

ALEXANDROV, METZGER & FLANNAGAN, P.C.

Estate Planning Questionnaire

Effective estate planning requires that all relevant information concerning your personal, family and financial situation be assembled. This form has been prepared to aid you in organizing that information. If insufficient space is provided for any information, please include it on a separate sheet. We will use the information contained in this form to analyze your estate planning needs and design estate planning solutions and documents that are responsive to those needs. Please bring the completed form with you to your initial meeting with us.

CONFIDENTIALITY: As is true in any communication between lawyer and client, the information reported here will be held in the strictest confidence and released to no one without your consent.

FAMILY INFORMATION

	You	Spouse
Full Name	_____	_____
Other Names Used	_____	_____
Home Address	_____	_____
	Street	Street
	_____	_____
	City, State	City, State
	Zip	Zip
Social Security No.	_____	_____
E-Mail Address	_____	_____
Home Phone	_____	_____
Occupation/Business	_____	_____
Business Address	_____	_____
	Street	Street
	_____	_____
	City, State	City, State
	Zip	Zip
Business Phone	_____	_____
Date of Birth	_____	_____
Health	_____	_____
U.S. Citizen?	_____	_____
Marital Status:	_____ Single	_____ Married
	_____ Divorced	_____ Widowed
		First Marriage? _____
		Date of Marriage _____

How did you hear about us? If you were referred, please specify the name of the person who referred you to us.

Revised 9/17/07
Unless requested by the client, all estate planning documents will be mailed to client via First Class Mail.

CHILDREN

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Address (if not home)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Should children born to or adopted by you after the date of the will be included? _____
Please note any adopted children or stepchildren.

Do you have any children or other beneficiaries with special educational or physical needs? _____

Do you have any children or other beneficiaries who are financially unstable or have serious creditor issues? _____

OTHER BENEFICIARIES: (Include parents, grandchildren, spouses of children, relatives or others you or your spouse might desire to benefit.)

<u>Name</u>	<u>Relationship</u>	<u>Date of birth</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER CONSIDERATIONS: (Prior marriages, support or settlement objections, marital agreement, disabled children or beneficiaries.)

Are you or your spouse beneficiaries or trustees of any trust? _____

Do you or your spouse anticipate receiving a substantial inheritance? _____

IMPORTANT:

Prior wills—Please attach copies of all prior wills and trust agreements of you and your spouse with this checklist if convenient. Otherwise, bring them to your conference.

Insurance—Please bring all life insurance policies (or copies) and any insurance study prepared for you to the conference.

Gift Tax Returns—If you have filed any federal or state gift tax returns, please either attach them to this form or bring them with you to the conference.

FINANCIAL INFORMATION

ESTIMATED PERSONAL BALANCE SHEET

Directions: Complete this form by supplying your estimate of the fair market value of the categories of assets and liabilities listed below. With respect to real property, attach a copy of the deed by which you took title, if it is convenient.

ASSETS

	You	Spouse	Joint Tenancy
Residence	_____	_____	_____
Other real property	_____	_____	_____
Bank Account and Certificates of Deposit	_____	_____	_____
Sub-Chapter S and Other Closely-Held Stock and Partnership Interests	_____	_____	_____
Accounts Receivable, or Notes Receivable,	_____	_____	_____
Retirement Benefits, including IRA's (Please attach a copy of your summary, if available)	_____	_____	_____
Stocks, Bonds Mutual Funds	_____	_____	_____
Other Assets:			
(a) Automobiles	_____	_____	_____
(b) Art, Stamp, or Other Collections	_____	_____	_____
(c) Estimated Cash Value of Life Ins.	_____	_____	_____
(d) Miscellaneous Household Property	_____	_____	_____
(e) Other (Antiques, etc.)	_____	_____	_____
TOTAL ASSETS (Other than Insurance)	\$ _____	\$ _____	\$ _____

INSURANCE

Face Amount and Type	Company	Insured	Beneficiary	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIABILITIES

	You	Spouse	Joint
Real Estate Mortgages	_____	_____	_____
Loans and Other Liabilities	_____	_____	_____
TOTAL LIABILITIES	_____	_____	_____
NET WORTH	_____	_____	_____

Have you ever lived in or owned real estate in Arizona [], California [], Idaho [], Louisiana [], Nevada [], New Mexico [], Texas [], or Washington []?

