

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Family Information and Asset Summary
Completion of this form will help in accomplishing your estate planning objectives.



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PLEASE BRING THE FOLLOWING DOCUMENTS TO BE COPIED FOR OUR FILE:

1. **Social Security Card**
2. **Driver's license or other photo identification**
3. **Current Will, Powers of Attorney, Living Will, Trust, Premarital Agreements**
4. **Funeral, burial, and cremation contracts, cemetery lots, plots**

(The following are needed for trust funding):

5. **Life insurance policies (current face & cash surrender value)**
6. **Property deeds, mobile home titles, most recent tax bills, insurance policy for homes and jewelry**
7. **Copies of statements for bank accounts, brokerage accounts, stock certificates, bonds, IRAs, annuities, CD, mortgages, promissory notes or any other asset.**
8. **Car title, vehicle registration and insurance policy premium statement**
9. **Written documentation stating the gross current amount of all pensions and deductions.**

(This document will be returned to you, upon request, at the conclusion of our meeting)

PLEASE PRINT ALL INFORMATION

Date of Preparation _____

NAME:

Full Legal Name: _____

Birth Date: _____ Age: _____ U S Citizen: Yes or No

Home Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Do you own your home? Yes or No If so, is it jointly owned? Yes or No

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax #: _____

Email Address: _____

Social Security No.: _____ Own Business? _____

Employer: _____ Occupation: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

SPOUSE (If Applicable):

Full Legal Name: _____

Birth Date: _____ Date of Marriage: _____ U S Citizen: Yes or No

If Deceased, Date of Death: _____

Home Address (if different): _____

City: _____ State: _____

County: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax #: _____

Email Address: _____

Social Security No.: _____ Own Business? _____

Employer: _____ Occupation: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Have you or your spouse previously completed a will, trust, or estate planning?

If yes, what kind of planning and when? _____

FORMER SPOUSE (If Applicable):

Prior Spouse, Full Legal Name: _____

Date of Marriage: _____

Did the marriage end by: Divorce _____ Death _____

Date of Divorce _____ County & State of Divorce _____

Date of Death _____

If still Living - Home Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Prior Spouse, Full Legal Name: _____

Date of Marriage: _____

Did the marriage end by: Divorce _____ Death _____

Date of Divorce _____ County & State of Divorce _____

Date of Death _____

If still Living - Home Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

YOUR CHILDREN:

Your Child 1. _____ Male/Female: _____

Address: _____

Phone: _____ Soc Sec #: _____ Birthdate: _____

Grandchildren:

1. _____ Male/Female: _____

Address: _____

Phone: _____ Soc Sec #: _____ Birthdate: _____

2. _____ Male/Female: _____

Address: _____

Phone: _____ Soc Sec #: _____ Birthdate: _____

3. _____ Male/Female: _____

Address: _____

Phone: _____ Soc Sec #: _____ Birthdate: _____

Your Child 2. _____ Male/Female: _____

Address: _____

Phone: _____ Soc Sec #: _____ Birthdate: _____

Grandchildren:

1. _____ Male/Female: _____

Address: _____

Phone: _____ Soc Sec #: _____ Birthdate: _____

2. _____ Male/Female: _____

Address: _____

Phone: _____ Soc Sec #: _____ Birthdate: _____

3. _____ Male/Female: _____
Address: _____
Phone: _____ Soc Sec #: _____ Birthdate: _____

Your Child 3. _____ Male/Female: _____
Address: _____
Phone: _____ Soc Sec #: _____ Birthdate: _____

Grandchildren:

1. _____ Male/Female: _____
Address: _____
Phone: _____ Soc Sec #: _____ Birthdate: _____

2. _____ Male/Female: _____
Address: _____
Phone: _____ Soc Sec #: _____ Birthdate: _____

3. _____ Male/Female: _____
Address: _____
Phone: _____ Soc Sec #: _____ Birthdate: _____

Your Child 4. _____ Male/Female: _____
Address: _____
Phone: _____ Soc Sec #: _____ Birthdate: _____

Grandchildren:

1. _____ Male/Female: _____
Address: _____
Phone: _____ Soc Sec #: _____ Birthdate: _____

2. _____ Male/Female: _____
Address: _____
Phone: _____ Soc Sec #: _____ Birthdate: _____

3. _____ Male/Female: _____
Address: _____
Phone: _____ Soc Sec #: _____ Birthdate: _____

___ Check here and list any additional children and above information on the back of this page.

IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18:

Whom do you wish to be guardian of your children?

