

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

This Confidential Estate Planning Questionnaire is designed to help you in assimilating pertinent data on your estate. Completing this form will help expedite Kelley & Johnson, LLC in helping you draft and implement your estate plan. Please complete this at your earliest convenience. All information received by our law firm will be held in strictest confidence. Please type, print, or write legibly the information requested.

YOUR NAME: _____ DOB: _____ SSN: _____

SPOUSE'S NAME: _____ DOB: _____ SSN: _____

HOME ADDRESS: _____ BUSINESS ADDRESS: _____

TELEPHONE: HOME: _____ BUSINESS: _____ U. S. CITIZENS: Yes No
(Area Code) (Number) (Area Code) (Number)

E-MAILADDRESS: _____ COUNTY OF RESIDENCE: _____

(Please list all children, living or deceased, from this and prior marriage(s), whether or not they will receive from your estate. Omitted children can contest a will. Write the word "deceased" after any deceased child.)

<u>Children's Names:</u>	<u>His/Hers/Ours</u>	<u>Age</u>	<u>Spouse's Name</u>	<u>Number of Children</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list the names of any children of a deceased child:

<u>Name:</u>	<u>DOB:</u>	<u>Sex:</u>	<u>Deceased Parent's Name:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER BENEFICIARIES TO BE CONSIDERED:

<u>Name:</u>	<u>DOB:</u>	<u>Sex:</u>	<u>Relationship:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE LIST ANY OTHER PERSONS DEPENDENT ON YOU OTHER THAN YOUR MINOR CHILDREN:

<u>Name:</u>	<u>Address:</u>
_____	_____
_____	_____
_____	_____

WHOM DO YOU SELECT AS PERSONAL REPRESENTATIVE ("PR") OF YOUR ESTATE?

A. IF YOU ARE MARRIED, DO YOU WISH YOUR SPOUSE TO BE THE PR? ___ Yes ___ No List in order of preference:

1. NAME: _____ RELATIONSHIP: _____
 First Middle Last

ADDRESS: _____
 Street City State Zip

2. NAME: _____ RELATIONSHIP: _____
 First Middle Last

ADDRESS: _____
 Street City State Zip

B. IF YOU HAVE MINOR CHILDREN AND THE CHILDREN'S OTHER PARENT DOES NOT SURVIVE YOU, WHO WOULD YOU LIKE TO APPOINT AS THEIR GUARDIAN?

First Choice:

NAME: _____ RELATIONSHIP: _____
 First Middle Last

ADDRESS: _____
 Street City State Zip

Second Choice:

NAME: _____ RELATIONSHIP: _____
 First Middle Last

ADDRESS: _____
 Street City State Zip

THE FOLLOWING QUESTIONS RELATE TO THE DISTRIBUTION OF YOUR ESTATE AT YOUR DEATH.

IF YOU HAVE ANY DISTRIBUTION OF SPECIFIC ITEMS OF PROPERTY THAT YOU WISH TO GO TO ANYONE, PLEASE FILL OUT THE INFORMATION REQUESTED BELOW.

Do you wish to leave a list of items of personal property that may go to various individuals even though that list may not be legally binding? ___ Yes ___ No

SPECIFIC GIFTS OF PERSONAL OR REAL PROPERTY:

<u>Recipient</u>	<u>Property</u>	<u>Even if Spouse is Alive</u> (Write Yes or No)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

GIFT OF FIXED AMOUNTS OF MONEY:

<u>Recipient</u>	<u>Property</u>	<u>Even if Spouse is Alive</u> (Write Yes or No)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

GIFTS OF PERCENTAGES OF THE REMAINDER OF THE ESTATE:

<u>Recipient</u>	
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %

IF ALL OF YOUR ASSETS WERE TURNED INTO CASH, WHAT WOULD BE YOUR ESTIMATE OF THE TOTAL NET VALUE OF YOUR ESTATE AFTER DEDUCTING DEBTS YOU OWE? \$ _____

IF THIS AMOUNT WOULD REQUIRE YOUR ESTATE TO PAY ESTATE TAXES, WOULD YOU LIKE TO TRY TO REDUCE THOSE TAXES? _____ Yes _____ No IF YES, PLEASE DISCUSS WITH OUR ATTORNEYS.

