



# CURTIS PATTESON LLC

## ATTORNEY AT LAW

### Estate Planning Questionnaire

ESTATE PLANNING has a lasting effect on you and your family. What you do now affects what they may have after you die. Your plan may include one or more of these: Will; Advance Medical Directive (“living will”); Durable Power Of Attorney for Health Care; Durable Power Of Attorney in case of incompetence; Life Insurance - especially beneficiary designations; maybe a trust - possibly in a will; a Letter of Instruction, and an anatomical gift designation (often on your driver’s license).

A properly executed will leaves instructions about your intended property distribution. A will is especially important for parents with young children. You should name a guardian (and preferably a backup) for your children in case the natural parent also dies while the children are minors. Consider a trust, and naming a trustee to manage your property and properly invest on their behalf. Consider carefully who you trust with these important duties. Discuss your wishes with all of those you name to ensure that they know that you named them, and your desires.

You must plan carefully and that requires you think about your situation, family, and desires. Don’t wait until an emergency to consider this important matter. Do so now while you have the time to reflect.

This questionnaire will help you organize information that your attorney needs to advise you and prepare your estate plan.

Getting Started. You and, if married, your spouse, should read the following questionnaire. Please bring your completed questionnaire with you when you consult with your attorney. Your attorney may need to see other documents (e.g., deeds to real property).

NOTE: If both you and your spouse will see the same attorney for estate planning advice, be sure to discuss a dual representation waiver to avoid conflicts later.

ESTATE PLANNING QUESTIONNAIRE

This document was prepared on \_\_\_\_\_, 20\_\_, at Anchorage, Alaska and constitutes a record of the personal information and private and business affairs of the below mentioned client.

**PERSONAL INFORMATION**

Client's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you a U.S. citizen? \_\_\_ Yes \_\_\_ No

**MARITAL STATUS** (select the most appropriate):

\_\_\_ Married once, and my spouse is alive.

\_\_\_ Presently married, and had a prior marriage (previous spouse is deceased or divorced).

\_\_\_ Widow/ widower. Date of death and status of decedent's estate:

\_\_\_ Divorced, not presently married. When and case number:

\_\_\_ Single, never married.

(If married) Full name of client's spouse: \_\_\_\_\_ SSN: \_\_\_\_\_

Is spouse a U.S. citizen? \_\_\_ Yes \_\_\_ No

Client's current address:

Phone #s: (home): \_\_\_\_\_ (client's office): \_\_\_\_\_ (spouse's office): \_\_\_\_\_

E-mail: (client's): \_\_\_\_\_ (spouse's): \_\_\_\_\_

**[Provide only if you/your spouse authorize legal office personnel to contact you by e-mail.]**

**CHILDREN:**

How many children do you have (including adopted & stepchildren)? \_\_\_\_\_

If you have adopted children or stepchildren, do you wish to treat them the same as your natural children? \_\_\_ yes \_\_\_ no Is any child a minor? \_\_\_ yes \_\_\_ no

**VALUE OF ESTATE:** To determine what type of will is appropriate for you, we need an estimate of the value of your estate. For this purpose, include the value of all of the property you own in your name, and if married, the value of your spouse's property. If any of your property secures a debt (for example, a mortgage on your home), include your equity in the property. Also include the value of your life insurance policies.

Note that life insurance ordinarily does **not** pass according to your will; it will go to the beneficiaries you designated in the policy. The policy's face value is usually included in determining whether estate taxes will apply in your case.

Approximate value of your estate (not including life insurance): \$ \_\_\_\_\_

Approximate value of your spouse's estate (not including life insurance): \$ \_\_\_\_\_

Value of life insurance (self and spouse): \$ \_\_\_\_\_

Total value of both your and your spouse's estate including life insurance: \$ \_\_\_\_\_\*

\*Note: If you think the value of your estate exceeds \$1 million, it may be subject to estate taxes. Complete the CLIENT & SPOUSE FINANCIAL DATA section (starting on page 12). Proper planning can help you minimize estate tax. Depending on your estate, its complexity may exceed the expertise of the attorney's in our office. If so, we will assist you find an estate planning expert.

**FAMILY FARM/FAMILY-OWNED BUSINESS:** Do you have a farm or family-owned business?  yes  no

**REAL ESTATE** (Frequently, a husband and wife own real estate jointly with right of survivorship. If you and your spouse own your home or other property that way, your will does not affect how your ownership interest passes when you die.)

