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**ESTATE and FINANCIAL PLANNING FACT QUESTIONNAIRE**  
**STRICTLY CONFIDENTIAL**

**I. PERSONAL DATA:**

Home Telephone \_\_\_\_\_  
Husband's Work \_\_\_\_\_  
Wife's Work \_\_\_\_\_  
e-mail \_\_\_\_\_  
Mobile \_\_\_\_\_

**Residence:**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Husband And Wife**

Husband's Full Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
U.S. Citizen? \_\_\_\_\_ If not, what Country: \_\_\_\_\_  
Marriage Date: \_\_\_\_\_  
Previous marriages (list names of former spouse and children):  
\_\_\_\_\_

Military Service? \_\_\_\_\_

Wife's Full Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
U.S. Citizen? \_\_\_\_\_ If not, what Country: \_\_\_\_\_  
Marriage Date: \_\_\_\_\_  
Previous marriages (list names of former spouse and children):  
\_\_\_\_\_

Military Service? \_\_\_\_\_

**Your Children:**

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_  
Occupation: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Grandchildren (names & ages): \_\_\_\_\_  
\_\_\_\_\_
  
2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Grandchildren (names & ages): \_\_\_\_\_  
\_\_\_\_\_
  
3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Grandchildren (names & ages): \_\_\_\_\_  
\_\_\_\_\_

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

Is there a physical possibility of more children? \_\_\_\_\_  
Are any children adopted? \_\_\_\_\_  
Are any children handicapped or in poor health? \_\_\_\_\_  
Are any children deceased? \_\_\_\_\_ 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:	_____	_____
Financially Independent?	_____	_____
Expected Inheritance:	_____	_____

**Wife's Parents:**

Father

Mother

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Age: \_\_\_\_\_  
Health: \_\_\_\_\_  
Financially Independent? \_\_\_\_\_  
Expected Inheritance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. FINANCIAL DATA:**

**Real Estate Owned:**

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

***\*\*\*NOTE: If you are a property owner, please bring in copies of deed(s), title insurance 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 Indiv./Joint,etc.</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Business Interests:**

<u>Name</u>	<u>Type</u> *	<u>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 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
\$ _____	\$ _____	\$ _____

**III. DISPOSITION PLAN:**

**Specific Bequests And Instructions For Personal Property:**

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

**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 share at a particular age?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what age? Do you want all of the shares to be disbursed at one time, or a percentage distributed at a particular age(s)?

Yes, disburse all at one time: \_\_\_\_\_

No, 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. I (we) may then select one.

\_\_\_\_\_ I (we) would like to design our own preamble. Please send samples.

**FIDUCIARY CHOICES:**

**Choice of Personal Representative:**

First choice: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address if not previously stated: \_\_\_\_\_  
Second choice: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address if not previously stated: \_\_\_\_\_  
Third choice: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address if not previously stated: \_\_\_\_\_

**Choice of Trustee (if applicable):** (The trustee is responsible for managing assets held in trust for the benefit of specified beneficiaries).

Initial Trustee: \_\_\_\_\_

Successor Trustee: \_\_\_\_\_

Other and/or Bank or Institutional Trustee: \_\_\_\_\_

**Choice of Guardian and Conservator of Minor Children:**

First Choice: \_\_\_\_\_  
Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Second Choice: \_\_\_\_\_  
Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

**POWER OF ATTORNEY**

**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: \_\_\_\_\_

**General Durable Power of Attorney:**

First Power Holder: \_\_\_\_\_

Second Power Holder: \_\_\_\_\_

Third Power Holder: \_\_\_\_\_

**Funeral Arrangements:**

Cemetery Choice: \_\_\_\_\_

Cremation? Yes \_\_\_\_\_ No \_\_\_\_\_

Organ Donation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Special Funeral Instructions:** \_\_\_\_\_

\_\_\_\_\_

**Pass Along the Information**

1. Do you have other family members who could benefit by planning their estate(s) now? 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.*

I (we) have read the above statement and understand it.

\_\_\_\_\_  
Client (Husband)

\_\_\_\_\_  
Client (Wife)