

ESTATE PLANNING QUESTIONNAIRE

DAVIDSON, DAWSON & CLARK LLP

Please attach additional pages as needed

Date: _____

Full legal name and all variations, with initials and any suffix

D.O.B. ____/____/____ CITIZENSHIP(S) _____

S.S. NO. _____

ADDRESS _____

PHONE (H) _____ (O) _____

PHONE (M) _____ (Other) _____

E-MAIL (H) _____ (O) _____

EMPLOYMENT _____ TITLE _____

ALL CHILDREN (NAME, DOB, ADDRESS, SSN) Full legal names with initials and any suffix:

Please footnote to indicate: 1) married; 2) has child or children; 3) deceased; 4) child of Spouse 1 only; 5) of Spouse 2 only; 6) special medical or other needs; 7) adopted as a minor; 8) adopted as an adult; 9) born out of wedlock 10) via surrogate or egg/sperm donor.

Do you have a Will __, Power of Attorney __, or Health Care documents __ from another firm?*

Are you now actively serving as an Executor, Trustee or Guardian? _____

Are you the creator or the present or future beneficiary of an existing trust? _____*

Have you ever filed a federal Gift Tax Return? _____ A State Gift Tax return? _____*

Do you have a separation agreement? _____*

Have you or anyone you may benefit been a donor in a fertility program or a surrogate mother? __

Do any other persons rely on you for assistance or financial support? _____

Do you have any urgent medical concerns, travel plans or other estate planning deadlines?

* Please supply copies if available.

FINANCIAL ADVISORS

1. Accountant: _____

2. Financial Planner: _____

3. Financial Consultants, Stock Brokers; Investment Advisors: _____

4. Banker: _____

5. Insurance Agent: _____

6. Pension Consultants: _____

7. Other: _____

Do you have a safe deposit box?

1. Number and Location of safe deposit box: _____

2. Co-owners if any: _____
3. Deputies having access, if any: _____

ASSETS

The following information about your assets is important for tax planning. Exact figures are not needed, but please indicate any area of substantial uncertainty. *The suitability of your estate plan will depend on the accuracy of this information.*

A. REAL ESTATE , CONDOMINIUMS & COOPERATIVE APARTMENTS*

<u>Description & Location</u>	<u>Co-Owner(s) If Any**</u>	<u>Tax Cost or Basis</u>	<u>Mortgage Amount Owed</u>	<u>Present Value of Property</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Are there any restrictions on the transfer of your co-op stock? [Y] [N]

** If more than one name appears in the title, please provide the exact title.

B. CASH, BANK ACCOUNTS, CD'S & MONEY MARKET FUNDS

<u>Bank or Firm</u>	<u>Co-Owner(s) If Any**</u>	<u>Approx. Balance</u>	<u>Transfer on Death Beneficiary, if Any</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

** If more than one name appears in the title, please provide the exact title.

C. SECURITIES ACCOUNTS

<u>Company Where Held</u>	<u>Account Number</u>	<u>Co-Owner(s) If Any**</u>	<u>Present Value</u>	<u>Transfer on Death Beneficiary, if Any</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

** If more than one name appears in the title, please provide the exact title

D LIFE INSURANCE (Please indicate (T)erm, (W)hole Life, and/or (G)roup)

1. Life Insurance on your life, owned by you or others.

<u>Issuing or Employing Company</u>	<u>Face Amount</u>	<u>Policy Owner*</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Life Insurance on life of another person, owned by one or both of you.

<u>Insurance Company</u>	<u>Face Amount</u>	<u>Person Insured</u>	<u>Policy Owner(s)*</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* If more than one name appears in the title, please provide the exact title; if a trust, please supply a copy.

E. CLOSELY HELD BUSINESS INTERESTS.

1. Name of Business: _____

2. Address: _____

3. Type (Corp., S Corp., LLC, Gen. or Ltd. Partnership, Sole Proprietorship, etc.) :

4. Percentage and Value of Equity Ownership, Debt or Capital Held By

a) You: _____ %

b) Other Family Members: _____ %

5. Do you have a business agreement that affects your rights, such as a Buy/Sell, Shareholder's, Operating, Redemption or other Agreement? Y / N. *Please describe briefly and supply a copy.*

F. RETIREMENT BENEFITS

EMPLOYER PLANS	<u>Amount</u>	<u>Employer</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>
Pension	_____/Yr.	_____	Can pension be taken as a Lump Sum? Y/N Does pension offer a death benefit? Y/N	
Profit Sharing	_____	_____	_____	_____
401(k), Thrift, etc.	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
IRAs AND KEOGHS:	<u>Amount</u>	<u>Roth?</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

G. MISCELLANEOUS EMPLOYEE BENEFITS
(Please attach a copy of your latest benefits statement, if available.)

	<u>Beneficiary</u>	<u>Qualified or Non-qualified</u>	<u>% Vested If Applicable</u>	<u>Current Value</u>
Stock Options	_____	_____	_____	_____
Deferred Comp.	_____	_____	_____	_____
Other	_____	_____	_____	_____

H. OTHER ASSETS

	<u>Co-Owner(s)</u>	<u>Location</u>	<u>Current Value</u>
1. Tangible Personal Property:			
a) Jewelry	_____	_____	_____*
b) Fine Arts	_____	_____	_____*
c) Collections (_____)	_____	_____	_____*
d) Furnishings	_____	_____	_____*
e) Vehicles	_____	_____	_____*
f) Other (_____)	_____	_____	_____*
g) Aircraft & Vessels	_____	_____	_____*
h) Other	_____	_____	_____*
<i>Please indicate if value is based on an appraisal or a scheduled property insurance value.</i>			
2. Oil and Gas Interests			
e) Working Interests			
(Please indicate state(s))	_____	_____	_____
e) Royalties & Other	_____	_____	_____
3. Patents, trademarks, copyrights, royalties, etc.	_____	_____	_____
4. Loans to Others		<u>Borrower</u>	
(Please indicate relationship)	_____	_____	_____

	<u>Co-Owner(s)</u>	<u>Location</u>	<u>Current Value</u>
5. "529" Tuition Plans	_____	_____	_____
6. UTMA Accounts with you as both Custodian and contributor	_____	_____	_____
7. Other(Please describe): _____ _____			_____
8. Inheritances or Gifts Expected Please describe _____ _____	<u>Outright or Trust?</u>	<u>Prospective Donor</u>	
	_____	_____	_____

IV. LIABILITIES (other than mortgages)

<u>Type</u>	<u>Name of Creditor</u>	<u>Due Date</u>	<u>Amount of Debt</u>
A. Owed to Individuals	_____	_____	_____
B. Owed to Banks or Financial Institutions (including margin loans)	_____	_____	_____
C. Owed as Guarantor of Loan (include name of primary debtor)	_____	_____	_____
D. Tax Liabilities	_____	_____	_____
E. Loans against Life Insurance	_____	_____	_____
F. Charitable Pledges	_____	_____	_____
G. Lawsuits, Judgments, etc.	_____	_____	_____
H. Other	_____	_____	_____

V. FUNERAL INSTRUCTIONS (Location of burial plots; cremation; etc.)

VI. OTHER INFORMATION

(Add here anything else you feel we might need to know, such as information about relatives with disabilities, Uniform Transfers to Minors Act accounts or Section 529 Qualified Tuition Programs, or any other relevant information.)

Thank you! If your situation is complex, if there are documents to review, or if there are particular issues you would like your DD&C attorney to consider in advance of your meeting, please send this Questionnaire and existing documents to your attorney before you meet. Otherwise, please simply bring it to your first meeting.

As most clients come to us by referral, we like to thank our sources. Please let us know who referred you to this firm: _____