Do you own real estate jointly with your spouse?  yes\*  no

Do you own real estate other than jointly with your spouse?  yes\*  no

If yes, how do you wish to give your real estate?

All to my spouse.

Different properties to different beneficiaries (below, please list each person, their relationship to you, and which property they are to receive):

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To pass with the rest of my estate.

My home to my spouse and the rest of my real estate to pass with the rest of my estate.

My home to my spouse for as long as my spouse lives there and then my home and the rest of my real estate to pass with the rest of my estate.

\* Please bring copies of your real estate deeds.

**PERSONAL EFFECTS AND TANGIBLE PERSONAL PROPERTY:** How do you wish to give your personal property?

All to my spouse.

Specific items are to go to specific individuals, with all items not listed passing to my spouse. (Please attach detailed list of items, beneficiaries, and relationship to you.)

Specific items are to go to specific individuals, with all items not listed passing with the rest of my estate. (Please attach detailed list of items, beneficiaries, and relationship to you.)

To pass with the rest of my estate.

Other (please explain):

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**SPECIFIC BEQUESTS:** You may make specific gifts of cash, real estate, or personal property to specific people or charities in your will. However, these bequests will be distributed first and may deplete your estate. Also, specific bequests may complicate probate if the property given cannot be found at your death. Therefore, if you make specific bequests, only give property or amounts of cash that you are reasonably sure you will have when you die. If you make no specific bequests, all of your property will pass to your primary beneficiaries. Alaska allows you

to make an "addendum," in which you can give specific items of personal property to named beneficiaries in writing separate from your will. If you want to make an addendum it needs to be referenced in your will and signed by yourself. Do you wish to make any specific bequest in your will? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list your specific bequest(s) and who you want to receive it (them):

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**RESIDUARY ESTATE:** Your residuary estate is whatever property remains after paying debts and expenses of administration, and any specific bequests. Because many people do not make specific bequests, the "residuary" usually describes all the property left to your beneficiaries.

To whom do you want to leave your residuary estate?

- \_\_\_\_\_ All to my spouse if he/she survives me, and if not, then to my children and issue.  
\_\_\_\_\_ A minimum bequest to my spouse, disinheriting him/her to the fullest extent of the law, with the remainder going to some other person(s).  
\_\_\_\_\_ All to one specific beneficiary other than my spouse.  
\_\_\_\_\_ To more than one beneficiary.

If you have more than one beneficiary, are they:

- \_\_\_\_\_ Specific people who are to share equally.  
\_\_\_\_\_ A group of people described as a class (e.g., "my brothers and sisters") who are to share equally.  
\_\_\_\_\_ Some other unequal division between the beneficiaries (e.g., 50% to one beneficiary and 25% each to two others).  
\_\_\_\_\_ Other (please explain):

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If any of your beneficiaries is a minor, at what age do you want them to receive their gift?

- \_\_\_\_\_ 18  
\_\_\_\_\_ 21  
\_\_\_\_\_ Some other age (please indicate the age): \_\_\_\_\_ (NOTE: Selecting an age greater than 18 will likely require a trust, which may cause your estate to incur additional expenses for the administration of the trust. These would lower the amount available for your beneficiaries.)

**PERSONAL REPRESENTATIVE:** Your Personal Representative ensures your estate is settled upon your death. This ordinarily involves going through "probate", a court-administered procedure for settling an estate as provided in your will or under Alaska law. Probate involves petitioning a court for letters of appointment, settling creditor claims, finding and distributing assets, and filing any necessary tax returns. Any adult may serve as your personal representative, although it is often more convenient to have someone who is a legal resident of the State where probate is conducted. Therefore, if possible, you should select family members or responsible friends who are residents of the same State as your legal residence or the state where you own real estate. Whom do you wish to have as your personal representative?

- \_\_\_\_\_ My spouse.

- \_\_\_\_\_ My spouse and a co-personal representative.\*
- \_\_\_\_\_ My spouse and a successor personal representative.\*\*
- \_\_\_\_\_ One personal representative other than my spouse.
- \_\_\_\_\_ Two co-personal representatives, neither of whom are my spouse.\*
- \_\_\_\_\_ One personal representative and a successor personal representative, neither of whom are my spouse.\*\*

**\*This option is not usually recommended because conflicts can arise between the personal representatives that will complicate the administration of your estate.**

**\*\*The successor will act only if your first choice is unable to be your personal representative.**

If you named someone other than your spouse, indicate name(s) and relationship(s):

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**GUARDIAN:** If your children are minors when you die, and if the other natural parent is not alive or for any reason cannot act as guardian, the court will normally appoint the person(s) you name to act as legal guardian(s) of your minor children. The individual(s) named will have physical control and custody of the children until they reach 18. If you are divorced, the court will usually appoint the child's natural parent-your former spouse as guardian even if you provide otherwise in your will. You should still name a guardian, however, in case your former spouse dies before you, or for any reason cannot act as the guardian.

