

KITROSER LEWIS & MIGHDOLL

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Estate Planning Questionnaire (Single)

This form is extremely important. Your accuracy and completeness in responding will help us represent you. Please return this completed form to our office at your earliest convenience via email, fax, or regular mail.

A. CLIENT

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Social Security Number: _____

U.S. Citizen: ___ Yes ___ No Veteran: ___ Yes ___ No

B. MARITAL INFORMATION (if previously married)

Date of Marriage: _____ Place of Marriage: _____

Name of Former Spouse: _____

Marriage Terminated by: ___ Death ___ Divorce ___ Annulment

C. CHILDREN (if applicable, include adult and minor children, as well as any who may have predeceased you)

Name of Child: _____

___ Male ___ Female ___ Married ___ Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Name of Child: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Name of Child: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Name of Child: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Please Check here and attach a separate page to list additional children.

D. CHILDREN (continued)

1. Are all of your children in good health?

Yes No

2. Do any of your children have a disability?

Yes No

3. Do any of your children receive Social Security or SSDI?

Yes No

If yes, how much is the child's monthly payment?

\$ _____

4. Do any of your children receive Medicaid or Medicare?

____ Yes ____ No

5. Do any of your children have any problems with:

Serious physical or mental illness?

____ Yes ____ No

Drug addiction?

____ Yes ____ No

Alcoholism?

____ Yes ____ No

Debt problems/ bankruptcy?

____ Yes ____ No

If you answered yes above, please list the name and reason for listing the child.

Do any of your children owe you money, or have you made gifts to one or more children that you wish to treat as an advancement of their inheritance? If yes, please provide information:

E. GRANDCHILDREN (if applicable)

Name of Grandchild: _____

____ Male ____ Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Name(s) of Grandchild's Parent(s): _____

Is this grandchild a direct descendant (natural or adopted) child of your child?

Yes No

Name of Grandchild: _____

Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Name(s) of Grandchild's Parent(s): _____

Is this grandchild a direct descendant (natural or adopted) child of your child?

Yes No

Name of Grandchild: _____

Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Name(s) of Grandchild's Parent(s): _____

Is this grandchild a direct descendant (natural or adopted) child of your child?

Yes No

Please check this box and attach a separate page to list additional grandchildren.

F. GRANDCHILDREN(continued)

1. Are all of your grandchildren in good health?

Yes No

2. Do any of your grandchildren have a disability?

Yes No

3. Do any of your grandchildren receive Social Security or SSDI?

Yes No

If yes, how much is the grandchild's monthly payment?

\$ _____

4. Do any of your grandchildren receive Medicaid or Medicare?

Yes No

5. Do any of your grandchildren have any problems with:

Serious physical or mental illness?

___ Yes ___ No

Drug addiction?

___ Yes ___ No

Alcoholism?

___ Yes ___ No

Debt problems/ bankruptcy?

___ Yes ___ No

If you answered yes above, please list the name and reason for listing the grandchild.

Do any of your grandchildren owe you money, or have you made gifts to one or more grandchildren that you wish to treat as an advancement of their inheritance? If yes, please provide information:

G. MISCELLANEOUS

1. Do you have Long Term Care Insurance?

___ Yes ___ No

If yes, please provide a copy of the policy.

2. Do you have any legal issues I should be aware of?

___ Yes ___ No

If yes, please explain: _____

3. Where do you store your important papers? _____

4. Do you have a safe deposit box?

___ Yes ___ No

If yes, please indicate the name and address of the bank: _____

5. Have you prepaid your burial and funeral arrangements?

____ Yes ____ No

If yes, please provide copies of you cemetery deed and funeral contract.

6. Are there any difficult family dynamics that could impact your planning?

____ Yes ____ No

If yes, please provide information: _____

7. Does anyone in your immediate or extended family have special needs issues (including any spouses if your children)?

____ Yes ____ No

If yes, please provide name and relationship of the disabled family member:

H. REFERRAL

Who referred you to our office?

Name: _____

Company Name: _____

Have you visited our website at www.KitroserLaw.com?