PLEASE LIST THE VARIOUS CHARITIES AND/OR MINISTRIES YOU DESIRE TO SUPPORT:

<u>Name of Charity</u>	<u>Property, Percentage of Estate, or Cash Amount</u>
_____	_____
_____	_____
_____	_____

IF YOU ARE MARRIED, WHAT DO YOU WANT YOUR SPOUSE TO HAVE FROM YOUR SHARE OF THE ESTATE WHEN YOU DIE, IF YOU ARE THE FIRST TO DIE? (Put a check if you want them to receive any of the following and write "LE" if you want your spouse to only receive the right to use the property for and during their natural life.) DO NOT CHECK "ALL OF MY ESTATE" IF YOU HAVE A TAXABLE ESTATE WITHOUT DISCUSSING THIS WITH AN ATTORNEY.

All of my estate _____ Personal Items & Effects _____ Automobiles _____
Cash, Certificates of Deposit _____ Marital Residence _____
Furniture and Appliances _____ Other _____

WOULD YOU LIKE TO CREATE A MARITAL TRUST FOR YOUR SPOUSE SO THAT SOMEONE OTHER THAN YOUR SPOUSE IS PRIMARILY IN CHARGE OF WHAT THE SPOUSE RECEIVES FROM YOUR ESTATE AFTER YOUR DEATH? _____ Yes _____ No. IF THE ANSWER IS YES, PLEASE ASK FOR AN ADDITIONAL FORM.

IF YOU HAVE MINOR CHILDREN, GRANDCHILDREN, OR CHILDREN WHO MAY NOT KNOW HOW TO HANDLE MONEY, YOU WILL NEED TO FILL OUT A CHILDREN'S/GRANDCHILDREN'S TRUST QUESTIONNAIRE.

IF YOU DO NOT LEAVE A SURVIVING SPOUSE, DO YOU WANT ALL OF YOUR PROPERTY TO BE DIVIDED EQUALLY AMONG YOUR CHILDREN AND YOUR GRANDCHILDREN (CHILDREN OF A DECEASED CHILD) ON A PER SHARE BASIS? _____ Yes _____ No IF THE ANSWER TO THE PREVIOUS QUESTION IS NO, HOW DO YOU WANT TO LEAVE YOUR PROPERTY?

NAME	RELATIONSHIP TO YOU	\$ OR %
1. _____		
2. _____		
3. _____		
4. _____		

IF ONE OF YOUR NAMED BENEFICIARIES DIES BEFORE YOU, WHO DO YOU WANT TO GET THEIR SHARE? THEIR CHILDREN/THEIR SPOUSE/THEIR SIBLINGS/OTHER (CIRCLE ONE)

TO WHOM WOULD YOU LEAVE YOUR PROPERTY IF YOU AND YOUR ENTIRE IMMEDIATE FAMILY WERE LOST IN A COMMON DISASTER? EXAMPLES MIGHT INCLUDE YOUR INTTESTATE HEIRS, CHURCH, CHARITY, OR MINISTRY. PLEASE DESCRIBE:

ARE ANY OF YOUR CHILDREN OR GRANDCHILDREN TO WHOM YOU WISH TO PROVIDE BENEFITS CONSIDERED "SPECIAL NEEDS CHILDREN"? IF SO, YOU SHOULD CONSIDER ASKING FOR A SPECIAL NEEDS OR SUPPLEMENTAL NEEDS TRUST.

ASSETS (Important: Make sure that you disclose properly how your property is titled. Attach additional sheets if necessary.)

