreements (if obligation/terms remain outstanding).
6. Copies of any gift tax returns filed.
7. Buy/Sell Agreements, corporate regulations/bylaws, Operating Agreements, or Close Corporation Agreements.
8. Copies of deeds or recent property tax invoices to real estate.

Any additional comments, thoughts or questions?

I understand and anticipate that in making recommendations to me and drafting documents for me, you will be relying on the information in this Estate Planning Questionnaire. I have completed the Questionnaire myself or have provided the information for this purpose.

Your Signature: _____

Date: _____