Do you wish to appoint:

- \_\_\_\_\_ One guardian for any child when I die.
- \_\_\_\_\_ One guardian and a successor guardian.
- \_\_\_\_\_ Two co-guardians.
- \_\_\_\_\_ No guardian.

If you wish to appoint someone, who? (Please list name, relationship, & city, state of their residence):

1st choice: \_\_\_\_\_

2nd choice: \_\_\_\_\_

3rd choice (optional): \_\_\_\_\_

**CHILDREN:** Please list your children's names, ages, and whether they are your biological, adopted, or stepchildren:

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**DISTRIBUTION OF ESTATE TO CHILDREN:** With regard to minors who may inherit under your will, do you want their gifts to be:

\_\_\_\_\_ Paid at the election of the personal representative (the personal representative may pay the child some or all of the gift, at various times, as the personal representative sees fit, even though the child is a minor).

\_\_\_\_\_ Held in trust until the child is no longer a minor (or has reached the distribution age you specified).

If you do (or were to) have stepchildren or adopted children, would you want to:  
\_\_\_\_\_ Expressly include them in your will (treat them the same as natural children).  
\_\_\_\_\_ Expressly exclude them from your will.  
\_\_\_\_\_ Have the will remain silent as to stepchildren and adopted children.

Is any child of yours in fact a stepchild or adopted child? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, who? \_\_\_\_\_

How do you want to treat him/her/them in your will?  
\_\_\_\_\_

**TRUSTS (OPTIONAL):** Instead of giving your estate directly to a beneficiary, you may give it to a Trustee, IN TRUST, for the benefit of your beneficiary/ies until he/she/they reach(es) the age you designate (21, 25, 30). The trustee will manage the trust following the directions you included in the trust document under court supervision. Although the trustee's primary purpose is to safeguard the inheritance, the money can also be used for any beneficiary's health, education, welfare, or maintenance, at the trustee's discretion. Also, you may create a trust that "pools" your estate. Through pooling, your estate and insurance proceeds remain in a single trust until all the beneficiaries reach the distribution age you set. The trustee may provide trust funds to each beneficiary as each has a need. Thus, not all beneficiaries will receive equal amounts. Such an arrangement is useful where some beneficiaries will likely need more financial assistance over a longer period than other beneficiaries. A trust is also useful where you desire to protect the assets from third parties who may have claims against one of your beneficiaries.

For some people, a trust is unnecessary because, under the Uniform Gifts to Minors Act (UGMA) language in your will, gifts to beneficiaries under 18 will be controlled by your personal representative initially, and guardian after probate, without establishing a trust. The personal representative and/or guardian can still use the child's inheritance for the benefit of the child, and this is ordinarily less complicated and less expensive than a trust. One disadvantage, however, to the UGMA is that your estate will be divided in as many equal shares as there are minor beneficiaries designated; and each beneficiary will receive the remainder of his or her share as they turn 18, at your option. If you have children from a prior marriage, disabled children, or a very large estate, you will most likely want to use a trust.

In a nutshell, a trust may be more appropriate if you want the trustee or guardian to spend money in a specific manner, spend more money on one child than another (e.g., a disabled child), or you do not want your children receiving a lump sum when they turn 18.

Do you want a trust? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, would this be:

\_\_\_\_\_ one trust for the benefit of all beneficiaries ("pooled" trust).

\_\_\_\_\_ individual trusts for each of the beneficiaries.

At what age do you want your beneficiaries to be when you like the trust ends?

\_\_\_\_\_ 21 \_\_\_\_\_ 25 \_\_\_\_\_ other (designate the age): \_\_\_\_\_

Whom do you wish to name as Trustee? (Please list name and relationship):

1st choice: \_\_\_\_\_  
2nd choice: \_\_\_\_\_  
3rd choice (optional): \_\_\_\_\_

Do you want the trustee to have the power to dissolve the trust if it becomes uneconomical to maintain it?

\_\_\_\_\_ yes (Selecting yes means that the trust assets may be under the guardian's control if the child(ren) is(are) a minor when the trust is terminated.)  
\_\_\_\_\_ no

Do you want the trustee to exercise this power only if the trust is below a specific amount?

