Confidential Estate Planning Questionnaire

THEUS Law Offices

INSTRUCTIONS:

- Please be careful to spell all names correctly.
- If you are unsure of a question, simply leave it blank. Attach extra pages if you need more space.
- If you have prior estate planning documents, such as a Will or Trust, please bring them with you.
- If you are married, BOTH spouses must attend the first meeting. If for any reason, one spouse is unable to attend, or if you have a problem with this, please call in advance.

PLEASE COMPLETE THE ENTIRE QUESTIONNAIRE AND BRING TO YOUR APPOINTMENT.
The more you complete, the better your meeting will be!

Part One: Personal Information

Your Full Name _____ Legal AKA (if any) _____

Date of Birth ___/___/___ U.S. Citizen? ❑ Y ❑ N Are you retired? ❑ Y ❑ N If not, when? _____

Cell Phone (_____)_____-_____Personal E-mail _____

Is Your Health? ❑ Good ❑ Fair ❑ Poor (Describe any current problems:_____)

Have you had any major surgeries in the past 10 years? ❑ Y ❑ N Describe: _____

Are you (or your spouse) receiving home care or assisted living care? ❑ Y ❑ N

Were you previously married? ❑ Y ❑ N Social Security Number: _____-_____-_____

Occupation (or prior one, if retired): _____

Employer _____ Work Phone (_____)_____-_____

Are you (or your spouse) a military veteran? ❑ Y ❑ N

Your Spouse's Full Name _____ Legal AKA (if any) _____

Date of Birth ___/___/___ U.S. Citizen? ❑ Y ❑ N Are you retired? ❑ Y ❑ N If not, when? _____

Cell Phone (_____)_____-_____Personal E-mail _____

Is Your Health? ❑ Good ❑ Fair ❑ Poor (Describe any current problems:_____)

Have you had any major surgeries in the past 10 years? ❑ Y ❑ N Describe: _____

Are you (or your spouse) receiving home care or assisted living care? ❑ Y ❑ N

Were you previously married? ❑ Y ❑ N Social Security Number: _____-_____-_____

Occupation (or prior one, if retired): _____

Employer _____ Work Phone (_____)_____-_____

Home Address _____

City _____ State _____ Zip _____

Parish / County of _____

Home Phone (_____)_____-_____ Fax (_____)_____-_____

Children and Family

Full Name | **Gender** (CIRCLE ONE) | **DOB** | **Parent** (CIRCLE ONE) | **No. of Children**

1. _____ M F ___ / ___ / ___ Ours His Hers _____

Address _____

Cell Phone (_____)_____-_____ Social Security Number (last 4 digits only): _____

E-mail _____ Marital Status _____

Any concern with this child's ability to manage money? ❑ Y ❑ N | Disabled? ❑ | Deceased? ❑

Does this child have a Living Trust? ❑ Y ❑ N If so, was it prepared by us? ❑ Y ❑ N

Full Name | **Gender** (CIRCLE ONE) | **DOB** | **Parent** (CIRCLE ONE) | **No. of Children**

2. _____ M F ___ / ___ / ___ Ours His Hers _____

Address _____

Cell Phone (_____)_____-_____ Social Security Number (last 4 digits only): _____

E-mail _____ Marital Status _____

Any concern with this child's ability to manage money? ❑ Y ❑ N | Disabled? ❑ | Deceased? ❑

Does this child have a Living Trust? ❑ Y ❑ N If so, was it prepared by us? ❑ Y ❑ N

Full Name | **Gender** (CIRCLE ONE) | **DOB** | **Parent** (CIRCLE ONE) | **No. of Children**

3. _____ M F ___ / ___ / ___ Ours His Hers _____

Address _____

Cell Phone (_____)_____-_____ Social Security Number (last 4 digits only): _____

E-mail _____ Marital Status _____

Any concern with this child's ability to manage money? ❑ Y ❑ N | Disabled? ❑ | Deceased ❑

Does this child have a Living Trust? ❑ Y ❑ N If so, was it prepared by us? ❑ Y ❑ N

Full Name | **Gender** (CIRCLE ONE) | **DOB** | **Parent** (CIRCLE ONE) | **No. of Children**

4. _____ M F ___ / ___ / ___ Ours His Hers _____

Address _____

Cell Phone (_____)_____-_____ Social Security Number (last 4 digits only): _____

E-mail _____ Marital Status _____

Any concern with this child's ability to manage money? ❑ Y ❑ N | Disabled? ❑ | Deceased? ❑

Does this child have a Living Trust? ❑ Y ❑ N If so, was it prepared by us? ❑ Y ❑ N

Do all of your children get along? ❑ Y ❑ N

Do you have any pets? ❑ Y ❑ N

Do you have any deceased children? ❑ Y ❑ N

If so, do they have any surviving children and/or grandchildren? ❑ Y ❑ N

Names _____

Do any of your children have step-children? ❑ Y ❑ N If so, which child(ren) and how many?

