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# MARC H. WANDER PLLC

ESTATE PLANNING | BUSINESS PLANNING | ELDER LAW

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## PRELIMINARY ESTATE PLANNING QUESTIONNAIRE

### CONFIDENTIAL

*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 (Please use legal names only)

Client: (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 been married? Yes  No

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**Address:** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**Children (living and deceased):** (Please use legal names only)

1. Name: \_\_\_\_\_ M  F  D. O. B. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ # of Children \_\_\_\_\_ Spouse's First Name \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ M  F  D. O. B. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ # of Children \_\_\_\_\_ Spouse's First Name \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_ M  F  D. O. B. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ # of Children \_\_\_\_\_ Spouse's First Name \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

**(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**

**First Choice:**

Name \_\_\_\_\_

**Second Choice:**

Name \_\_\_\_\_

**Third Choice:**

Name \_\_\_\_\_

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

**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)*

**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 of medical decisions)*

**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**

**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., children first, 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.

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

**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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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUMMARY OF ASSETS & LIABILITIES**

**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

<h2>DOCUMENTATION FOR ESTATE PLAN ANALYSIS</h2>
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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.