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CONFIDENTIAL

This estate planning questionnaire is the first important step in the review of your Wills, Trusts, Powers of Attorney, and Advance Directives – the documents which form the foundation of your “estate plan.” Before you begin filling in the blanks, read through the entire questionnaire. Then, collect all of the source documents— bank and brokerage statements, income tax returns, life insurance policies, etc. – that you will need to complete it.

Please print clearly and take care to answer all of the questions fully. Use the space provided. If additional space is needed, use the Supplemental Section at the end of the questionnaire for any comments or additional information you would like to provide.

Please return the completed questionnaire in advance of our meeting date. If you are unsure of how to answer a question, indicate as such with a question mark and we will discuss it more thoroughly during our meeting.

ESTATE PLANNING INFORMATION

Date: _____

I. GENERAL INFORMATION

Husband's **Full** name: _____ Date of Birth: _____

Home address: _____ County: _____
_____ Zip: _____

Business address: _____
_____ Zip: _____

Phones: Home: _____ Business: _____

Cell: _____ Fax: _____

Email Address: _____

Bank affiliation: _____

Safe deposit location: _____ Named Under: _____

Employer: _____ Position: _____

Wife's **Full** name: _____ Date of Birth: _____

Business address: _____
_____ Zip: _____

Business phone: _____ Email Address: _____

Cell: _____ Fax: _____

Employer: _____ Position: _____

Date and Location of Marriage: _____

States in which you have resided during your marriage: _____

Have you and your spouse entered into a pre-nuptial or post-nuptial agreement? _____

Prior Marriages: _____
Attach copy of decree and any documents regarding settlement and custody.

Are both spouses U.S. citizens? _____

General Health	Husband:	Excellent / Good / Fair / Poor
	Wife:	Excellent / Good / Fair / Poor

II. CHILDREN

Living children:

	1	2	3
<i>Full Name</i>	_____	_____	_____
<i>Child of which spouse?</i>	_____	_____	_____
<i>Date of Birth</i>	_____	_____	_____
<i>Place of Birth</i>	_____	_____	_____
<i>SSN</i>	_____	_____	_____
<i>Address:</i>	_____	_____	_____
	_____	_____	_____
<i>Phone Numbers</i>	HOME: _____	HOME: _____	HOME: _____
	WORK: _____	WORK: _____	WORK: _____
	MOBILE: _____	MOBILE: _____	MOBILE: _____
<i>Occupation</i>	_____	_____	_____
<i>Spouse's Name</i>	_____	_____	_____
<i>Name/Ages of Grandchildren</i>	_____	_____	_____
	_____	_____	_____
<i>Special Needs</i>	_____	_____	_____

[Add further blanks for children as required]

Deceased children: _____

Are any of your children or grandchildren adopted or in the process of being adopted? _____

III. PARENTS

	<i>Husband</i>	<i>Wife</i>
Names:	_____	_____
	_____	_____
Address:	_____	_____
	_____	_____
	_____	_____
Health	M _____ F _____	M _____ F _____
Age or Date of Death	M _____ F _____	M _____ F _____
Est. Size of Estate	M _____ F _____	M _____ F _____

IV. BROTHERS AND SISTERS

Husband

Wife

Name _____

Age/Date of Death _____

Address: _____

Phone No. _____

Occupation _____

Nieces/Nephews _____

Name _____

Age/Date of Death _____

Address: _____

Phone No. _____

Occupation _____

Nieces/Nephews _____

Name _____

Age/Date of Death _____

Address: _____

Phone No. _____

Occupation _____

Nieces/Nephews _____

Name _____

Age/Date of Death _____

Address: _____

Phone No. _____

Occupation _____

Nieces/Nephews _____

V. QUESTIONS TO CONSIDER IN ADVANCE OF CONFERENCE

1. Do your children, grandchildren, or others you feel responsible for have any problems or special needs which should be considered in designing your estate plan?

2. Are any persons other than minor children dependant on you or your spouse? If so, please describe relationship and degree of dependency.

3. Do you wish to make any gifts or contributions of property or money to any friends, relatives, or charities? _____

4. If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a plane crash, whom would you want to have your property? (Have your spouse answer this question separately.)

5. Do you want to designate a guardian of the person for your children under 18 in case the other parent does not survive? (Think about a successor to the original guardian also.) Remember that a guardian primarily makes personal (rather than financial) decisions.

Name(s) of Initial Guardian(s): _____

Street Address _____

City, State and Zip Code: _____

Phone Number: _____

Relationship to You: _____

If you have named two Guardians to serve together, do you want their survivor to continue alone prior to the backups named below? (circle one) YES NO MAYBE

Name(s) of Backup Guardian(s): _____

Street Address _____

City, State and Zip Code: _____

Phone Number: _____

Relationship to You: _____

6. Who do you and your spouse want the Executors of your estate to be? This is the person/entity charged with the responsibility to assemble and transfer your assets after your passing, offer your Will for probate in the Probate Court, file tax returns, etc. This is a short term role. This role may be served simultaneously by one or more individuals (including your spouse) and/or a bank or other corporate fiduciary.

