

R. LEE & ASSOCIATES, P.C.

**CONFIDENTIAL ESTATE PLANNING
QUESTIONNAIRE**

Date Prepared: ___/___/___

Please answer all applicable questions

I. General Information

	Client A	Client B
Full Legal Name		
Signature Name		
Nickname		
Date/Place of Birth		
U.S. Citizen?		
Social Security Number		
Home/Mailing Address		
County of Residence		
Telephone Numbers (Home, Cell, Work) .		
E-mail Address		
Employer		
Position		
Date/Place of Marriage		
Pre-nuptial Agreement?	<input type="checkbox"/> Yes (please attach a copy) <input type="checkbox"/> No	
List any prior States of residence during marriage and the periods you lived there		
Have you been married previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of all divorce decree, property settlement & custody documents	<input type="checkbox"/> Yes <input type="checkbox"/> No

II. Children/Grandchildren

Child 1

Full Legal Name		Nickname	
Please mark: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If applicable, please mark: <input type="checkbox"/> stepchild <input type="checkbox"/> adopted <input type="checkbox"/> of previous marriage <input type="checkbox"/> out of wedlock			
Social Security Number		Date & Place of Birth	
Address:			
Home Phone		Alternate Phone	Occupation
Special Needs of this Child (education, medical, physical, etc.)			
Please choose: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		If Applicable, Name of Spouse & Occupation:	
If Applicable: Names and Dates of Birth Grandchildren from Child 1:			
Name	Date of Birth	Special Needs of this Grandchild (education, medical, physical, etc.)	

Child 2

Full Legal Name		Nickname	
Please mark: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If applicable, please mark: <input type="checkbox"/> stepchild <input type="checkbox"/> adopted <input type="checkbox"/> of previous marriage <input type="checkbox"/> out of wedlock			
Social Security Number		Date & Place of Birth	
Address:			
Home Phone		Alternate Phone	Occupation
Special Needs of this Child (education, medical, physical, etc.)			
Please choose: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		If Applicable, Name of Spouse & Occupation:	
If Applicable: Names and Dates of Birth Grandchildren from Child 2:			
Name	Date of Birth	Special Needs of this Grandchild (education, medical, physical, etc.)	

Child 3

Full Legal Name		Nickname	
Please mark: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If applicable, please mark: <input type="checkbox"/> stepchild <input type="checkbox"/> adopted <input type="checkbox"/> of previous marriage <input type="checkbox"/> out of wedlock			
Social Security Number		Date & Place of Birth	
Address:			
Home Phone		Alternate Phone	Occupation
Special Needs of this Child (education, medical, physical, etc.)			
Please choose: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		If Applicable, Name of Spouse & Occupation:	
If Applicable: Names and Dates of Birth Grandchildren from Child 3:			
Name	Date of Birth	Special Needs of this Grandchild (education, medical, physical, etc.)	

Child 4

Full Legal Name		Nickname	
Please mark: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If applicable, please mark: <input type="checkbox"/> stepchild <input type="checkbox"/> adopted <input type="checkbox"/> of previous marriage <input type="checkbox"/> out of wedlock			
Social Security Number		Date & Place of Birth	
Address:			
Home Phone		Alternate Phone	Occupation
Special Needs of this Child (education, medical, physical, etc.)			
Please choose: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		If Applicable, Name of Spouse & Occupation:	
If Applicable: Names and Dates of Birth Grandchildren from Child 4:			
Name	Date of Birth	Special Needs of this Grandchild (education, medical, physical, etc.)	

(Please list additional children and/or grandchildren on an attached sheet)

III. Parents & Siblings

PARENTS

	Client A	Client B (if married)
Father's Full Legal Name		
Address		
Current health & age or Date of Death		
Mother's Full Legal Name		
Address		
Current health & age or Date of Death		

SIBLINGS

	Client A	Client B (if married)
Name and Age (Include middle initial)		
Address		
Occupation		
Spouse's Name (If applicable)		
Children's Names and Ages (If applicable)		
Name and Age (Include middle initial)		
Address		
Occupation		
Spouse's Name (If applicable)		
Children's Names and Ages (If applicable)		
Name and Age (Include middle initial)		
Address		
Occupation		
Spouse's Name (If applicable)		
Children's Names and Ages (If applicable)		

(Please list additional siblings on an attached sheet)

IV. Professional Advisors

1. CFP / Financial Planner

Name		Telephone	
Firm Name		Address	

2. CPA / Accountant

Name		Telephone	
Firm Name		Address	

3. Insurance Agent

Name		Telephone	
Agency Name		Address	

4. Other Attorney

Name		Telephone	
Firm Name		Address	

5. Family Physician

Name		Telephone	
Practice Name		Address	

V. Financial Information

1.

