

CONFIDENTIAL QUESTIONNAIRE

Estate Planning



The Practice Enhancement Company™

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By completing this questionnaire you understand and acknowledge that by either not fully or accurately completing this questionnaire, any design study provided may be inappropriate to the needs and objectives of the client.

General Information

Client A

Name: _____ Date of Birth: ____/____/____ M F

U.S. Citizen: Y N

Occupation: _____ Employer: _____

Client B

Name: _____ Date of Birth: ____/____/____ M F

U.S. Citizen: Y N

Occupation: _____ Employer: _____

Address: _____ Phone: _____

_____ E-mail: _____

Children		Grandchildren	
Name	Date of Birth	Name	Date of Birth

Advisors:

	NAME	PHONE	CITY, STATE
Attorney:	_____	(____) _____	_____
Accountant:	_____	(____) _____	_____
Investments:	_____	(____) _____	_____
Insurance:	_____	(____) _____	_____

Current Estate Plan

1. Do you and/or your spouse have a will? Y N

When was it drafted? _____

When was the last time it was reviewed? _____

Name and relationship of Client A's executor: _____

Name and relationship of Client B's executor: _____

2. How will your property be distributed based on your current wills? _____

3. Describe any other devices that have been put into place to accomplish your estate planning goals (i.e. trusts, living wills).

If trust(s) have been established please include the details – revocable or irrevocable, name and relationship of trustee, name and relationship of beneficiaries: _____

4. Are you currently making annual gifts to children / grandchildren / charities as part of your estate plan? Y N

If so, what is the amount of the annual gift and who is recipient? _____

5. Do you or your spouse own a business? Y N

Type of business: _____ Owner: _____ % _____

Business Structure: _____ (S Corp, C Corp, LLC, etc.)

Describe the provisions of any agreements that control the transfer (during life or upon death) of that business interest (i.e. buy-sell agreements)? _____

Estate Plan Objectives / Considerations

1. Explain your general goals regarding the distribution of your estate:

Client A: _____

Client B: _____

2. Are there any individuals who you specifically do not want to receive any portion of your estate? _____

3. Are there any charities that you would like to support during your lifetime or after? _____

4. Would you like to involve children and/or grandchildren in your charitable giving? _____

5. Do you have any dependents that have special needs? _____

6. Of the assets listed on page 6, do any of them require special expertise / knowledge to manage and continue ownership of? Are any of these assets specifically difficult to liquidate? _____

7. Of the assets listed on page 6, are there any that you would like to stay in the family versus being liquidated? _____

8. Do you have any plans or desire to spend your retirement in a different State than you currently reside? If so, what State(s)? _____ Do you plan to become a permanent resident of this State? Y N

9. Are there specific assets that you would like to pass on to future generations beyond your current children? _____

10. Are the beneficiaries of your estate mature enough and financially skilled enough to handle a substantial inheritance in a lump sum? Y N If no, at what age would you feel comfortable having them receive the inheritance? _____

11. Do you have any children to a previous marriage? _____

12. Are there any prenuptial or postnuptial agreements in place? Y N

13. Do you expect to receive an inheritance? Y N If yes, what amount, from whom and who is the recipient? _____

14. Are there any special goals that you or your spouse have for your estate such as providing for college education for children / grandchildren? _____

15. Would you or your spouse be concerned about the final distribution of your respective estates if the surviving spouse remarried after the death of the first spouse to pass away? If so, does your current estate plan take this into consideration? _____

16. On a scale of 1-10, with 10 being a critical objective and 1 being a minor objective, how would you rate the importance of each of the following typical estate planning goals?

- | | |
|---|--|
| _____ Avoiding family strife | _____ Equal distribution to all children / grandchildren |
| _____ Avoiding taxes | _____ Maintaining surviving spouses' standard of living |
| _____ Making gifts to charity, creating a charitable legacy | _____ Making sure health care decisions are handled according to your wishes |
| _____ Encouraging philanthropy in younger generations | _____ Maximizing wealth to be passed on |
| _____ Protecting current wealth | _____ Passing on family values |
| _____ Avoiding the problems that may arise with receipt of large inheritances | _____ Assuring that assets with sentimental value are distributed to the correct beneficiaries |

Life Insurance Policies

Insurance Company	Owner	Insured	Beneficiary	Death Benefit	Cash Value	Annual Premium
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

Do you use tobacco products? Y N

If yes, please give details: _____

Does your spouse use tobacco products? Y N

If yes, please give details: _____

Describe any significant medical history: _____

Long Term Care Insurance

Have you purchased long term care insurance? Y N

If yes then please complete details below:

Insurance Company	Insured	Daily Benefit	Elimination Period	Benefit Duration	Home Care %	Annual Premium
		\$		days	%	
		\$		days	%	
		\$		days	%	

Asset Description	Owner (A, B or JT)	Current Value	Liability	Contributions/ Withdrawals	Growth Rate
Real Estate					
Investments					
Retirement Plans					
Business Interests					
Other Assets					
Other Liabilities					

