

LEGAL STRATEGIES, P.C.

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ESTATE and FINANCIAL PLANNING FACT QUESTIONNAIRE
STRICTLY CONFIDENTIAL

(Married)

I. PERSONAL DATA:

Husband and Wife:

Husband's Full Name: _____
Employer: _____
Date of Birth: _____ U.S.Citizen?: _____ Military Service?: _____
Previous marriages (list names of former spouse(s) and children from previous marriage):

Wife's Full Name: _____
Employer: _____
Date of Birth: _____ U.S.Citizen?: _____ Military Service? _____
Previous marriages (list names of former spouse(s) and children from previous marriage):

Residence:

Street Address: _____
City: _____ State: _____ Zip: _____

Contact Info:

Home Telephone: _____
Husband's Work Phone: _____
Wife's Work Phone: _____
Husband's Cell Phone: _____
Wife's Cell Phone: _____
E-mail address(es): _____

Your Children:

1. Child's Name: _____ Date of Birth: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ Spouse's Name: _____
Grandchildren (names & ages): _____

2. Child's Name: _____ Date of Birth: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____ Spouse's Name: _____
 Grandchildren (names & ages): _____

3. Child's Name: _____ Date of Birth: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____ Spouse's Name: _____
 Grandchildren (names & ages): _____

(Please list any additional children on the back of this page.)

Are any children handicapped or in poor health? Yes _____ No _____
 Are any children deceased? Yes _____ No _____

If so, make sure you list any grandchildren of such deceased children:

Husband's Parents:

<u>Father</u>	<u>Mother</u>
Name: _____	_____
Address: _____	_____
Age: _____	_____
Health: _____	_____

Wife's Parents:

<u>Father</u>	<u>Mother</u>
Name: _____	_____
Address: _____	_____
Age: _____	_____
Health: _____	_____

II. FINANCIAL DATA:

Real Estate Owned:

<u>Address</u>	<u>Form of Ownership</u> (Husband/Wife/Joint)	<u>Value</u>
_____		\$ _____
_____		\$ _____
_____		\$ _____

******NOTE: If you are a property owner, please bring in copies of deed(s) and/or recent tax bills to our first meeting.***

Stocks, Bonds, Mutual Funds, etc:

<u>Name</u>	<u># of Shares</u>	<u>Type: Joint/Indiv / Etc</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Bank Accounts:

<u>Bank</u>	<u>Type of Account</u>	<u>Ownership: Joint/Indiv</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Business Interests:

<u>Name</u>	<u>Type</u>	<u>Ownership: Joint/Indiv</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Collectibles / Art: (Please describe)

_____	\$ _____
_____	\$ _____

Please describe any Retirement Plan, IRAs or Profit Sharing Plan:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Life Insurance and/or Annuities: (List company and type)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Do you own any patents, trademarks or copyrights: (Please list them below)

_____	\$ _____
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Do you have Long-Term Care and/or Nursing Home Insurance?

Yes: _____ No: _____

Estimated Gross Estate: (Please attach a financial statement, if available.)

Husband only	Wife only	Joint Total
\$ _____	\$ _____	\$ _____

Please provide your insurance agent(s) contact information:

Name: _____
Agency Name: _____
Address: _____
City, State, Zip: _____ Phone: _____
Type of Policy(ies): _____

Name: _____
Agency Name: _____
Address: _____
City, State, Zip: _____ Phone: _____
Type of Policy(ies): _____

Do you have a Financial Planner? If so, please complete the following:

Name: _____
Agency Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

Do you have a CPA/Accountant/Bookkeeper? If so, please complete the following:

Name: _____

Agency Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

III. DISPOSITION PLAN:

Specific Bequests and Instructions for Personal Property:

<u>Item</u>	<u>Beneficiary</u>
_____	_____
_____	_____
_____	_____
_____	_____

(Continue list on back, if applicable, or provide separate list)

Charitable Contributions:

Is there a charitable organization you would like to benefit as part of your estate plan?

Yes: _____ No: _____

If yes, what property or amount and to whom? _____

Residue: (The balance of your estate).

If you are married, do you want everything to go to your spouse if he/she survives you?

Yes: _____ No: _____

If not, who else do you want to receive your estate? _____

If your spouse does not survive you or, if you are single, how would you like your estate distributed? _____

Trust Arrangements:

Do you want the trust funds to be held in one common fund until your youngest child has the opportunity to obtain a college education?

Yes: _____ No: _____

Do you want your children to receive their entire share at one time?

Yes: _____ No: _____ If yes, what age? _____

Do you want your children to receive their share in installments? Yes: _____ No: _____

If so, disburse _____% at the following ages: _____, _____, _____

Do your grandchildren take his or her parent's share if your child dies before you?

Yes: _____ No: _____

Family Disaster:

If all of the beneficiaries named so far die before you, who should receive your estate?

Parents: _____
Brothers or Sisters: _____
Other Individuals: _____
According to Intestate Laws: _____
Charities: _____

Special Provision for Pet(s):

Christian or other Religious Preamble:

_____ Please send along drafts of your religious preambles. We may then select one.
_____ We would like to design our own preamble. Please send samples.

IV. FIDUCIARY CHOICES:

Choice of Personal Representative:

First choice: _____

Address if not previously stated: _____

Second choice: _____

Address if not previously stated: _____

Third choice: _____

Address if not previously stated: _____

Choice of Trustee (for Trust, if applicable):

Initial Trustee: _____

Contingent Successor Trustee: _____

Successor Trustee: _____

Other and/or Bank or Institutional Trustee: _____

Choice of Guardian and Conservator of Minor Children:

First Choice: _____

Address: _____

Second Choice: _____

Address: _____

V. POWERS OF ATTORNEY

General Durable Power of Attorney:

First Power Holder: _____

Address if not previously stated: _____

Second Power Holder: _____

Address if not previously stated: _____

Third Power Holder: _____

Address if not previously stated: _____

Medical Durable Power of Attorney:

If you want to be taken off life support, check "yes".) Yes: _____ No: _____

First Patient Advocate: _____

Address if not previously stated: _____

Alternate Patient Advocate: _____

Address if not previously stated: _____

Alternate Patient Advocate: _____

Address if not previously stated: _____

Funeral Arrangements:

Cemetery Choice: _____ City, State _____

Cremation? Yes: _____ No: _____ Organ Donation? Yes: _____ No: _____

Special Funeral Instructions:

Funeral Representative:

First Funeral Representative: _____

Alternate Funeral Representative: _____

Alternate Funeral Representative: _____

Pass along the Information:

1. Do you have other family members who need estate planning?
Yes: _____ No: _____
2. If so, should we send some “no obligation” information?
3. Name and Address: _____

CONFIDENTIALITY AND DISCLAIMER

The information you have provided in this confidential estate planning fact questionnaire is subject to the attorney-client privilege and your attorney will not reveal this information to anyone without your express approval.

In addition, the advice and recommendations of your attorney are based primarily upon the information you have provided on this form. Failure on your part to complete any part of this form (especially Section II - Financial Data), could result in planning which could have detrimental estate and income tax implications. Please be as complete as possible so we can do the most complete job possible.

We have read the above statement and understand it

Client (Husband)

Client (Wife)

Date: _____