_____

Age of grandchildren: Youngest _____ Oldest _____

Age of great-grandchildren: Youngest _____ Oldest _____

Any children, grandchildren or great-grandchildren that were born out of wedlock? ❑ Y ❑ N

Do any of your children, grandchildren or great-grandchildren have major medical problems? ❑ Y ❑ N

Do you want to exclude anyone from receiving any portion of your estate? ❑ Y ❑ N

If so, whom? _____

Do you (or your spouse) have a trust with a previously deceased spouse? ❑ Y ❑ N

What is the name, address, e-mail address and phone number of your CPA or Tax Preparer? _____

_____

What is the name, address, e-mail address and phone number of your Financial Advisor? _____

_____

What are your goals in creating or upgrading your estate plan? (check all that apply):

❑ Getting My Affairs in Order
❑ Review My Existing Estate Plan
❑ Setting Up A Living Trust
❑ Avoiding Probate
❑ Lifetime Asset Protection
❑ Estate Tax Planning
❑ Other:
❑ Avoiding Nursing Home Poverty
❑ Investment / Insurance / Annuity Review
❑ Special Needs Planning
❑ Making sure my loved ones don't squander it
❑ Protecting loved ones from lawsuits, divorce, etc.
❑ Peace of Mind

For Married Couples Only

Date of Marriage: Month _____ Day _____ Year _____

Do you and your spouse consider all of your assets community property? ❑ Y ❑ N

Did you or your spouse receive any valuable gifts or inheritances after marriage? ❑ Y ❑ N

Would you consider converting future inheritances to community property? ❑ Y ❑ N

Did you or your spouse come into your marriage with any substantial assets? ❑ Y ❑ N

Do you have a pre-marital or post-marital agreement? ❑ Y ❑ N

Part Two: Financial Information

INSTRUCTIONS:

- Please print. Be as specific as you can with regard to account names.
- Account balances will vary, so please just list the approximate balance of each account.
- Watch for REMINDERS regarding papers we would like you to bring in.

Banks, Savings & Loans and Credit Unions

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.

	Name of Institution	Ownership	Account Type (Checking, Savings, CD)	Approx. Balance
1.	_____	❑ Individual ❑ Joint	_____	$ _____
2.	_____	❑ Individual ❑ Joint	_____	$ _____
3.	_____	❑ Individual ❑ Joint	_____	$ _____
4.	_____	❑ Individual ❑ Joint	_____	$ _____
5.	_____	❑ Individual ❑ Joint	_____	$ _____
6.	_____	❑ Individual ❑ Joint	_____	$ _____
			Total Value:	$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?

❑ Y ❑ N If yes, which ones? (insert # above) _____

Stocks or Bonds — Not in a Brokerage Account

These include certificates you actually hold; please list Mutual Funds on page 5.

	Stock	Ownership	Shares (Number of shares)	Approx. Market Value
1.	_____	❑ Individual ❑ Joint	_____	$ _____
2.	_____	❑ Individual ❑ Joint	_____	$ _____
3.	_____	❑ Individual ❑ Joint	_____	$ _____
4.	_____	❑ Individual ❑ Joint	_____	$ _____
5.	_____	❑ Individual ❑ Joint	_____	$ _____
6.	_____	❑ Individual ❑ Joint	_____	$ _____
			Total Value:	$ _____

Mutual Funds and/or Brokerage Accounts

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.

Name of Firm of Fund/Account	Ownership	Approx. Market Value
1. _____	❑ Individual ❑ Joint	$ _____
2. _____	❑ Individual ❑ Joint	$ _____
3. _____	❑ Individual ❑ Joint	$ _____
4. _____	❑ Individual ❑ Joint	$ _____
5. _____	❑ Individual ❑ Joint	$ _____
6. _____	❑ Individual ❑ Joint	$ _____
	Total Value:	$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?

