APPENDIX F

Estate-Planning Questionnaire for Single Individuals

A. GENERAL INFORMATION: Dated: _____

CLIENT NAME (*including middle initial, "Jr.," "S.," etc.*) SOCIAL SECURITY NO. BIRTH DATE & AGE

STREET ADDRESS CITY/STATE ZIP

HOME PHONE WORK PHONE

FAX NUMBER E-MAIL ADDRESS

Marital status: Single _____ Widowed _____ Divorced _____ [please check one]

If widowed, please indicate spouse's name and date of death: _____
[Please provide relevant information regarding predeceased spouse's estate, including death certificate and copies of will and estate tax returns filed.]

If divorced, please indicate former spouse's name and date of divorce: _____
[Please provide copy of any settlement agreement and/or divorce decree, if applicable.]

CHILDREN'S NAMES	ADDRESS	SOC. SEC. NO.	BIRTH DATE

(If by prior marriage of husband or wife, indicate with letter [P(H) or (W)] before child's name. If adopted or in process of adoption, indicate with letter [A]. Indicate nonmarital children with letter [N].)

B. OTHER BENEFICIARIES: (INCLUDING INTENDED CHARITABLE BENEFICIARIES)

NAME	ADDRESS	RELATIONSHIP, IF ANY	AMOUNT

C. PRIOR MARRIAGES: If you have previously married, describe any continuing obligation under the divorce decree. (Supply copy if available.)

D. DOMICILE: If your employment, vacation or other circumstances require that you spend more than a nominal amount of time in another state or country, you may be deemed a domiciliary of that jurisdiction for estate tax purposes. If you feel that the question may apply to you, set forth immediately below the name of the state or country, dates you were or will be present in such jurisdiction, where you vote, register your automobile and property owned in such jurisdiction.

_____

_____

_____

E. MISCELLANEOUS: (If applicable, give details below or on another sheet)

Y N 1. Have you made any *lifetime gifts exceeding [$13,000] per year* to any person or created any trust? *(If "yes," please supply copies of gift tax returns and trusts.)*

Y N 2. Do you have a *power of appointment or other interests* under a Will or Trust of another person? *(If "yes," please supply copy of governing instrument, if available.)*

Y N 3. If you have any *prospective inheritances*, give source and estimated amount.

Y N 4. If you are or were employed, give details of any *pension plans or other employee benefits, including retained group health insurance*, to which you are or may be entitled.

Y N 5. If you are *self-employed or a member of a partnership*, give details of any contract or commitments to sell such interests at death or retirement, as well as any retirement plans or other benefits that will be payable by reason of your death. *(If "yes," please supply copies of any pertinent documents.)*

Y N 6. If you own stock in a closely held corporation, give details of any stock redemption agreements, stock options, salary continuation or other deferred-compensation plans that may be applicable to you. *(If "yes," please supply copies of documents.)*

Y N 7. Is there a *safe-deposit box? (If "yes," please indicate bank and box number.)*

Y N 8. Do you use a professional tax preparer? *(If "yes," please indicate name, address and telephone number.)*

Y N 9. Do you maintain private health insurance and/or long-term care insurance? Are you interested in long-term care insurance?

10. Indicate the person(s) (together with relationship, if applicable) and/or institution(s) you wish to appoint (if applicable) as your (a) *executor*; (b) *trustee*; and (c) *guardian of minor children*. These fiduciary appointments will be discussed during the introductory meeting.

_____	_____
Intended Executor(s)	Intended Alternate Executor(s)
_____	_____

Intended Trustee(s) | Intended Alternate Trustee(s)

_____ | _____

Guardian(s) | Alternate Guardian(s)

F. CITIZENSHIP: If you are a noncitizen of the United States, please note the country of citizenship below:

_____

G. ASSETS: (ESTIMATED CURRENT MARKET VALUE)

	YOUR NAME	JOINT NAMES (For Community Property)
1. Real estate: Residence		
Vacation home (please indicate state where situated)		
Other real estate (please indicate state where situated)		
2. Stocks and mutual funds (non-IRA)		
3. Bonds and notes (including Series EE/HH bonds)		
4. Value of business assets if self-employed or interested in partnership or closely held corporation		
5. Savings accounts, savings certificates, savings bonds, money market and cash		
6. Expected from other estates or trusts		
7. Interest in profit sharing, retirement plans, Keogh plans or annuities[1]		
8. IRA accounts[2]		
9. Autos, furniture, jewelry, art, collections and household items (conservative estimate)		

[1] Please confirm all primary/contingent beneficiary designations for retirement/Keogh plans & annuities.

[2] Please confirm all primary/contingent beneficiary designations for all IRA accounts.