Name in order of preference. (one person per line) including name, address & phone #

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

OTHER DEPENDENTS:

Do you have anyone else who depends on you for all or part of their support? IF YES, PLEASE LIST:

1. _____ Relationship: _____
2. _____ Relationship: _____

Other Beneficiary Data:

Please list the names & addresses of beneficiaries other than children:

1. Name _____ Male/Female

Social Security Number: _____ Phone: _____
Relationship: _____ Birthdate: _____

2. Name _____ Male/Female

Social Security Number: _____ Phone: _____
Relationship: _____ Birthdate: _____

3. Name _____ Male/Female

Social Security Number: _____ Phone: _____
Relationship: _____ Birthdate: _____

4. Name _____ Male/Female

Social Security Number: _____ Phone: _____
Relationship: _____ Birthdate: _____

Questions About Your Children or Other Beneficiaries: (Circle Yes or No)

1. Do you have any children who have died? Yes or No

2. Did that child have any children? Yes or No

If so, please list:

Full Legal Names, address & telephone number M /F DOB

1. Name _____ Male/Female

SSN: _____ Phone: _____ Birthdate: _____

2. Name _____ Male/Female

SSN: _____ Phone: _____ Birthdate: _____

Do you wish these children to receive their deceased parent's share? Yes or No

3. Do you wish to exclude any of your children from your will? Yes or No

If so, please list:

4. Do any of your children or beneficiaries receive governmental support of benefits because of a disability or handicap? Yes or No

5. Do any of your children or beneficiaries have special educational, medical, or physical needs? Yes or No

6. Do you have a child or beneficiary with a learning disability? Yes or No

7. Are any of your children or beneficiaries institutionalized? Yes or No

8. If you answered YES to any of the above questions, please describe the type of disability that your child or beneficiary has: _____

9. Do you have any adopted children? Yes or No, Name(s): _____

10. Do any of your children or beneficiaries have any other special needs or circumstances that are of concern to you? If yes, Please describe _____

11. Who shall receive the balance of your estate? (Give percentages and at what age you want distributions to your children)

12. Are there any special gifts which you would like to make? (i.e.: jewelry, family heirlooms, etc.) Yes or No

If so, please list the item and the name, address and social security number of the person you would like to have it:

| Item | Name | Address | SS# |
|------|------|---------|-----|
|------|------|---------|-----|

13. Are the bequests to be given with debt or debt-free? _____

14. Do you have any pets that you wish to provide for in your estate planning? _____

Identity of pet(s) _____

Trustee (who distributes money) _____

Beneficiary (who has custody) _____

Term of Trust _____

Amount held _____

If you are leaving funds to a charity, complete the following. Please call the charity's office for a copy of their IRS 501(c)(3) letter.

1. Charity Name: _____ 2. Charity Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

3. Charity Name: _____ 4. Charity Name: _____
 Address: _____ Address: _____
 Telephone: _____ Telephone: _____

Personal Representative:

Whom do you want to serve as your personal representative (Executor)? List in order of preference.

1. Name: _____ Relationship: _____
 Address: _____ Telephone: _____
 Social Security No: _____

2. Name: _____ Relationship: _____
 Address: _____ Telephone: _____
 Social Security No: _____

Some Additional Questions about you and/or your spouse (if applicable):

1. Are you receiving social security or disability benefits? _____
2. Do you have any health concerns? _____
3. Do you own property in any state other than Michigan? _____
4. Have you ever filed gift tax returns with the IRS? _____
5. Are you currently making annual gifts to anyone? _____
6. Did you ever sign a pre- or post -marriage contract? _____
7. Are you currently the beneficiary of anyone else's estate plan? _____
8. What is the location of your important papers? _____
9. If you have a safe deposit box, where is it located? _____
 Box number: _____
 Names on the card? _____
10. Do you own a cemetery plot? Yes or No
 If so, where is it located? _____
 Do you wish to be buried there? Yes or No
 If no, where would you like to be buried? _____

11. Do you have special instructions with regard to your funeral? Yes or No
 If so, please state:

12. Have arrangements been made for the disposition of your body at death? _____ Are the arrangements paid for? If yes, complete the following:

Company: _____ Contract No: _____
Amount: \$ _____

13. Are you a veteran? _____ If yes, did you serve during wartime? _____
Branch of Military _____
Benefits being received _____

If widowed, was your spouse a veteran? _____ Served during wartime? _____
Branch of Military _____
Benefits being received _____

14. Do you have any medical conditions that we should be aware of? _____

15. If you were ill and unable to manage your own affairs, could the attorneys at Nawrocki Center For Elder & Family Law, PLLC discuss your financial situation and estate plan with any other individuals (family members, accountant, physician)? YES NO

Names of persons to whom the attorneys are authorized to disclose any information you have given: _____

16. If you were so ill that you could no longer reside at home and your family members had to place you in a nursing home, would you want your designated agent to divest you of all your resources to your family members so that you could qualify for Medicaid, a government program to pay for individuals residing in nursing homes? YES NO

17. Have you considered Long Term Care Insurance to cover the cost if you were in a nursing home? _____

MEDICAL INSTRUCTIONS:

If you were unable to make medical decisions for yourself, whom would you want to make decisions for you with regard to medical treatment and/or life support machines?

FOR YOURSELF:

Name: _____ Address: _____
1st _____

Phone: _____
Social Security No: _____

2nd _____

Phone: _____

Social Security No: _____

Please list individuals you would like to have access to your medical condition/records in the event of your incapacity (HIPAA Release):

Name:

Relationship to you:

FOR SPOUSE (IF APPLICABLE):

Name:

Address:

1st _____

Phone: _____

Social Security No: _____

2nd _____

Phone: _____

Social Security No: _____

Please list individuals you would like to have access to your medical condition/records in the event of your incapacity (HIPAA Release):

Name:

Relationship to you:

FINANCIAL INSTRUCTIONS:

If you were unable to make financial decisions for yourself, whom would you want to make decisions for you with regard to finances?

FOR YOURSELF:

| | |
|-----------|---------------------------|
| Name: | Address: |
| 1st _____ | _____ |
| | _____ |
| | Phone: _____ |
| | Social Security No: _____ |
| 2nd _____ | _____ |
| | _____ |
| | Phone: _____ |
| | Social Security No: _____ |
| 3rd _____ | _____ |
| | _____ |
| | Phone: _____ |
| | Social Security No: _____ |

FOR SPOUSE (IF APPLICABLE):

| | |
|-----------|---------------------------|
| Name: | Address: |
| 1st _____ | _____ |
| | _____ |
| | Phone: _____ |
| | Social Security No: _____ |
| 2nd _____ | _____ |
| | _____ |
| | Phone: _____ |
| | Social Security No: _____ |
| 3rd _____ | _____ |
| | _____ |
| | Phone: _____ |
| | Social Security No: _____ |

YOUR ADVISORS:

| | Name/Address | Telephone |
|-----------------------|----------------|-----------|
| Your Doctor: | _____ _____ | _____ |
| Spouse's Doctor: | _____ _____ | _____ |
| Attorney: | _____ _____ | _____ |
| Accountant: | _____ _____ | _____ |
| Financial Planner: | _____ _____ | _____ |
| Life Insurance Agent: | _____ _____ | _____ |
| Liability Ins. Agent: | _____ _____ | _____ |
| Personal Bank: | _____ _____ | _____ |
| Business Bank: | _____ _____ | _____ |
| Spiritual Advisor: | _____ | _____ |

Other Advisor: _____

CONCERNS FOR YOU, YOUR SPOUSE AND YOUR FAMILY

Please place a check mark next to those concerns that are important to you.

Protection of your children _____
Maintain control of your assets _____
Avoiding problems in case of mental disability _____
Avoiding life support machines _____
Avoiding Probate _____
Avoiding or reducing estate taxes _____
Avoiding or reducing income taxes _____
Disinheritance of a family member _____
Protecting assets from lawsuits, etc. _____
Monitoring of assets _____
Management of family's estate and financial affairs _____

Other concerns or comments: (Please describe) _____

LAW SUITS

Are either of you presently, or will you soon be, a defendant in a law suit?