	Client A	Client B
Annual Salary		
Income from other sources		
Total Estimated Annual Household Income		

2. Demand/Cash/ Cash Equivalent Accounts (e.g., checking, savings, CD's, Bonds).
 (List owner as husband (H), wife (W), joint (J) or sole (S).)

Type	Owners/Title	Institution	Balance	Other

3. Stocks / Investment Accounts / Mutual Funds.

Institution	Owners/Title	Shares	Cost Basis	Current Value	Annual Yield

4. Retirement Assets (IRA's, 401K, Pension, Keogh, etc.)

Type	Owner / Title	Institution	Balance	Beneficiary

5. Real Estate (residence, rentals, vacation homes, time shares, etc.)

Address/Type	Owners/Form of Ownership	Cost	Mortgage	Borrower	Current Value

6. Please list anyone who owes you money, including your children

Person's Name	Date of Loan	Date Due	Original Amount Owed	Current Amount Due

7. Other Assets

a. Safe Deposit Box

Safe Deposit Box Number		Location		How Held?	
Description and Value of Contents					

b. Automobiles

Make		Model		Year	
Registered Owner		Title Location		Value	
Make		Model		Year	
Registered Owner		Title Location		Value	
Make		Model		Year	
Registered Owner		Title Location		Value	

c. Valuable Personal Property (water craft, antiques, collections, jewelry, art, equipment, etc.)

Description		Value		Date acquired	
Description		Value		Date acquired	
Description		Value		Date acquired	
Description		Value		Date acquired	

8. Describe any expected recovery either client expects from a lawsuit, if any:

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9. Business Interests/Assets

Business Name		Address		Telephone Number	
Description					
Entity Type		Distribution of Ownership			
Buy-Sell Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Business Assets (& values)			

10. Liabilities

Owed To	Secured By	Original Amount and Date	Borrower(s)	% Rate	Remaining Balance

11. Life Insurance

Company / Policy Type	Owners	Insured	Beneficiary/ Alternate	Face Value	Cash Value

12. Please list anything that you own that has not been asked about in any of the prior questions

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FINANCIAL SUMMARY (TO BE COMPLETED BY R. LEE & ASSOCIATES, P.C.)

Total Assets (excluding life insurance) _____
Total Liabilities - _____
Net Worth (excluding life insurance) = _____
Total Life Insurance + _____
Total Taxable Estate = _____

VI. Prior Estate Planning

Please attach any of the following:

- 1. A copy of any trust under which you are a beneficiary or hold any power of appointment.**
- 2. A copy of any will or trust agreement that has been executed by you.**
- 3. A copy of any living will, health care decision making document or power of attorney that has been executed by you.**
- 4. Attach a copy of any state or federal gift tax returns filed by you.**

VII. Objectives, Disposition of Estate and Fiduciaries

Please consider your estate planning objectives and how you would like to dispose of your property, including specific gifts, charitable gifts and distributions to children, if any. Additionally, please consider who you would like to serve as Personal Representative, Trustee and/or Guardian for minor children (and their successors). You do not need to list this information on this sheet at this time. We will discuss these important decisions in greater detail at our meeting.

DISCLOSURE AND RELIANCE STATEMENT

The information contained herein pertaining to my/our estate, fairly and fully:

- A. Discloses all of the assets owned by me/us, or in which I/we have any form of ownership interest;
- B. Discloses the value of all such assets or ownership interests; and
- C. Discloses how these assets or ownership interests are owned; and has been prepared by me/us, or at my/our direction or with my/our permission, and may be relied upon by R. Lee & Associates, P.C., in planning my/our estate.

I/We certify the above to be true and correct on this _____ day of _____, _____.