Husband

Name(s) _____
Address: _____
Relationship to You: _____

Wife

Name(s) _____
Address: _____
Relationship to You: _____

Backup Executor(s)

Name(s) _____
Address: _____
Relationship to You: _____

Name(s) _____
Address: _____
Relationship to You: _____

Name(s) _____
Address: _____
Relationship to You: _____

Name(s) _____
Address: _____
Relationship to You: _____

7. Who do you and your spouse want to be the Trustees of any trusts established in your Wills? The Trustees primarily serve an asset management and administration responsibility. This long term role begins after the Executor has completed the administration of the estate. This role may be served simultaneously by one or more individuals, (including your spouse), and/or a bank or other corporate fiduciary.

Husband

Name(s) _____
Address: _____
Relationship to You: _____

Wife

Name(s) _____
Address: _____
Relationship to You: _____

Backup Trustee(s)

Name(s) _____
Address: _____
Relationship to You: _____

Name(s) _____
Address: _____
Relationship to You: _____

Name(s) _____
Address: _____
Relationship to You: _____

Name(s) _____
Address: _____
Relationship to You: _____

8. Powers of attorney are often used to authorize someone to act for you under certain conditions, especially legal incapacitation. I recommend that you consider executing such powers. Whom would you like to name as your agent (and successor agent) under such a power? Powers of attorney are revoked by death. We can condition the effectiveness of the powers on a physician's certifying the principal's inability to manage his or her own affairs.

<u>Husband</u>	<u>Wife</u>
Name(s) _____	Name(s) _____
Address: _____	Address: _____
Relationship to You: _____	Relationship to You: _____

Backup Agent(s)

Name(s) _____	Name(s) _____
Address: _____	Address: _____
Relationship to You: _____	Relationship to You: _____

Name(s) _____	Name(s) _____
Address: _____	Address: _____
Relationship to You: _____	Relationship to You: _____

9. Healthcare Power of Attorney and Advance Directives: You may name an individual to serve as your agent to make health care related decisions on your behalf when you are unable to do so. This role may be served simultaneously by individuals including your spouse, a parent, an adult child or a close friend. Decisions regarding life sustaining measures may be made by your Agent, so it is important to discuss these issues with the person(s) you designate.

<u>Husband</u>	<u>Wife</u>
Name(s) _____	Name(s) _____
Address: _____	Address: _____
Relationship to You: _____	Relationship to You: _____

Backup Agent(s)

Name(s) _____	Name(s) _____
Address: _____	Address: _____
Relationship to You: _____	Relationship to You: _____

Backup Agent(s)

Name(s) _____	Name(s) _____
Address: _____	Address: _____
Relationship to You: _____	Relationship to You: _____

10. Do you have any specific preferences as to a funeral, burial and/or anatomical bequests? _____

VI. ESTATE EVALUATION

<i>KIND OF ASSET</i>	<i>Husband</i>	<i>Wife</i>	<i>Joint</i>
1. Residence (Note: A deed held by "H&W" normally means each owns one-half)	\$ _____	\$ _____	\$ _____
2. Other real property (include location by state)	\$ _____	\$ _____	\$ _____
3. Listed or traded securities	\$ _____	\$ _____	\$ _____
4. Closely held and untraded securities	\$ _____	\$ _____	\$ _____
5. Partnership or sole proprietor interests	\$ _____	\$ _____	\$ _____
6. Cash, savings accounts, CDS, etc.	\$ _____	\$ _____	\$ _____
7. Car(s)	\$ _____	\$ _____	\$ _____
8. Other personalty	\$ _____	\$ _____	\$ _____
9. Cash value (not face amount) of life insurance	\$ _____	\$ _____	\$ _____
10. Pension, profit-sharing, IRAs, etc.	\$ _____	\$ _____	\$ _____
11. Other	\$ _____	\$ _____	\$ _____
12. Other	\$ _____	\$ _____	\$ _____
TOTAL GROSS ESTATE	\$ _____	\$ _____	\$ _____
Mortgages	\$ _____	\$ _____	\$ _____
Other debts	\$ _____	\$ _____	\$ _____
NET TOTAL	\$ _____	\$ _____	\$ _____

Are you the beneficiary of any estate or trust assets that have not been distributed to you? (If yes, please bring the governing documents.) _____

Do you own any property jointly with any other person? (If so, is the ownership a joint tenancy with right of survivorship?) _____

Note: Having the information requested below would be helpful, but is not absolutely essential. Do the best you can to develop this information, but do not let this effort delay the planning process. If the answers are hard to get or time consuming, put a question mark.

1. Life insurance

<i>Insured</i>	<i>Owner of Policy</i>	<i>Company</i>	<i>Face Amount</i>	<i>Primary Beneficiary</i>	<i>Contingent Beneficiary</i>	<i>Is this a</i>
						<i>T (term)</i> <i>WL(whole life)</i> <i>U (universal)</i> <i>O (other)?</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Do you or your Spouse have any of the following types of insurance coverage?

Disability (long or short term) \$ _____
 Umbrella \$ _____
 Long Term Care \$ _____

2. Benefit plans (pension, profit-sharing, IRAs, deferred compensation, etc.)

<i>Type of Plan</i>	<i>Benefit Provided or Amount</i>	<i>Death Beneficiary (if any)</i>	<i>Comments</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Where are your insurance policies kept?
4. Where are original wills and other important papers kept?
5. Do you have any significant contingent liabilities?
6. Do you expect to inherit any substantial property in the near future which should be considered in planning your estate?