\_\_\_\_\_ yes  
\_\_\_\_\_ no

If so, what amount? \$\_\_\_\_\_ (\$5,000, \$50,000)

**DISINHERITING SOMEONE:**

If you wish to disinherit your spouse? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you wish to disinherit someone other than your spouse? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, whom (please provide the name and relationship to you.)? \_\_\_\_\_

Do you wish to disinherit anyone who contests your will? \_\_\_\_\_ yes \_\_\_\_\_ no

[Alaska provides specific protections to a spouse who is unprovided for in a will as well as any children who are unprovided for. These issues will be discussed in further detail when you meet with your counsel. *See generally* AS 13.12.212/213]

**PRIMARY BENEFICIARIES:**

Whom do you want to receive all (or the majority) of your estate?

\_\_\_\_\_ My spouse, if he/she survives me, and if not, then my children.

\_\_\_\_\_ Disinherit spouse (to the fullest extent permitted by law).

\_\_\_\_\_ My children.

\_\_\_\_\_ My parents in equal shares, or if not, then my siblings in equal shares (please provide names and relationships):

\_\_\_\_\_

\_\_\_\_\_ To these beneficiaries (list name, relationship, and percentage of estate to each of the beneficiaries):

\_\_\_\_\_

\_\_\_\_\_

If any of the above beneficiaries die before you and leave decedents (children/issue), do you want the share of the deceased beneficiary to pass to their issue, or to pass only to the beneficiaries you named above? (For example, if one of your children dies before you and leaves children, do you want the share of your deceased child to pass to his children (your grandchildren) or to go only to your surviving children?)

\_\_\_\_\_ To the children of any deceased beneficiary.

\_\_\_\_\_ Only to the named beneficiaries listed above.

**SECONDARY BENEFICIARIES:** If all of the primary beneficiaries you designated predecease you or die within 30 days of you, to whom do you wish to leave your estate (provide name, relationship, and percentage of inheritance or list of which item(s) are to go to which individuals)?

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**ADVANCE MEDICAL DIRECTIVE/"LIVING WILL":** An advance medical directive or "living will" is separate from your will, but may be an important part of your estate plan. It states that in the event you have a terminal, incurable medical condition and your life is only being prolonged by means of artificially provided life support, and if you cannot communicate your desires, the living will "speaks for you" so your doctors know and can act upon, your desires about medical life support. Once executed, the document is effective until you revoke it, which you may do at any time by physically destroying it, or in an emergency, by telling someone who can testify that you did in fact revoke it.

Do you want a living will? \_\_\_\_\_ yes \_\_\_\_\_ no

**SPECIAL POWER OF ATTORNEY FOR HEALTH CARE:** Another important document is a special power of attorney for health care. This is normally included in your living will but you may execute this instead of a living will. It appoints someone you name to make medical care decisions for you if you cannot make your own medical decisions. It applies to more situations than the living will, which addresses only continued life support if you have a terminal condition. The power of attorney for medical care gives the person you name as your agent the authority to make a wide range of medical decisions on your behalf. It also gives your agent access to your medical information and authority to fully participate with your treating physicians in deciding the care you receive. Obviously, the person you designate to be your agent should be someone you trust with life and death decisions.

Do you want a Health Care Power of Attorney? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you want your spouse to act as your agent? \_\_\_\_\_ yes \_\_\_\_\_ no

Unless you have selected your spouse to act as your agent and your spouse has the same address you do, please provide the name, address, phone number, and relationship of your first choice of agent:

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If you have a second choice, do you want

\_\_\_\_\_ both agents to have the authority to act separately.

\_\_\_\_\_ to require both agents to act jointly unless one is incapacitated.

\_\_\_\_\_ the second agent to be as a successor, acting only if the first choice is incapacitated.

Please provide the name, address, phone number, and relationship of your second choice of agent:



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Do you wish to specify that you desire to donate your body organs for transplant upon death?  
\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, are you also willing to donate organs and tissue for medical, educational, or scientific purposes? \_\_\_\_\_ yes \_\_\_\_\_ no

**[Note: Alaska driver's licenses include space for you to indicate organ donation. Did you do so on your driver's license? \_\_\_\_\_ yes \_\_\_\_\_ no]**

Do you wish to specify that, if possible and if it does not place an undue burden upon your family that you prefer to die at home rather than in a hospital? \_\_\_\_\_ yes \_\_\_\_\_ no

**GENERAL OR SPRINGING DURABLE GENERAL POWER OF ATTORNEY:** Your will enables you to dispose of your property as you wish after you die. While you are living, you have the right to decide what happens to that property as long as you are of sound mind. But if you become incapacitated, and cannot handle your own affairs, a court order may revoke your right to manage your own money/property and appoint a guardian or conservator. To protect you from this, you may appoint an agent through a power of attorney. A power of attorney is your written authorization for someone to act on your behalf, for whatever purpose you designate.

