MARC H. WANDER PLLC

ESTATE PLANNING |BUSINESS PLANNING |ELDER LAW

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PRELIMINARY ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIAL

***both spouses must attend initial meeting and bring this questionnaire**

Our estate planning recommendations are based on your present asset and family information. Therefore, we would appreciate you providing us with the enclosed confidential information. Furthermore, in the event a significant change should occur after your estate plan has been prepared, you should contact this office for a review of the impact of any change to your existing estate plan.

FAMILY DATA

1. Basic Information (MUST USE LEGAL NAMES)

Client 1:(Mr./Mrs./Ms./Dr.)____D.O.B. __________________
First Middle Initial Last

Prefers to be Called:__________________________ U.S. Citizen? Yes ☐ No ☐ Have a Will? Yes ☐ No ☐

Social Security Number:_________________________ Veteran? Yes ☐ No ☐ Have a Trust? Yes ☐ No ☐

Cell Phone: (____) ___________________ Email: ________________________________

Employer:____ Business Phone: (____)________________

Has Client 1 been married to someone else? Yes ☐ No ☐

Client 2:(Mr./Mrs./Ms./Dr.)____D.O.B. __________________
First Middle Initial Last

Prefers to be Called:__________________________ U.S. Citizen? Yes ☐ No ☐ Have a Will? Yes ☐ No ☐

Social Security Number:_______________________ Veteran? Yes ☐ No ☐ Have a Trust? Yes ☐ No ☐

Cell Phone: (____) ___________________ Email: ________________________________

Employer:____ Business Phone: (____)________________

Has Client 2 ever been married to someone else? Yes ☐ No ☐

Address: Street Address:____

City: ____State: _______ Zip: ______________

County: ______________________________________ Home Phone: (____) ____________________

Date of Marriage: ______________________ **Prenuptial Agreement? Yes** ☐ **No** ☐

Children (living and deceased): (MUST USE LEGAL NAMES)

1. Name:____ M ☐ F ☐ D. O. B. ________________

   Address: ____________________________________ City: ________________ State: _____ Zip: ________

   Marital Status:_______________ # of Children ________ Spouse's First Name ______________________

   Phone: (______) __________________ Who is parent of this child? Both ☐ Client 1☐ Client 2 ☐

2. Name:____ M ☐ F ☐ D. O. B. ________________

   Address: ____________________________________ City: ________________ State: _____ Zip: ________

   Marital Status:_______________ # of Children ________ Spouse's First Name ______________________

   Phone: (______) __________________ Who is parent of this child? Both ☐ Client 1☐ Client 2 ☐

3. Name:____ M ☐ F ☐ D. O. B. ________________

   Address: ____________________________________ City: ________________ State: _____ Zip: ________

   Marital Status:_______________ # of Children ________ Spouse's First Name ______________________

   Phone: (______) __________________ Who is parent of this child? Both ☐ Client 1☐ Client 2 ☐

   (attach an additional sheet for additional children)

Do any members of your family have any special physical or mental challenges? Yes ☐ No ☐

If you now support your parents or other relatives, or wish to make provisions for them in your estate plan, please provide their names, addresses and phone numbers:

____

____

3. Proposed Guardian of Any Minor Children

Client 1 *and* 2:

First Choice:

Name ____

Second Choice:

Name ____

Third Choice:

Name ____

4. Personal Representative of Will, Trustee (of any trust)

For Client 1:

First Choice:

Name ______________________________

Second Choice:

Name ______________________________

Third Choice:

Name ______________________________

For Client 2:

First Choice:

Name ______________________________

Second Choice:

Name ______________________________

Third Choice:

Name ______________________________

5. Agent for Durable Power of Attorney *(this is someone you would want in control of financial decisions in the event of your incapacity)*

For Client 1:

First Choice:

Name ______________________________

Second Choice:

Name ______________________________

Third Choice:

Name ______________________________

Would you like the Power of Attorney to be effective immediately? Yes ☐ No ☐

For Client 2:

First Choice:

Name ______________________________

Second Choice:

Name ______________________________

Third Choice:

Name ______________________________

Would you like the Power of Attorney to be effective immediately? Yes ☐ No ☐

6. Patient Advocate for Patient Advocate Designation *(this is someone you would want in control for medical decisions)*

For Client 1:

First Choice:

Name ____________________

Second Choice:

Name ____________________

Third Choice:

Name ____________________

Do you want to provide that your Patient Advocate have authority to end life support if there is no hope of recovery?