LIQUID ASSETS:	Description or Location	Value	Ownership (His/Hers/Ours)	Survivorship (Yes or No)
Checking/Savings Accts.	_____	\$ _____	_____	_____
Money Market Accts.	_____	_____	_____	_____
Certificates of Deposit	_____	_____	_____	_____
Loans Receivable	_____	_____	_____	_____
Stocks	_____	_____	_____	_____
Bonds	_____	_____	_____	_____
Mutual Funds	_____	_____	_____	_____
Other	_____	_____	_____	_____
REAL ESTATE:				
Primary Residence	_____	_____	_____	_____
Secondary Residence	_____	_____	_____	_____
Investment Property	_____	_____	_____	_____
Other	_____	_____	_____	_____
BUSINESS INTERESTS:				
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
PERSONAL PROPERTY:				
Motor Vehicles:				
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
Expensive Collectibles	_____	_____	_____	_____
Other	_____	_____	_____	_____
Life Insurance Policies:				
1. Company Name:	_____	_____	_____	_____
2. Company Name:	_____	_____	_____	_____
3. Company Name:	_____	_____	_____	_____
4. Company Name:	_____	_____	_____	_____
RETIREMENT FUNDS:				
Ira, Keogh, or 401(K)	_____	_____	_____	_____
Pension or Profit Sharing	_____	_____	_____	_____
Other	_____	_____	_____	_____
A. ASSET TOTALS:		\$ _____		
B. TOTAL DEBT (All sources):		\$ _____		
C. NET VALUE (A-B)		\$ _____		

HAVE YOU USED UP ANY OF YOUR LIFETIME CREDIT/EXEMPTION FOR GIFTS TO FAMILY? ____ Yes ____ No.
 IF YES, HOW MUCH IS REMAINING? \$ _____
 DO YOU HAVE A PLAN TO GIVE YOUR ANNUAL EXCLUSION AMOUNTS TO YOUR CHILDREN AND GRANDCHILDREN? ____ Yes ____ No. WOULD YOU LIKE TO DISCUSS SUCH A PLAN? ____ Yes ____ No.
 DO YOU CURRENTLY HAVE THE FOLLOWING ESTATE PLAN DOCUMENTS? (Please Check)

_____ Will _____ Health Care Directive _____ Financial Power of Attorney Effective Immediately
 _____ Conditional Financial Powers of Attorney (only if incompetent) _____ Revocable Living Trust
 _____ Other Trusts _____ Other (please explain) _____

CHILDREN'S TRUST (OR FOR GRANDCHILDREN)

Minors & Disabled

TRUST - FOR MY CHILDREN/GRANDCHILDREN, I wish the below named trustee to handle their property under the following instructions:

1. I want to create a separate share or fund for each child: Yes _____ No _____
2. I want the children of a deceased child to get their parent's share: Yes _____ No _____
3. I want the income to be paid at least annually: (choose one)
_____ a. equally to beneficiaries
_____ b. at discretion of Trustee
_____ c. other _____
4. I want the trust assets to be: (choose one)
_____ a. held and accumulated by trustee until the ages of distribution
_____ b. used for education, welfare, and maintenance (at trustee's discretion)
_____ c. paid totally at trustee's discretion
_____ d. other _____
5. I want a beneficiary's share to be:
_____ a. distributed as each beneficiary reaches the ages of _____, _____, and _____ (Example: 30, 35, & 40)
_____ b. distributed to all beneficiaries when the youngest reaches the age of _____
_____ c. other (specify) _____
6. I want the trustee to pay for a beneficiary to: (check all that apply and designate if required or discretionary)
_____ a. Attend college or vocational school - required/discretionary
_____ b. Build a home - required/discretionary
_____ c. Start a business - required/discretionary
_____ d. Marry - required/discretionary
_____ e. Other _____
7. If a child dies before final distribution, what do you want to happen to their share?
_____ a. to the deceased child's children
_____ b. to the surviving brothers and sisters
_____ c. other _____
9. If no beneficiaries exist, to whom or where do you want the trust assets to be distributed?
_____ a. your intestate heirs
_____ b. Church (Name) _____
_____ c. Charity (Name) _____
_____ d. Other (Name) _____

I hereby select as trustee(s) for any trust I might create:

Name	Address	Relation	S/J
1st: _____	_____	_____	_____
2nd: _____	_____	_____	_____
3rd: _____	_____	_____	_____
4th: _____	_____	_____	_____

*Designate if successive (S) or joint (J). I do not recommend two joint Co-Trustees.