____ Yes ____ No

I. CERTIFICATION

The undersigned hereby represents to Kitroser & Associates that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Kitroser & Associates may not be appropriate.

Signature of Client or Client Representative

Date

SCHEDULE ONE: ASSETS AND RESOURCES

A. REAL ESTATE

(Please provide copies of deeds and most recent tax bills)

Description	Cost	Market Value	Mortg. Bal.	How Title Held
123 Main St.	\$xxx,xxx.xx	\$xxx,xxx.xx	\$xx,xxx.xx	Joint tenant

B. CASH AND BANK ACCOUNTS (CDs, CHECKING, SAVINGS, etc.)

(Please provide copies of most recent statements)

Name of Bank	Type of Account	Balance	How Title Held
Big Bank	Savings	\$xx,xxx	Jointly w/ wife

C. SECURITIES (Bonds, Marketable Securities, etc.)

(Please provide copies of most recent statements)

Name of Bank	Type of Sec.	# Shares/Face Val.	Cost	Current Val.	Title
Acme. Corp.	Common	xx Shares	\$xxx	\$xxx	Sole Owner

D. RETIREMENT ACCOUNTS (IRAs, Annuities, Keoghs, etc.)

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Owner	Beneficiary	Date Est.	Current Val.
Big Broker	Client	Spouse	Jan. 1970	\$xxx,xxx.xx

E. LIFE INSURANCE (Whole Life, Term, Endowment, etc.)

(Please provide copies of the most recent statements and beneficiary designations)

Name of Institution	Owner	Beneficiary	Date Est.	Current Val.
Prudential Term Policy	Client	Son/Daughter	Jan. 1970	\$xxx,xxx.xx

F. PERSONAL PROPERTY

	Market Value and Item	How Title Held
Home Furnishings:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
Jewelry, Furs, etc.:	\$ _____	_____
	\$ _____	_____
Other:	\$ _____	_____
Other:	\$ _____	_____

G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of any Trust in which you have an interest, or the person who is the source of the inheritance and what you expect to receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.

H. BUSINESS INTERESTS

If client has an ownership in any business (wether sole proprietorship, corporation, or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.) please provide copies.

I. MISCELLANEOUS

If client has any property interests not described above, please explain the nature of the interests and estimated value of each.

SCHEDULE TWO: SELECTING BENEFICIARIES

This section will help you select who you would like to receive property upon your death. Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations. Are there certain items of personal property that should pass to designated individuals? Are there specific charities or individuals that you intend to leave a gift? Are some selected beneficiaries going to require a Trustee to manage their fund on their behalf?

A. First-choice beneficiaries ____ Children ____ Other

B. Second-choice beneficiaries ____ Children ____ Other

C. Third-choice beneficiaries ____ Children ____ Other

D. Any specific disposition of your residence?

E. Any specific gifts of special articles, such as art or jewelry?

F. Any specific disposition of other household and/or personal effects?

G. Other information you think is important to your estate planning:

SCHEDULE THREE: SELECTING FIDUCIARIES

(Please provide names, addresses and phone numbers if designated individual(s) are not a child or grandchild.)

Last Will & Testament	Full Legal Name	Relationship
Personal Representative or Co-Personal Representatives:		
1 st Successor(s)		
2 nd Successor(s)		
Trustee or Co-Trustees:		
Guardian(s) for Minor or Disabled Child(ren)		

Financial Power of Attorney	Full Legal Name	Relationship
Agent or Co-Agents		
1 st Successor(s)		
2 nd Successor(s)		

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

___ Yes, my Co-Agents may act independently of each other.

___ No, each task must be undertaken jointly by all Co-Agents

Health Care Surrogate/HIPAA Release/Living Will	Full Legal Name	Telephone Number	Relationship
Agent or Co-Agents			
1 st Successor(s)			
2 nd Successor(s)			

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

___ Yes, my Co-Agents may act independently of each other.

___ No, each task must be undertaken jointly by all Co-Agents

Preneed Guardian of Person and Property	Full Legal Name	Relationship
Agent or Co-Agents		
1 st Successor(s)		
2 nd Successor(s)		