A general power of attorney is effective upon your signature, as such it can be of assistance if you are traveling overseas or need to someone to take care of your finances for some other reason even though you are still able to manage your own personal and financial affairs. A springing durable power of attorney takes effect when you become unable to manage your own personal and financial affairs and will last as long as you are alive or until you revoke it. As long as you are mentally competent, you can revoke a durable power of attorney whenever you like simply by destroying the document. If you choose to have a power of attorney, remember to name someone you trust as your attorney-in-fact. Your agent will have great authority over your affairs. Not only can they keep your affairs in order, but they have the potential to abuse this document at your expense.

Would you like a general power of attorney? \_\_\_\_\_ yes \_\_\_\_\_ no

Would you like a springing durable general power of attorney? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you want your spouse to act as your agent? \_\_\_\_\_ yes \_\_\_\_\_ no

Unless you selected your spouse to act as your agent and your spouse has the same address you do, please provide the name, address and relationship of your first choice of agent:

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If you have a second choice, do you want:

\_\_\_\_\_ both agents to have the authority to act separately.

\_\_\_\_\_ to require both agents to act jointly unless one is incapacitated.

\_\_\_\_\_ the second agent to be as a successor, acting only if the first choice is incapacitated.

Please provide the name, address, and relationship of your second choice of agent:

If you selected your spouse to act as your agent, at what telephone number can her or she be reached?

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**FUNERAL ARRANGEMENTS:** You may have a strong desire regarding your funeral (for example, burial or cremation). As a practical matter, your funeral may have been carried out by the time your will is read. Finding out after the fact that the arrangements were contrary to your will may cause some dismay for your survivors. Therefore, we recommend that you tell your desires to your next of kin at your earliest opportunity other than in your will, often in a Letter of Instruction that accompanies your will. You should tell the appropriate family members of your desires NOW!

At my death, I prefer:

To be cremated.

To have my body given for medical or scientific purposes.

To be buried at a specified gravesite or location. (Please specify location): \_\_\_\_\_

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To be buried at sea.

To be buried with full military honors. (You may select this option in addition to one of the above.)

Other: \_\_\_\_\_

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I do not wish to express my desires concerning my remains in my will and leave this decision to those who survive me.

## CLIENT & SPOUSE FINANCIAL DATA

Clients owning property that exceeds \$1,000,000 total should complete this section jointly before coming to our office.

**1. Asset Valuation Summary.** To accurately determine the estate and gift tax consequences, if any, resulting from the distribution of your property, please provide the information requested below. You need only provide approximate figures. If you prefer, you can provide us with a recent financial statement that accurately reflects the current value of your joint and individual assets and liabilities. For all property, real or personal, to include intangible property, please bring copies of deeds or other documents indicating ownership.

	<b>Joint</b>	<b>Client</b>	<b>Spouse</b>	<b>Total</b>
Checking Accounts				
Savings Accounts				
Equity in Residence(s)				
Other Real Estate Equity				
Investments (excluding retirement benefits)				
Closely-held Businesses				
Life Insurance Death Benefits				
Vehicles				
Other personal property (e.g. furniture, jewelry, ect.)				
Other assets (list)				
Other assets (list)				
<b>Total</b>				

Have you ever filed an IRS Form 709 "U.S. Gift (and Generation-Skipping Transfer) Tax Return?"

\_\_\_\_\_ yes \_\_\_\_\_ no (If so, please provide a copy.)

**2. Residence Information.**

A. Primary Residence: (address): \_\_\_\_\_

<b>Estimated Value</b>	<b>Amount of Mortgages</b>	<b>Equity</b>	<b>Monthly Mortgage Payment</b>	<b>Owned by (client, spouse, jointly)</b>

(So that we can properly plan for its disposition, please provide us a copy of the deed and mortgages for this primary residence.)

Original Purchase Price: \$\_\_\_\_\_ Cost of Additional Improvements: \$\_\_\_\_\_

How long do you plan on retaining this as a primary residence? What are your plans for this property?

