

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

By completing this Confidential Estate Planning Questionnaire, you will enable me to more accurately identify estate planning issues and strategies, and more efficiently prepare your estate planning documents.

FAMILY INFORMATION

Name (You) Mr. /Mrs. /Ms. /Dr. _____

Previous name or alias: _____

D.O.B. _____ Social Security No. _____

MI Resident? _____, if yes, for how long _____

US Citizen? _____, if yes, for how long _____

Name (Spouse) Mr. /Mrs. /Ms. /Dr. _____

Previous name or alias: _____

D.O.B. _____ Social Security No. _____

MI Resident? _____, if yes, for how long _____

US Citizen? _____, if yes, for how long _____

Home Address: _____

County: _____

City, State, Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Fax: (____) _____ Email: _____

You're Occupation: _____

Employer: _____

Business Address: _____

Business Phone: (____) _____

Business Fax: (____) _____

Email: _____

Spouse's Occupation: _____

Employer: _____

Business Address: _____

Business Phone: (____) _____

Business Fax: (____) _____

Email: _____

Please list any children that you and your spouse have together.

Children's Name	Address (if different from yours)	D.O.B.	Social Security No.

Please list any children from a prior marriage.

Your Children	Address (if different from yours)	D.O.B.	Social Security No.
Your Spouse's Children	Address (if different from yours)	D.O.B.	Social Security No.

Please list any grandchildren that you have and, which child of yours is their parent.

Grandchildren (Name/Address)	Parent's Name	D.O.B.	Social Security No.

Please list any dependents you have other than children, such as an invalid sibling or elderly parent.

Name	Address (if different from yours)	D.O.B.	Social Security No.

If you have previously executed any of the following documents please provide the following information and provide a copy of the document or instrument:

	Yes / No	Date	County, State
Prenuptial/Postnuptial Agreement			
Will			
Trust			
Power of Attorney			
Designation of Patient Advocate			

Please bring copies of any Judgment of Divorce and Property Settlement Agreement or, if not available, please identify the state and county where divorce took place. _____

Do you or anyone you intend to include in your Will or Trust have any unusual health problems, mental illness or a disability? Yes ____ No ____ . If yes, please explain who has the condition and its nature.

FINANCIAL MATTERS

Please list all assets owned by you, jointly with your spouse, or jointly with another person:

Asset	Description/ Institution	Owner (sole/ joint)	Value / Amount
Checking			
Savings			
Certificate of Deposit			
Money Market			
Stock			
Bonds			
Mutual Fund			
Retirement Plan			
IRA			
401K			
Pension			
Promissory Note			
Note/Loan (owed to you)			
Automobile			
Boat			
Recreational Vehicle			
Art / Antiques			
Collections			
Jewelry			
Other:			

Please list all real estate, including personal residence(s), owned by you or your spouse:

Address	Market Value	Balance Owed	Title Holder

If you are the beneficiary of any trust or anticipate any inheritances in the foreseeable future, please provide the following information:

Beneficiary (you / spouse / both)	Type (cash, real estate, furniture, etc)	Amount / Value

Please list any liabilities (debts) other than a mortgage:

Type of Liability	Amount	Date Owed / Due

Please list the following information regarding life insurance policies:

	You	Spouse	Children	Other
Company / Address				
Insured				
Policy Owner				
Type (term, group, whole, universal)				
Primary Beneficiary				
Contingent Beneficiary				
Face Value (death benefit)				

Please list the following information regarding any disability, accident and/or health insurance:

	You	Spouse	Child / Other
Company / Address			
Insured			
Policy Owner			
Type			

Please list the following information regarding your business interests:

Business Name	Entity (corp., LLC, prtnrshp., sl. prop.)	Agreements (Buy/Sell, stock)	Ownership (% or no. of shares)	Value

Please identify the following professionals that have assisted you with your assets:

Professional	Name / Address / Phone / Fax / E-mail
Accountant or CPA	
Financial Advisor	
Insurance Agent	

SUMMARY OF PRESENT WORTH

Please complete carefully. This summarizes your total estate assets and should agree with the numbers on preceding pages.

Assets	You	Spouse	Joint with Spouse	Joint with Others
Bank Account / CDs / Savings				
Stocks and Savings Bonds				
Employee Benefit Plans				
Notes / Loans				
Real Estate (Net Equity)				
Life Insurance				
Business Assets				
Miscellaneous Property (include household, special items, cars, etc)				
Subtotals				
Subtract Obligations and Liabilities				
Total Estate Assets				

TESTAMENTARY WISHES

If neither you nor your spouse were living, who would you like to take care of your minor /disabled children day-to-day?

	Name	Address
Guardian		
1 st Alternate		
2 nd Alternate		

If neither you nor your spouse were living, who would you like to handle your minor/disabled children's financial affairs?

	Name	Address
Conservator		
1 st Alternate		
2 nd Alternate		

Upon your death, who do you wish to nominate as **personal representative** of your estate? (Executor):

You	Name	Address
Personal Rep.		
1 st Alternate		
2 nd Alternate		
Your Spouse	Name	Address
Personal Rep.		
1 st Alternate		
2 nd Alternate		

During your lifetime, if you are unable to make property or financial decisions whom would you nominate as your **attorney-in-fact**?

You	Name	Address
Attorney-in-Fact		
1 st Alternate		
2 nd Alternate		
Your Spouse	Name	Address
Attorney-in-Fact		
1 st Alternate		
2 nd Alternate		

During your lifetime, if you are unable to make medical decisions, who would you nominate as your **patient advocate**?

You	Name	Address
Patient Advocate		
1 st Alternate		
2 nd Alternate		
Your Spouse	Name	Address
Patient Advocate		
1 st Alternate		
2 nd Alternate		

Do you wish to provide for anatomical gifts upon your death (e.g., heart, kidneys, eyes, corneas, skin)?
Yes ____ No ____.

Do you wish to provide for funeral arrangements in your Will (e.g. burial, cremation, etc.)? Yes ___ No ___

Where are your cemetery lots, if any? _____

Do you have prepaid funeral arrangements and if so where?

Do you have specific intentions regarding disposition of any of your tangible personal property (e.g., jewelry, antiques, collections, recreational items, etc.)? Yes ____ No ____ if yes, please list on a separate piece of paper.

If there are any specific persons or charities (other than immediate family members described earlier) you want to benefit from your estate, please list specify:

MISCELLANEOUS

If you ever lived in a community property state (e.g. California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Idaho or Wisconsin), please list separately any assets held there or brought into Michigan from there.

Have you ever filed a gift tax return? Yes ____ No ____ . If yes, please provide copies.

Do you intend to provide for a pet? Yes ____ No ____

Are there any other special testamentary wishes or considerations you would like included in your estate plan? Yes ____ No ____ . If yes, please explain:

Tina S. Gray, P.C.
102 W. Middle Street
Williamston, MI 48895

Of. 517.655.6380
Fx. 517.655.6390
Cl. 517.881.2117