***Estate Planning Questionnaire***

**Rader & Coleman, PL**

|  |  |
| --- | --- |
| Date: |  |

**SECTION I: PERSONAL INFORMATION**

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| **1. INFORMATION** |
| Full Name:  | Date of Birth:  |
| Place of Birth:  | Social Security No.:  |
| U.S. Citizen     |
| Other Names Known by:  |
| Are you presently employed?  If Yes, for how long?  |
| Occupation (former if retired):  |
| Employer:  |
| Business Address:  |
| Office Phone:  | Email Addr:  |
| Mobile Phone:  | Fax No.:  |

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| --- |
| **2. HOME ADDRESS** |
| Street:  |
| City:  State:  Zip Code:  |
| Country (if not USA):  County:  Home Phone:  |
| Other Residences:  |

**SECTION II: GENERAL QUESTIONS**

|  |  |
| --- | --- |
|  | Do you have an existing Will? If Yes, please provide a copy |
|  | Do you have an existing Trust? If Yes, please provide a copy |
|  | Have you previously been married? If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available. |
|  | Please indicate your state of domicile  and the date established .If you spend more than a nominal amount of time in another state or country, please identify. |
|  | Have you given away more than the annual gift tax exclusion, in money or property, to any person in any single year? (Annual exclusion was $3,000 until 1982, then $10,000, with modest increases beginning in 2002.) If Yes, list amounts by years below or on the reverse side:Year  Amount: $  Year  Amount: $  Year  Amount: $   |
|  | Are you receiving or will you receive an annuity? If Yes, to whom will the payments be made? How long will payments be made? If Fixed Term, for how long?  Amount of each payment? $  |
| 1.
 | Have you ever filed a gift tax return (IRS Form 709)? (If Yes, please provide a copy of the last one filed with the IRS) |
|  | Have you ever filed a corporate or partnership tax return? (If Yes, please provide a copy of the last one filed with the IRS) |
|  | Do you have any interest under a Will or Trust of another person, including a power of appointment? If Yes, please supply a copy of the document if available. |
|  | Are you a Trustee of any Trust?  |
|  | Have you received, or do you expect to receive, any inheritances?  |
|  | Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the US?  |
|  | Do you have relatives dependent upon you for support If Yes, give names and relationships:  |
|  | Please list any specific items or amounts that you wish to give to any individuals or organizations at your death: (Check here if attaching separate sheet **[ ]** ) |
|  | Name: Address:  | Item or Amount: Relation:  |
|  | Name: Address:  | Item or Amount:  Relation:  |
|  | Name: Address:  | Item or Amount:  Relation:  |
|  | All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: If Other, please specify here:  |
|  | Are you self-employed or a member of a partnership or small business subject to any buy/sell arrangements? If Yes, please supply a copy of any pertinent documents. |
|  | Do you hold stock in a closely-held corporation? If Yes, attach details of any stock redemption agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable. |
|  | Do you have any medical issues we should be aware of for planning purposes?  |
|  | Do you have long term care insurance? Do you have disability insurance? Do you have liability insurance?  |
|  | Do you own any property in a foreign country? If Yes, which country?  |
|  | Who will serve as personal representative/executor for you? **For help, click here and press F1**Name:  Relation: City/State: Alternate (if above person unable to serve): As Co-Personal Representative **[ ]** City/State:  Relation:  |
|  | Who will serve as Trustee for you? **For help, click here and press F1** Name:  Relation: City/State: Alternate (if above person unable to serve): As Co-Trustees **[ ]** City/State:  Relation:  |
|  | Who will serve as guardian of your minor children (if applicable)? **For help, click here and press F1**Name:  Relation: City/State: Alternate (if above person unable to serve): City/State:  Relation:  |
|  | Who will serve as attorney-in-fact under a durable power of attorney (if desired) **For help, click here and press F1**?  Name:  Relation: City/State: Alternate (if above person(s) unable to serve): City/State:  Relation:  |
|  | Who will serve as health care surrogate/agent (person to make medical decisions)? **For help, click here and press F1**Name:  Relation: Address:  Phone: Alternate(if above person(s) unable to serve): Address: Relation:  Phone:  |
|  | Do you want a Living Will to address end of life issues? **For help, click here and press F1** |
|  | Do you wish to be cremated? If Yes, please provide details of the disposition of your ashes, directing if they are to be scattered or preserved in one location. |
|  | Are you concerned that one or more of your beneficiaries will not behave responsibly with money that you give them?  |
|  | Do you have any relatives attending private school, college, or graduate school?  |
|  | Do you have any relative who regularly incurs significant medical bills?  |
|  | Is there any member of your family disabled or receiving medical benefits from State or Federal government?  |
|  | How did you first learn about our firm?  |

**SECTION III: BENEFICIARY INFORMATION**

**Names of living children as they are to appear in your documents** (attach additional pages if necessary)

|  |  |  |
| --- | --- | --- |
| 1. | Name of Child: | Date of Birth:  Phone: Address:  |
| Married? If Yes, please provide name:  |
| Grandchildren? If Yes, please provide names and ages below: |
| Names:  | Ages:  |
|   |   |
|   |   |
|   |   |
|  |  |  |
| 2. | Name of Child: | Date of Birth:  Phone: Address:  |
| Married? If Yes, please provide name:  |
| Grandchildren? If Yes, please provide names and ages below: |
| Names:  | Ages:  |
|   |   |
|   |   |
|   |   |
|  |  |  |
| 3. | Name of Child: | Date of Birth:  Phone: Address:  |
| Married? If Yes, please provide name:  |
| Grandchildren? If Yes, please provide names and ages below: |
| Names:  | Ages:  |
|   |   |
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|   |   |

