

**ESTATE PLANNING QUESTIONNAIRE
(MARRIED)**

Date _____ Cell Number (Husband) _____
Home Phone No. _____ Cell Number (Wife) _____
Business Phone (Husband) _____ Business Phone (Wife) _____
E-mail address (Husband) _____
E-mail address (Wife) _____
Fax No. _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.

A. PERSONAL DATA

(Husband) Full Name _____ <small>(print name as shown on your checks)</small>	(Wife) Full Name _____ <small>(print name as shown on your checks)</small>
Street Address _____	
City _____	State _____ Zip _____
Birth Date _____	Birth Date _____
U.S. Citizen? Yes No	U.S. Citizen? Yes No
Annual Income _____	Annual Income _____

B. REFERRAL

Who referred you to this office?
Name _____
Street Address _____
City _____ State _____ Zip _____

Referral is a: _____ Attorney
 _____ Previous Client LOMURRO, MUNSON, COMER, BROWN & SCHOTTLAND, LLC
 _____ Other _____

C. CHILDREN (if applicable)

Name of Child _____ Gender: ___ Male ___ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

Relationship to Husband: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Relationship to Wife: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Name of Child _____ Gender: ___ Male ___ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

Relationship to Husband: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Relationship to Wife: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Name of Child _____ Gender: ___ Male ___ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

Relationship to Husband: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Relationship to Wife: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Name of Child _____ Gender: ___ Male ___ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

Relationship to Husband: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Relationship to Wife: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

D. GRANDCHILDREN (if applicable)

Name of Grandchild _____ Gender: ___ Male ___ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

Relationship to Your Child: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Name of Grandchild _____ Gender: ___ Male ___ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

Relationship to Your Child: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Name of Grandchild _____ Gender: ___ Male ___ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

Relationship to Your Child: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Name of Grandchild _____ Gender: ___ Male ___ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

Relationship to Your Child: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Name of Grandchild _____ Gender: ___ Male ___ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

Relationship to Your Child: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

Name of Grandchild _____ Gender: ___ Male ___ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

Relationship to Your Child: ___ Natural child ___ Adopted ___ Stepchild ___ Child born out of wedlock

E. DISPOSITIVE INTENTIONS

1. SPOUSE AND CHILDREN

Do you wish to provide primarily for your spouse and secondarily for your children?
_____ Yes _____ No

Do you wish to treat all of your children equally? _____ Yes _____ No

If not, why not? _____

After your spouse's death, at what age do you want distribution to your children (e.g. a typical plan provides for distributions at ages 25, 28, and 30 or 35)?

2. OTHER BENEFICIARIES

Do you want your Will or Trust to benefit anyone other than your spouse, children, grandchildren or a charity? _____ Yes _____ No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

F. PERSONAL REPRESENTATIVE (EXECUTOR)

Whom do you want to serve as your Personal Representative?

(Husband)

First Choice: _____ Spouse Other_____

Second Choice_____

Third Choice_____

(Wife)

First Choice: _____ Spouse Other_____

Second Choice_____

Third Choice_____

G. TRUSTEE

Whom do you want to serve as your Trustee?

(Husband)

First Choice_____

Second Choice_____

(Wife)

First Choice_____

Second Choice_____

H. GUARDIAN

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian of the Person (the custodial guardian)?

First Choice_____

Second Choice_____

Third Choice_____

I. POWER OF ATTORNEY

HUSBAND

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

WIFE

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

J. MISCELLANEOUS

Do you have any other legal issues of which I should be aware? _____ Yes _____ No

If yes, please explain _____

What is the location of your important papers? _____

Do you have a Safe Deposit Box? _____ Yes _____ No

If yes, please indicate the name and address of the location _____

Have you ever made gifts to any one person in excess of \$12,000 in any one calendar year?

_____ Yes _____ No

Have you ever filed a Federal Gift Tax Return? _____ Yes _____ No

K. FINANCIAL SUMMARY

ASSET/LIABILITY	<u>ASSETS</u>			<u>LIABILITIES</u>
	HUSBAND	WIFE	JOINT	
CHECKING (attach copies of recent statements)				
SAVINGS (attach copies of recent statements)				
MONEY MARKET (attach copies of recent statements)				
CERTIFICATE OF DEPOSIT (attach copies of recent statements)				
RESIDENCE (attach copy of deed)				
OTHER REAL ESTATE (attach copy of deeds)				
Street Address:				
Street Address:				
BROKERAGE ACCOUNT (attach copies of recent statements)				

ASSET/LIABILITY	<u>ASSETS</u>			<u>LIABILITIES</u>
	HUSBAND	WIFE	JOINT	
MUTUAL FUNDS (attach copies of recent statements)				
STOCKS NOT HELD BY BROKER (attach copies of certificates)				
BONDS - NON MUTUAL FUNDS HELD BY BROKER (attach copies of recent statements)				
BONDS - NON MUTUAL FUNDS NOT HELD BY BROKER (attach copies of bonds)				
NOTES & MORTGAGES RECEIVABLE (attach copies of Notes & Mortgages)				
BUSINESS INTERESTS (attach copies of stock certificates, partnership agreements and/or other documentation)				
Name of Business:				
Name of Business:				

ASSET/LIABILITY	<u>ASSETS</u>			<u>LIABILITIES</u>
	HUSBAND	WIFE	JOINT	
NON-IRA TAX QUALIFIED RETIREMENT PLAN (attach copies of statements and beneficiary designations)				
TRADITIONAL IRA PLAN (attach copies of statements and beneficiary designations)				
ROTH IRA (attach copies of statements and beneficiary designations)				
ANNUITIES (attach copies of all contracts and beneficiary designations)				
LIFE INSURANCE (attach copies of the front page of all policies and beneficiary designations)				
INHERITANCE, ETC.				
AUTOMOBILES				
JEWELRY COLLECTIONS				
OTHER ASSETS (attach copies of documentation pertaining to such assets)				
Description:				
Description:				
Description:				
TOTALS				

Are you a contributor to a 529 Plan? _____ Yes _____ No

If yes, please attach a statement of the 529 account.

Personal Residence:

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

L. CERTIFICATION

The undersigned hereby represents to LOMURRO, MUNSON, COMER, BROWN & SCHOTTLAND, LLC and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:
