

# 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) special medical or other needs; 5) adopted as a minor; 6) adopted as an adult; 7) born out of wedlock 8) 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.

## CONFIDENTIAL ESTATE INVENTORY

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.*

### ASSETS (Fair Market Value)\*

Please note if a beneficiary has been designated as, for example,  
in "Transfer On Death" bank or brokerage account.

### Approximate Value

Bank Accounts (Average Balance)	_____
Tangible Property (Furnishings, Jewelry, Art, Antiques)	_____
Real Estate (less Mortgages) (Detail below)	_____
Publicly Traded Securities	_____
Life Insurance (Face Amount; Detail on next page)	_____
Deferred Compensation	_____
Retirement Plans (Detail on next page)	_____
Club Bond/Assisted Living Community Refunds	_____
Restricted Stock (Please describe separately)	_____
Stock Options (Qualified? Y / N) (Please attach detail)	_____
Closely Held Stock (Ownership _____%) (Shareholders' Agreement? Y / N) (S Corp? Y / N)	_____
Hedge Funds, Tax Shelters, Partnerships	_____
Patents, Trademarks or Copyrights	_____
"529" Tuition Plans (Date of last contribution: _____ )	_____
UTMA Accounts with you as both Custodian and contributor	_____
Cemetery Plots (Location: _____)	_____
Miscellaneous: _____	_____
_____	_____
_____	_____

**TOTAL ASSETS (optional):** \_\_\_\_\_

### LIABILITIES (Except mortgages):

Life Insurance Loans	_____
Charitable Pledges	_____
Lawsuits, Taxes, Other _____	_____

**NET ASSETS (optional):** \_\_\_\_\_

Describe any expected inheritances or imminent change in finances: \_\_\_\_\_

### DETAIL OF REAL ESTATE HOLDINGS

*(Please note if co-operative apartment)*

Description	Co-Owner(s)	Location	Approx. Value	Mortgages (Amt.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**DETAIL OF INSURANCE POLICIES**

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

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

**DETAIL OF RETIREMENT BENEFITS**

<u>Qualified Retirement Plans</u>	<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 _____	_____	_____	_____	_____

<u>IRAs AND KEOGHS:</u>	<u>Amount</u>	<u>Roth?</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*As most of our clients come to us by personal referral, we like to thank our sources. Please indicate who referred you to DD&C: \_\_\_\_\_.*