

ESTATE PLANNING QUESTIONNAIRE

Please complete this questionnaire to the best of your ability. *Ethridge, Quinn, Kemp, McAuliffe, Rowan & Hartinger* asks you these questions in order to draft the most complete and appropriate estate plan that best reflects your wishes and needs. If you update this questionnaire once a year, your survivors will be sure to easily find all assets that you have at the time of your passing.

PERSONAL INFORMATION

Full Legal Name _____
Signature Name _____
Nickname _____ Birth Date _____ Social Security # _____
Home Address _____
City _____ State _____ Zip _____
Home Telephone _____ County of Residence _____
Mobile Telephone _____ Business Telephone _____
Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____

__ Married: Date of Marriage _____ __ Divorced __ Widowed __ Single

Spouse's Full Legal Name _____
Signature Name _____
Nickname _____ Birth Date _____ Social Security # _____
Home Address _____
City _____ State _____ Zip _____
Home Telephone _____ County of Residence _____
Mobile Telephone _____ Business Telephone _____
Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____

CHILDREN

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if you are a single parent.)

| Name | Parent(s) | Birth Date |
|-------|-----------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

OTHER DEPENDENTS

(Friends or relatives who are dependents. Use full legal name.)

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ADVISORS

| Name | Telephone # |
|-----------------------------|-------------|
| Attorney _____ | _____ |
| Accountant _____ | _____ |
| Financial Advisor _____ | _____ |
| Primary Personal Bank _____ | _____ |
| Life Insurance Agent _____ | _____ |
| Stock Broker _____ | _____ |

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer.)

Yes No

1. Do you have a child with a learning disability?
2. Do any of your children receive governmental support or benefits?
3. Do you have adopted children?
4. Do any of your children have special educational, medical, or physical needs?
5. Are any of your children institutionalized?
6. Are you or your spouse receiving social security, disability, or other governmental benefits?
7. Do you provide primary or other major financial support to adult children?
8. Have either you or your spouse been divorced?
9. Are you making payments pursuant to a divorce or property

- settlement agreement? *(Please furnish a copy.)*
10. Have you or your spouse been widowed?
(If a federal estate tax return or a state death tax return was filed, please furnish a copy.)
 11. Have you or your spouse ever filed federal or state gift tax returns?
(Please furnish copies of these returns.)
 12. Have you or your spouse completed previous will, trust, or estate planning?
-
13. Are both you and your spouse United States citizens?
If you answered “No”, are either you or your spouse a resident or a nonresident alien?
 14. Whom do you wish to be the contingent guardians if your primary guardians are unavailable?
-
15. In what states have you lived while married to your current spouse? During what periods of time did you reside there?
-

THE INSTRUCTIONS FOR COMPLETING THE *PERSONAL INFORMATION* CHECKLIST

- | | |
|-----------------------------------|--|
| <u>General Headings</u> | This Personal Information Checklist is designed to help you list all of the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property. |
| <u>Type</u> | Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading. |
| <u>Evidence of Title</u> | This indicates the document or documents you will need as evidence of title to your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself, you will save substantial professional fees. |
| <u>“Owner of Property”</u> | How you own your property is extremely important for purposes of properly designing and implementing your living trust-centered plan. For each property category, there is a column titled “Owner”. When |

filling in this column, please use the following abbreviations:

| <u>For Property Owned In:</u> | <u>With:</u> | <u>Use:</u> |
|---------------------------------------|--|-------------|
| Single | If you are single and you own property in your name only | I |
| Husband's Name | No other person | H |
| Wife's Name | No other person | W |
| Joint Tenancy | A spouse Someone other than a Spouse | JTS JTO |
| Tenancy in Common | A spouse Someone other than a Spouse | TCS TCO |
| Community Property | (Applicable to spouses only) | CP |
| Unknown | If you cannot determine how the property is owned | ? |

CASH ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA",
Certificates of Deposit "CD" (*indicate type below.*)

EVIDENCE OF TITLE: Signature card or the document you signed to set up the account.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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| _____ | _____ | _____ |
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| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K) *(indicate type below.)*

EVIDENCE OF TITLE: Summary plan description, documents you signed to set up the plan, account statement, beneficiary designation.

| Type of Plan | Company | Beneficiary upon Your Death | Percent Vested | Value |
|--------------|---------|--------------------------------|-------------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| <i>Total</i> | | | | _____ |

LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, Whole Life, Split Dollar, Group Life, Annuity *(Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").*

EVIDENCE OF TITLE: The policy itself, including all endorsements and amendments, and the original application you signed.

Company _____
 Policy Number _____ Type _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Owner _____ Who Pays Premium _____
 Face Amount _____ Cash Value _____
 Amount of Loans on Policy _____

* * *

Company _____

Policy Number _____ Type _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ Who Pays Premium _____

Face Amount _____ Cash Value _____

Amount of Loans on Policy _____

Company _____

Policy Number _____ Type _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ Who Pays Premium _____

Face Amount _____ Cash Value _____

Amount of Loans on Policy _____

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Company _____

Policy Number _____ Type _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ Who Pays Premium _____

Face Amount _____ Cash Value _____

Amount of Loans on Policy _____

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Company _____

Policy Number _____ Type _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ Who Pays Premium _____

Face Amount _____ Cash Value _____

Amount of Loans on Policy _____

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Company _____

Policy Number _____ Type _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____
Owner _____ **Who Pays Premium** _____
Face Amount _____ **Cash Value** _____
Amount of Loans on Policy _____

Company _____
Policy Number _____ **Type** _____
Insured _____
Primary Beneficiary _____
Secondary Beneficiary _____
Owner _____ **Who Pays Premium** _____
Face Amount _____ **Cash Value** _____
Amount of Loans on Policy _____

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Company _____
Policy Number _____ **Type** _____
Insured _____
Primary Beneficiary _____
Secondary Beneficiary _____
Owner _____ **Who Pays Premium** _____
Face Amount _____ **Cash Value** _____
Amount of Loans on Policy _____

MORTGAGES, NOTES, AND OTHER RECEIVABLES

TYPE: Mortgages or promissory notes payable to you; other monies owed to you.