Names of your financial advisors:

Accountant _____

Insurance _____

Broker/Trustee(s) or Investment Advisor(s) _____

DISPOSITION OF ESTATE

What are your general desires as to the disposition of your estate? Indicate any specific gifts of cash or items you wish to make.

Specific Gifts that You
Would Like to Make in Your Will or Trust

Amount of Gift	Description	Name of Recipient	Relationship or Address
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS GIFTS: (Do not include gifts to charity or gifts of less than \$10,000)

Name of Recipient	Nature of Gift	Value	Date of Gift	Gift Tax Return Filed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Location of Gift Tax Returns: _____

CHARITABLE INTERESTS: (Identify charities in which you are currently interested or which may benefit your estate.)

ESTATE PLANNING GOALS

The goal of the estate planning process is to create an estate plan that is tailored to your specific needs and wishes. It would be helpful if you would circle the issues below that are of the most concern to you. We will discuss your specific concerns at our initial meeting.

1. I want to create a comprehensive estate plan that includes planning for my potential incapacity or disability.
2. I want to plan for my elderly parents.
3. I want to reduce estate and death taxes to the lowest possible level.
4. I want to avoid probate, and reduce estate settlement costs.
5. I want to protect the inheritance of my minor children or grandchildren.
6. I want to disinherit one or more of my family members.
7. I want to plan for my grandchildren directly rather than have them inherit through their parents' estates.
8. I want to plan for a disabled child or a child or other heir with special needs.
9. I want to plan for the transfer or sale of my interest in a closely-held business.
10. I want to plan for my children from a prior marriage or relationship.
11. I want to leave a financial legacy or endowment to my church or other charitable organization.
12. I want to control all of my own assets while I am alive and healthy.

ESTATE PLAN DESIGN INFORMATION

In this section of the questionnaire, please specify your initial preferences about who will act for you in the event of your death or incapacity. If you are married, your primary agent will normally be your spouse. If you are a good candidate for trust planning, we will review the benefits of trust planning at our initial meeting and will discuss which of your family members or friends would be an appropriate choice to serve as a trustee or successor trustee of your trust.

LAST WILL AND TESTAMENT: A will is a legal document, prepared and executed according to state law, which identifies who will receive the property titled in your name only at your death or payable to your estate after your death. In addition to specifying the beneficiaries of such property, you will nominate an executor of your estate and a guardian of the person and property of your minor children, if any.

Executor: the person named in your will to administer your estate after your death. Most clients name a primary Executor, and two or more alternate Executors. You should select people with integrity whom you trust implicitly, and who are organized, detail oriented and appear to be responsible in their own affairs. If you are married and you and your spouse have selected the same individuals in the same order, please complete the first section only.

Your executor:

Name	Address	Relationship
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Alternates:

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Your spouse's executor:

Name	Address	Relationship
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Alternates:

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Guardian: If you have children under the age of 18, please specify whom you would like the court to appoint to take care of your minor children if you and your spouse are unable to do so. Most clients name two or three individuals or couples to serve as alternate guardian

in the order named. If you are married, we strongly encourage you to agree on these choices rather than name different individuals as guardians in your separate wills. You should select people whom you feel will care for your children in a manner as close as you would if you could, and have the time and ability to care for minor children.

Name	Address	Relationship
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Alternates:		
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DURABLE POWER OF ATTORNEY: a legal document, prepared and executed according to state law, in which you name an agent to make financial decisions for you and manage your property if you are disabled or unavailable.

Attorney-in-fact: the person named in your durable power of attorney to handle your financial affairs in the event of your incapacity. Most clients name a primary agent, and two or more alternate agents. You should select people with integrity whom you trust implicitly and believe are responsible in their own affairs. If you are married and you and your spouse have selected the same individuals in the same order, please complete the first section only.

Your attorney-in-fact:

Name	Address	Relationship
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Alternates:		
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-----	-----	-----

Your spouse's attorney-in-fact:

Name	Address	Relationship
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Alternates:		
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HEALTH CARE PROXY: a legal document, prepared and executed according to state law, in which you name an agent to make medical decisions for you if you are unable to make them for yourself.

Health care agent: the person named in your health care proxy to make medical decisions for you in the event of your incapacity. Most clients name a primary agent, and two or more alternate agents. You should select people whom you believe are capable of making difficult medical decisions and authorizing medical treatments for you even in emotionally charged situations. If you are married and you and your spouse have selected the same individuals in the same order, please complete the first section only.

Your agent:

Name	Address	Relationship
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Alternates:

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Your spouse's agent:

Name	Address	Relationship
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Alternates:

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