Yes ☐ No ☐

Do you want to provide that your organs and tissues should be made available for transplant and/or research purposes?

Yes ☐ No ☐

For Client 2:

First Choice:

Name ____________________

Second Choice:

Name ____________________

Third Choice:

Name ____________________

Do you want to provide that your Patient Advocate have authority to end life support if there is no hope of recovery?

Yes ☐ No ☐

Do you want to provide that your organs and tissues should be made available for transplant and/or research purposes?

Yes ☐ No ☐

7. Funeral Representative Designation

For Client 1:

First Choice:

Name ____________________

Second Choice:

Name ____________________

Third Choice:

Name ____________________

Have you made any advanced arrangements? Yes ☐ No ☐

Would you prefer your remains be cremated or buried? Cremation ☐ Burial ☐

For Client 2:

First Choice:

Name ____________________

Second Choice:

Name ____

Third Choice:

Name ____

Have you made any advanced arrangements? Yes ☐ No ☐

Would you prefer your remains be cremated or buried? Cremation ☐ Burial ☐

8. Distributions:

Please list the name and address of those who are to be the primary beneficiaries of your estate. (i.e., spouse first, children second, etc. and ages you would like minors to receive any distribution.)

____

____

____

____

Please provide the name, address and relationship of those to whom you would leave your estate (final takers) and the percentages for each in case all of your primary beneficiaries predecease you or perish with you.

____

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____

____

If you wish to make any charitable or other special gifts, please indicate the charity and the amount you wish to donate.

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CHECKLIST OF DOCUMENTS & FAMILY ADVISORS

1. **Safe Deposit Box -** Location: ____

2. **Advisors (Names and Addresses)**

   Accountant ____

   Commercial Banker ____

   Investment Advisor ____

   Life Insurance Agent ____

Please list any reasons, goals or concerns regarding your Estate Planning.

____
____
____
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DOCUMENTATION FOR ESTATE PLAN ANALYSIS

1. Copies of Last Wills and Testaments, Revocable Trust Agreements, Durable Powers of Attorney for Health Care and General Durable Powers of Attorneys for Finances and/or any additional estate planning documentation which may currently be in effect.

2. Copies of deeds for all real estate holdings wherever situated.

3. Copies of Partnership Agreements and Operating Agreements for any partnerships, limited liability companies or other entities in which the client is a member or other participant.

4. Current personal balance sheet, if available.

5. Copies of life insurance policies and current statements regarding the same.

THANK YOU FOR YOUR TIME. WE LOOK FORWARD TO REVIEWING YOUR INFORMATION. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 248-481-4000.

SUMMARY OF ASSETS & LIABILITIES

	Client 1	Client 2	Joint
1. Income			
A. Monthly Income	________	________	________
2. Assets			
A. Tangible Personal Property	________	________	________
B. Non-Retirement Securities, Mutual Funds, Cash Related Accounts and similar Intangible Property	________	________	________
C. Real Estate (Fair Market Value)	________	________	________
D. Retirement Benefits - IRA's & 401k's	________	________	________
E. Insurance			
Death Benefit:	________	________	________
Named Beneficiary:	________	________	________
F. Monies owed you	________	________	________
G. Government Bonds	________	________	________
H. Business interests	________	________	________
Total	________	________	________
3. Liabilities			
A. Real Estate Mortgages	________	________	________
B. Notes to Financial Institutions	________	________	________
C. Loans on Insurance Policies	________	________	________
D. Other Obligations	________	________	________
E. Charitable Pledges	________	________	________
F. Tax Liabilities	________	________	________
Total	________	________	________
4. Net Worth	________	________	________
5. Potential Inheritance	________	________	________

6. Do you have long term care insurance? Yes ☐ No ☐