❑ Y ❑ N If yes, which ones? (insert # above) _____

Would you be willing to sell any of the above stocks or mutual funds if you could avoid capital gains taxes? ❑ Y ❑ N

Promissory Notes & Deeds Owed to You

(Where someone is paying you on a note)

REMINDER: If secured, please bring the original or a copy of the recorded Mortgage ("Mtg").

Name of Debtor	Secured by Mtg?	Due Date	Original Amount	Balance Due
1. _____	❑ Y ❑ N	_____	$_____	$_____
2. _____	❑ Y ❑ N	_____	$_____	$_____
3. _____	❑ Y ❑ N	_____	$_____	$_____
4. _____	❑ Y ❑ N	_____	$_____	$_____
5. _____	❑ Y ❑ N	_____	$_____	$_____
			Total Value:	$_____

Do any of your children owe you money? ❑ Y ❑ N

If yes: Who?	How Much?	Reduce child's share by amount owed?
_____	$_____	❑ Y ❑ N
_____	$_____	❑ Y ❑ N

Real Estate

Please list all homes, rental properties, other buildings, land and timeshares in which you have an interest.

REMINDER: Please bring both the DEED (Act of Sale) or a recent PROPERTY TAX BILL for each property.

	Property Address	Original Cost	Current Value	Debt or Mortgage	Net Value
1.	(LIST PRIMARY RESIDENCE HERE)	$	$	$	$
2.		$	$	$	$
3.		$	$	$	$
4.		$	$	$	$
5.		$	$	$	$
6.		$	$	$	$
7.		$	$	$	$
8.		$	$	$	$

Net annual cash flow on rental real estate: $_____ ***Total Net Value:*** $_____

(If not sure, please bring copy of recent tax return.)

		Which #?
Are you planning on selling any of your real estate soon?	❑ Y ❑ N	_____
Would you consider selling if you could avoid capital gains taxes?	❑ Y ❑ N	_____
Are any properties owned with someone other than your spouse?	❑ Y ❑ N	_____
Are any properties owned by an entity? (such as a Corp., LLC, FLP)	❑ Y ❑ N	_____
Do any of your children (or other relatives) reside on any of your properties?	❑ Y ❑ N	_____

IRA Accounts & Company Retirement Plans *(including qualified annuities)*

	Custodian of Account *(Bank, Broker, Employer)*	Type *(IRA, 401K, etc.)*	Account Owner *(Husband or Wife)*	Primary Beneficiary	Secondary Beneficiary	Approx. Value
1.	_____	_____	H or W	_____	_____	$ _____
2.	_____	_____	H or W	_____	_____	$ _____
3.	_____	_____	H or W	_____	_____	$ _____
4.	_____	_____	H or W	_____	_____	$ _____
5.	_____	_____	H or W	_____	_____	$ _____

Total Value: $ _____

Are you concerned about your future retirement income? ❑ Y ❑ N

Life Insurance

	Insured Person	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Company	Cash Value (if any)	Death Benefit
1.	_____	_____	_____	_____	_____	$_____	$ _____
2.	_____	_____	_____	_____	_____	$_____	$ _____
3.	_____	_____	_____	_____	_____	$_____	$ _____
4.	_____	_____	_____	_____	_____	$_____	$ _____
5.	_____	_____	_____	_____	_____	$_____	$ _____

Total Value: $ _____

Do you have Long-Term Care Insurance (to cover extended nursing care costs)? ❑ Y ❑ N

Do you have parents or other relatives in assisted living? ❑ Y ❑ N

Non-Qualified Annuities (Not a Retirement Plan) *(Please list qualified annuities separately above.)*

	Name of Insurance Company	Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1.	_____	_____	_____	_____	$ _____
2.	_____	_____	_____	_____	$ _____
3.	_____	_____	_____	_____	$ _____

Total Value: $ _____

Limited Liability Companies

	Name of LLC	Taxed as Corporation?	Ownership %	Total Market Value
1.	_____	❑ Y ❑ N	_____	$ _____
2.	_____	❑ Y ❑ N	_____	$ _____

Total Value: $ _____

Other Businesses (Corporations or Partnerships)

Business Name	Is it a Corporation?	Ownership %	Buy-Sell Agreement?	Total Value
1. _____	❑ Y ❑ N	_____	❑ Y ❑ N	$_____
2. _____	❑ Y ❑ N	_____	❑ Y ❑ N	$_____
			Total Value:	$_____

Anticipating selling your business(es) anytime soon? ❑ Y ❑ N

Other Assets

Are you expecting any inheritances soon? ❑ Y ❑ N

If so, from whom? _____ Approximately how much? $_____

Please list unusually valuable personal items such as art, coins, jewelry, collections, etc.