10. Miscellaneous other assets		
TOTAL ASSETS		
LESS MORTGAGES, LOANS AND OTHER LIABILITIES		

LIFE INSURANCE DEATH BENEFITS FROM NEXT PAGE:

_____

LIFE INSURANCE

(If more than $300,000, please bring policies/contracts for review)

INSURED	OWNER (If diff. from insured)	COMPANY AND TYPE OF INSURANCE (e.g. term, group, whole, life, accidental)	FACE AMOUNT OF DEATH BENEFIT	NET CASH VALUE	LOANS	PRIMARY BENEFICIARY	SECONDARY BENEFICIARY
TOTALS:							

APPENDIX G

Estate-Planning Questionnaire for Married Couples

A. GENERAL INFORMATION: Dated: _____

HUSBAND'S NAME *(including middle initial, "Jr.," "S.," etc.)* SOC. SEC. NO. BIRTH DATE & AGE DATE

WIFE'S NAME SOC. SEC. NO. BIRTH DATE & AGE

STREET ADDRESS HOME TELEPHONE DATE & PLACE OF MARRIAGE

CITY/STATE ZIP HOME/BUSINESS PHONE NOS. FAX NO. & EMAIL ADDRESS, IF ANY

CHILDREN'S NAMES	ADDRESS	SOC. SEC. NO.	AGE & BIRTH DATE

(If by prior marriage of husband or wife, indicate with letter [P(H) or (W)] before child's name. If adopted or in process of adoption indicate with letter [A]. Indicate nonmarital children with letter [N].)

B. OTHER BENEFICIARIES: (INCLUDING DESIRED CHARITABLE GIFTS)

NAME	ADDRESS	RELATIONSHIP, IF ANY	AMOUNT

C. PRIOR MARRIAGES: If husband or wife have previously married, describe any continuing obligation under the divorce decree (supply copy if available).

D. DOMICILE: If your employment, vacation or other demands require that you spend more than a nominal amount of time in another state or country, you may be deemed a domiciliary of that jurisdiction for estate tax purposes. If you feel that the question may apply to you, set forth

immediately below the name of the state or country, dates you were or will be present in such jurisdiction, where you vote, register your automobile and property owned in such jurisdiction.

_____

_____

_____

E. MISCELLANEOUS: (If applicable, give details below or on another sheet)

Y N 1. Have you or your spouse made any *lifetime gifts exceeding [$13,000] per year* to any person or created any trust? *(If "yes," please supply copies of gift tax returns and trusts.)*

Y N 2. Do you or your spouse have a *power of appointment or other interests* under a Will or Trust of another person? *(If "yes," please supply copy of governing instrument, if available.)*

Y N 3. If you or your spouse have any *prospective inheritances*, give source and estimated amount.

Y N 4. If you or your spouse are or were employed, give details of any *pension plans or other employee benefits, including retained group health insurance*, to which you are or may be entitled.

Y N 5. If you or your spouse are *self-employed or a member of a partnership*, give details of any contract or commitments to sell such interest at death or retirement, as well as any retirement plans or other benefits that will be payable by reason of your death. *(If "yes," please supply copies of any pertinent documents.)*

Y N 6. If you or your spouse own stock in a closely held corporation, give details of any stock redemption agreements, stock options, salary continuation or other deferred-compensation plans that may be applicable to you. *(If "yes," please supply copies of documents.)*

Y N 7. Is there a *safe-deposit box*? *(If so, please indicate bank and box number.)*

Y N 8. Do you use a professional tax preparer? *(If so, please indicate name, address and telephone number.)*

Y N 9. Do you maintain private health insurance and/or long-term care insurance? Are you interested in long-term care insurance?

10. Indicate below the person(s) or institution you wish to appoint (if applicable) as your (a) *executor*; (b) *trustee*; and (c) *guardian of any minor children*. Often, a surviving spouse will be named as primary executor and is automatically guardian.

Intended Executor(s)	Intended Alternate Executor(s)
Intended Trustee(s)	Intended Alternate Trustee(s)
Guardian(s)	Alternate Guardian(s)

F. CITIZENSHIP: If either spouse is a noncitizen of the United States, please note the country of citizenship below:

_____

G. ASSETS: (ESTIMATED CURRENT MARKET VALUE)

	HUSBAND'S NAME	WIFE'S NAME	JOINT NAMES (For Community Property)
1. Real estate: residence			
Vacation home (please indicate state where situated)			
Other real estate (please indicate state where situated)			
2. Stocks and mutual funds (non-IRA)			
3. Bonds and notes (including Series EE/HH bonds)			
4. Value of business assets if self-employed or interested in partnership or closely held corporation			
5. Savings accounts, savings certificates, savings bonds, money market and cash			
6. Expected from other estates or trusts			
7. Interest in profit sharing, retirement plans, Keogh plans or annuities[a]			
8. IRA accounts[b]			
9. Autos, furniture, jewelry, art, collections and household items (conservative estimate)			

10. Miscellaneous other assets			
TOTAL ASSETS			
LESS MORTGAGES, LOANS AND OTHER LIABILITIES			

LIFE INSURANCE DEATH BENEFITS FROM NEXT PAGE:

_____

a. Please confirm all primary/contingent beneficiary designations for retirement/Keogh plans & annuities.

b. Please confirm all primary/contingent beneficiary designations for all IRA accounts.

LIFE INSURANCE

(If more than $300,000, please bring policies/contracts for review)

INSURED (H/W)	OWNER (if dif. from insured)	COMPANY AND TYPE OF INSURANCE (e.g. term, group, whole, life, accidental)	FACE AMOUNT OF DEATH BENEFIT	NET CASH VALUE	LOANS	PRIMARY BENEFICIARY	SECONDARY BENEFICIARY
TOTALS:							