EVIDENCE OF TITLE: Promissory note, written contract, or other documents creating right to receive payment.

| Name of Debtor | Date of Note | Date Note Due | Owed To | Current Balance |
|----------------|--------------|---------------|---------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| | | | | |
|-------|-------|-------|--------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | <i>Total</i> | _____ |

PARTNERSHIP INTERESTS

TYPE: General and Limited Partnerships. Please state the percentage interest you have in the partnership when you list your interest as a general or limited partner.

EVIDENCE OF TITLE: Partnership Agreement, Certificate of Partnership, or any documents you signed when purchasing the partnership interest. Include any buy/sell agreements.

Percentage of Partnership Interest

| Partnership Name | General Partner | Limited Partner | Owner | Value |
|-------------------------|------------------------|------------------------|--------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | <i>Total</i> | _____ |

CORPORATE BUSINESS AND PROFESSIONAL INTERESTS

TYPE: Privately owned (nonpublicly traded) stock. *(Please put X if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)*

EVIDENCE OF TITLE: Stock Certificate, Minute Book.

| Company | # of Shares | Buy/Sell Agreement | % Ownership | Owner | Value |
|----------------|--------------------|---------------------------|--------------------|--------------|--------------|
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| | | | | | |

Total _____

REAL PROPERTY

TYPE: Land, Buildings, Homes. Where you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else you should list those under the “Partnership Interests” section. If two or more names are on a deed or a contract that does not state the type of ownership, please use “?”.

EVIDENCE OF TITLE: Deed or land contract (do not use mortgage or tax assessment).

| General Description and/or Address | Owner | Value | Mortgage |
|------------------------------------|-------|-------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total _____

**ANTICIPATED INHERITANCE, GIFT,
OR LAWSUIT JUDGMENT**

TYPE: Gifts or inheritances that you expect to receive at sometime in the future; or monies that you anticipate receiving through a lawsuit judgment.

EVIDENCE OF TITLE: Copies of Wills or Trusts, copy of lawsuits or judgments, or any other document that evidences your anticipated interest.

Description

Total Estimated Value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any previously listed category.

EVIDENCE OF TITLE: Documents that you signed to purchase the property, documents you received when you received that property, or any other document you have that shows you own the property.

| Description | Owner | Value |
|-------------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total _____

SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership.

EVIDENCE OF TITLE: Balance sheet, depreciation schedule, registration or title issues by your state, bills of state, bills of sale, fictitious name or trade name affidavit. Since a sole Proprietorship is an amalgamation of assets, each asset must have an evidence of title.

| Name of Business | Description of Business | Owner | Value |
|------------------|-------------------------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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|--|--|--|--|
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| | | | |
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| | | | |
| | | | |

Total _____

FARM AND RANCH INTERESTS

TYPE: Livestock, machinery, leases, etc.

EVIDENCE OF TITLE: If your farm or ranch is not owned by a corporation or partnership, you need to treat it as a sole proprietorship. Describe each asset.

| Type | Owner | Value |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total _____

OIL, GAS, AND MINERAL INTERESTS

TYPE: Lease overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

EVIDENCE OF TITLE: Lease Agreement, Deed, Royalty Agreement, Farmout Agreement, Polling Agreement, or other agreement you signed to create your oil, gas, or mineral interest.

| Type | Owner | Value |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | | |
|-------|-------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | | Total _____ |

SUMMARY OF VALUES

| ASSETS | Amount* | | |
|---|---------|-------|---------------|
| | Husband | Wife | Single Person |
| Cash Accounts | _____ | _____ | _____ |
| Investment Accounts | _____ | _____ | _____ |
| Stocks | _____ | _____ | _____ |
| Bonds | _____ | _____ | _____ |
| Personal Effects | _____ | _____ | _____ |
| Retirement Plans | _____ | _____ | _____ |
| Life Insurance Policies and Annuities | _____ | _____ | _____ |
| Mortgages, Notes, and Other Receivables | _____ | _____ | _____ |
| Partnership Interests | _____ | _____ | _____ |
| Corporate Business and Professional Interests | _____ | _____ | _____ |
| Farm and Ranch Interests | _____ | _____ | _____ |
| Oil, Gas, and Mineral Interests | _____ | _____ | _____ |
| Real Property | _____ | _____ | _____ |
| Anticipated Inheritance, Gift, or Lawsuit Judgment | _____ | _____ | _____ |
| Other Assets | _____ | _____ | _____ |
| | | | |
| Total Assets: | _____ | _____ | _____ |

| LIABILITIES | Amount* | | |
|-------------------------------|---------|-------|---------------|
| | Husband | Wife | Single Person |
| Loans Payable | _____ | _____ | _____ |
| Accounts Payable | _____ | _____ | _____ |
| Real Estate Mortgages Payable | _____ | _____ | _____ |
| Contingent liabilities | _____ | _____ | _____ |
| Loans Against Life Insurance | _____ | _____ | _____ |
| Unpaid Taxes | _____ | _____ | _____ |
| Other Obligations: | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | |
| Total Liabilities: | _____ | _____ | _____ |
| | | | |
| NET ESTATE: | _____ | _____ | _____ |

* Joint Tenancy (JT), Tenancy In Common (TC) and Community Property (CP) values go in 1/2 husband's column, 1/2 in wife's column.