_____

Please list any other assets not mentioned such as stock options, patents, royalties, etc.

_____

Miscellaneous Information

What are your favorite hobbies? ❑ Antiques ❑ Arts/Crafts ❑ Coin Collecting ❑ Computers ❑ Cooking ❑ Exercise ❑ Fishing ❑ Hunting ❑ Golf ❑ Photography ❑ Puzzles/Games ❑ Reading ❑ Sewing/Knitting ❑ Shopping ❑ Gardening ❑ Music ❑ Traveling ❑ Other:_____

What are your spouse's favorite hobbies? ❑ Antiques ❑ Arts/Crafts ❑ Coin Collecting ❑ Computers ❑ Cooking ❑ Exercise ❑ Fishing ❑ Hunting ❑ Golf ❑ Photography ❑ Puzzles/Games ❑ Reading ❑ Sewing/Knitting ❑ Shopping ❑ Gardening ❑ Music ❑ Traveling ❑ Other:_____

Do you know of any friends, relatives, neighbors and/or co-workers that may benefit from our services?

Name _____

Address _____

Name _____

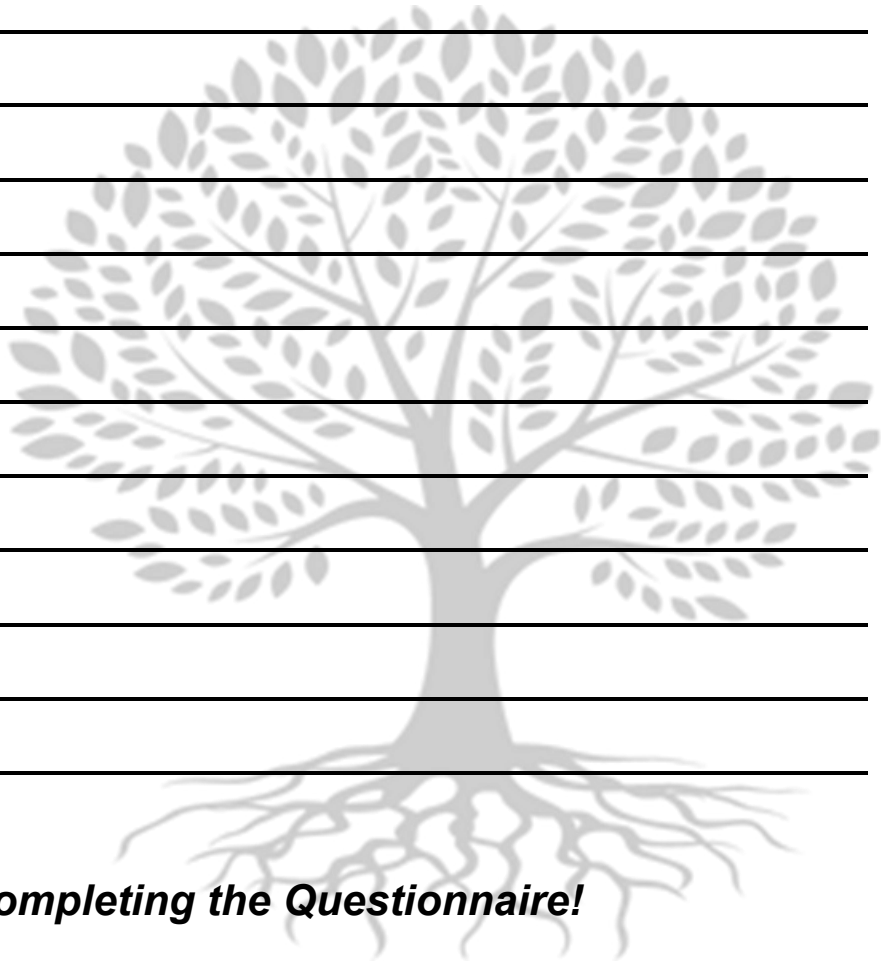
Address _____

Are you (or your spouse) a part of any local groups, clubs or organizations? ❑ Y ❑ N

If so, which ones?_____

_____

Any Questions You Would Like Answered?



Thank you for completing the Questionnaire!