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

B. Secondary Residence: (address): \_\_\_\_\_

<b>Estimated Value</b>	<b>Amount of Mortgages</b>	<b>Equity</b>	<b>Monthly Mortgage Payment</b>	<b>Owned by (client, spouse, jointly)</b>

(So that we can properly plan for its disposition, please provide us a copy of the deed and mortgages for this primary residence.)

Original Purchase Price: \$\_\_\_\_\_ Cost of Additional Improvements: \$\_\_\_\_\_

How long do you plan on retaining this residence? What are your plans for this property?

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

Do you rent out this secondary residence?

\_\_\_\_\_

3. **Other Real Estate Information (other than residences).**

A. Other jointly owned real estate ( i.e., in both client's and spouse's names).

Location	Estimated Value	Amount of Deeds in Trust	Equity	Other Co-Owners?
Total				

B. Other real estate owned by client only.

Location	Estimated Value	Amount of Deeds in Trust	Equity	Other Co-Owners?
Total				

C. Other real estate owned by spouse only.

Location	Estimated Value	Amount of Deeds in Trust	Equity	Other Co-Owners?
Total				

4. **Investment Account Information (other than retirement accounts).**

A. Jointly owned investment accounts, mutual funds, etc., in both client's and spouse's names.

Location	Estimated Value	Amount of Margin Loans	Net Value	Other Co-Owners?
Total				

B. Investment accounts owned by client only.

Location	Estimated Value	Amount of Margin Loans	Net Value	Other Co-Owners?
Total				

C. Investment accounts owned by spouse only.

Location	Estimated Value	Amount of Margin Loans	Net Value	Other Co-Owners?
Total				

5. **Retirement Benefits (for example thrift savings plan, Individual Retirement Arrangements)**

A. Client's retirement benefits.

Description	Current Value	Beneficiary
Total		

B. Spouse's retirement benefits.

Description	Current Value	Beneficiary
Total		

C. Please provide below any other information regarding retirement accounts and other deferred compensation arrangements:

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**6. Liability Information.**

A. Joint liabilities (i.e., those liabilities for which both client and spouse are responsible), other than those listed previously.

Creditor	Liability Amount	Payment Amount	Payment Frequency	Secured?
Total				

B. Client's liabilities, other than those listed previously.

Creditor	Liability Amount	Payment Amount	Payment Frequency	Secured?
Total				

C. Spouse's liabilities, other than those listed previously.

Creditor	Liability Amount	Payment Amount	Payment Frequency	Secured?
Total				

**7. Life Insurance Information.**

A. Joint life insurance policies (i.e., life insurance insuring both client's life and spouse's life). (Please indicate those policies not owned by client or spouse with "\*".)

Company	Type	Face Amount (Death Benefit)	Cash Surrender Value	Beneficiary
Total				

B. Client's life insurance policies; i.e., life insurance insuring client's life. (Please indicate those policies not owned by client with "\*".)

Company	Type	Face Amount (Death Benefit)	Cash Surrender Value	Beneficiary
Total				

C. Spouse's life insurance policies (i.e., life insurance insuring spouse's life). (Please indicate those policies not owned by spouse with "\*".)

Company	Type	Face Amount (Death Benefit)	Cash Surrender Value	Beneficiary
Total				

D. Please provide any other information concerning the above life insurance policies that may be helpful (i.e., outstanding policy loans, whether pledged as collateral, whether owned by a trust, whether financed under a "split dollar" arrangement, etc.).

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8. **Safe Deposit Boxes**. Please provide the name of bank or trust company where located, the address of the institution, the box number, and the name of the persons who have the right to enter the box.

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9. **Patents, Copyrights, Franchises, Licenses, Mineral Rights, etc.**. Please list the type, interest, date of acquisition and value.

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10. **Joint Ventures, Partnership, Sole Proprietorship, etc.** List type of organization, name and nature of business, net worth, client's interest and position.

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11. **Obligations Owed to Client or Spouse**. List all obligations, evidence of debt, amount, and debtors name and address.

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12. **Interests in Trusts and Estates**. Please list all interests you or your spouse have in any trusts or estates. Include beneficiary of trust, location of trust and general analysis of status and rights.

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13. **Miscellaneous Information**. Please provide any other information relating to your assets or liabilities that may impact your estate plan.

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14. **Tax Returns**. List the location of your tax returns for the past five years and who helped prepare the returns.

15. **Wills and Codicils**. List all wills previously executed by yourself starting with your most recent will. Please include the date the will was executed, the location of the will, and the attorney who prepared the will.

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