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| --- | --- | --- |
|  |  |  |
| 4. | Name of Child: | Date of Birth:  Phone: Address:  |
| Married? If Yes, please provide name:  |
| Grandchildren? If Yes, please provide names and ages below: |
| Names:  | Ages:  |
|   |   |
|   |   |
|   |   |
|  |  |  |
| 5. | Name of Child: | Date of Birth:  Phone: Address:  |
| Married? If Yes, please provide name:  |
| Grandchildren? If Yes, please provide names and ages below: |
| Names:  | Ages:  |
|   |   |
|   |   |
|   |   |
|  |  |  |
| 6. | Name of Child: | Date of Birth:  Phone: Address:  |
| Married? If Yes, please provide name:  |
| Grandchildren? If Yes, please provide names and ages below: |
| Names:  | Ages:  |
|   |   |
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| **Do you have any children who have predeceased you?** If yes, list information below: |
| Name of deceased child:   |
| Married at death? If Yes, please provide name:  |
| Grandchildren? If Yes, please provide names and ages below: |
| Names:  | Ages:  |
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| **Do you have any children or grandchildren who are adopted?**  |

**Other Persons or Institutions to be Named in Your Documents (and not listed above):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Names as you would like them to appear on your documents | City and State | Relationship (if any);  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

**SECTION IV: FINANCIAL INFORMATION**

**Check the box if held in a Revocable Trust**

\*Please indicate if any accounts receive direct deposits.

|  |  |  |
| --- | --- | --- |
| **Assets****(Estimate Current Fair Market Value)** | **In Your Name** | **OwnedJointly** |
| 1. Principal Residence |  **[ ]**  |   |
| 2. Other Real Estate |  |  |
|   | **[ ]**  |  |
|   | **[ ]**  |  |
|   | **[ ]**  |  |
| 3. Mineral Interests | **[ ]**  |  |
| 4. Checking Account(s) | **[ ]**  |  |
| 5. Savings Account(s) | **[ ]**  |  |
| 6. Certificates of Deposit(s) | **[ ]**  |  |
| 7. Brokerage Account(s) |  |  |
|   | **[ ]**  |  |
|   | **[ ]**  |  |
| 8. Other Securities | **[ ]**  |  |
| 9. Business Interests | **[ ]**  |  |
| 10. Notes Receivable | **[ ]**  |  |
| 11. Personal Effects & Furnishings | **[ ]**  |  |
| 12. Automobiles | **[ ]**  |  |
| 13. Other | **[ ]**  |  |
| ***Total Assets*** |  |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Liabilities** |  **Your Name Only** | **Contingent Liabilities** | **Owed Jointly** |
| Home Mortgage |   |   |   |
| Other Mortgages |  |  |  |
| Other Loans |  |  |  |
| ***Total Liabilities*** |  |  |   |
|  |  |  |  |
| **NET ASSETS** |  |  |  |

**Profit Sharing, IRA, Pension Plans, 401k, Etc.**

|  |  |  |  |
| --- | --- | --- | --- |
| **OWNER** | **DESCRIPTION** | **BENEFICIARY** | **CURRENT VALUE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***TOTAL RETIREMENT BENEFITS:***  |  |

**Life Insurance**

\*Please bring policies to initial appointment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type (e.g., term, group, whole life, accidental )** | **Face Amount of Death Benefit** | **ApproximateCash Value** | **Owner****C**lient**T**rust**O**ther | **Insured****C**lient**O**ther | **Primary Beneficiary** | **Secondary Beneficiary** |
|  |  |  |  |  |  |  |
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| ***TOTAL INSURANCE:***  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **+** |  | **+** |  | **=** |  |
| **NET ASSETS** | **COMBINED TOTAL RETIREMENT BENEFITS** | **COMBINED TOTAL INSURANCE** | **TOTAL** |

**SECTION V: PROFESSIONAL ADVISORS**

|  |  |  |
| --- | --- | --- |
| **ADVISOR** | **NAME AND FIRM**  | **ADDRESS / PHONE NUMBER** |
| Attorney(s) |  |  |
|  |  |
| FinancialConsultant |  |  |
|  |  |
| Accountant |  |  |
|  |  |
| InsuranceAgent |  |  |
|  |  |
| TrustOfficer |  |  |
|  |  |
| Other |  |  |
|  |  |

\*\*All information provided on this form will be treated as privileged and confidential.

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT RADER & COLEMAN, PL IS RELYING ON THIS INFORMATION FOR THE ADVICE IT GIVES ME, AND IF THERE IS ANY MATERIAL CHANGE IN MY ASSET COMPOSITION, VALUES, OR OTHER PERSONAL DATA DURING THE COURSE OF REPRESENTATION, I WILL NOTIFY RADER & COLEMAN, PL.**

To sign, please type your name in the space provided:

**Signature:** **Please type your name here**