Yes: _____ No: _____

If "Yes", please give details: _____

Any other legal issues we should be aware of: _____

LIFE INSURANCE POLICIES

Insured: _____
Company Name & Address: _____
Telephone #: _____
Policy #: _____ Whole or Term?: _____
Date Purchased: _____ Face Value: _____
Beneficiaries: _____

Insured: _____
 Company Name & Address: _____
 Telephone #: _____
 Policy #: _____ Whole or Term?: _____
 Date Purchased: _____ Face Value: _____
 Beneficiaries: _____

Insured: _____
 Company Name & Address: _____
 Telephone #: _____
 Policy #: _____ Whole or Term?: _____
 Date Purchased: _____ Face Value: _____
 Beneficiaries: _____

CLIENT ASSET INFORMATION

PERSONAL PROPERTY

(Autos, Mobile Homes, R.V.s, Boats, Art, Antiques, Jewelry)

| Description of Property | Value | How Titled? | Insured? |
|-------------------------|-------|-------------|----------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

TOTAL VALUE OF PERSONAL PROPERTY: \$_____

REAL ESTATE

For each listing, indicate type of property, i.e. condominium, co-op, mobile home, timeshare, land, single residence, multifamily residence, etc. Please use back of page, if necessary.

Primary Residence:

Address: _____
 Type of Property: _____
 If a mobile home, do you own the ground? _____

Names as they appear on deed: _____
Date Acquired: _____ Purchase Price: _____
Current Value: _____ Mortgage Balance: _____
Mortgage Company: _____
Telephone No. of Mortgage Company: _____
Cost of improvements made? _____ Homestead exemption? _____ How much? _____
Senior citizen exemption? _____ How much? _____ VA exemption? _____ How much? _____

Investment Property #1:

Address: _____
Type of Property: _____
If a mobile home, do you own the ground? _____
Names as they appear on deed: _____
Date Acquired: _____ Purchase Price: _____
Current Value: _____ Mortgage Balance: _____
Mortgage Company: _____
Telephone No. of Mortgage Company: _____
Cost of improvements made? _____ Homestead exemption? _____ How much? _____
Senior citizen exemption? _____ How much? _____ VA exemption? _____ How much? _____

Investment Property #2:

Address: _____
Type of Property: _____
If a mobile home, do you own the ground? _____
Names as they appear on deed: _____
Date Acquired: _____ Purchase Price: _____
Current Value: _____ Mortgage Balance: _____
Mortgage Company: _____
Telephone No. of Mortgage Company: _____
Cost of improvements made? _____ Homestead exemption? _____ How much? _____
Senior citizen exemption? _____ How much? _____ VA exemption? _____ How much? _____

Total value of real estate: \$ _____

Less outstanding mortgages: \$ _____

Equity in real estate: \$ _____

INTANGIBLE ASSETS

List Bank Accounts (including custodial accounts), CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds. This section must be completed in full. Please bring the most recent statement for each asset to the appointment. If the asset is an IRA, Keogh or 401(k) plan, please list in the next section. Please use the back of this page, if necessary.

Type of Asset: _____
Name & Address of Financial Institution: _____
Telephone No. of Financial Institution: _____
How is the asset titled?: _____
Value: \$ _____ Account #: _____ Beneficiary: _____
Maturity date?: _____ Interest rate: _____ Annual interest earned? _____ APY rate: _____
Type of Asset: _____

Type of Asset: _____
Name & Address of Financial Institution: _____
Telephone No. of Financial Institution: _____
How is the asset titled?: _____
Value: \$ _____ Account #: _____ Beneficiary: _____
Maturity date?: _____ Interest rate: _____ Annual interest earned? _____ APY rate: _____
Type of Asset: _____

Type of Asset: _____
Name & Address of Financial Institution: _____
Telephone No. of Financial Institution: _____
How is the asset titled?: _____
Value: \$ _____ Account #: _____ Beneficiary: _____
Maturity date?: _____ Interest rate: _____ Annual interest earned? _____ APY rate: _____
Type of Asset: _____

Type of Asset: _____
Name & Address of Financial Institution: _____
Telephone No. of Financial Institution: _____
How is the asset titled?: _____
Value: \$ _____ Account #: _____ Beneficiary: _____
Maturity date?: _____ Interest rate: _____ Annual interest earned? _____ APY rate: _____
Type of Asset: _____

Total intangible assets: \$ _____

IRA, KEOGH AND/OR 401(K) PLANS

Type of Asset: _____
Name & Address of Company: _____
Telephone No. of Company: _____
How is the asset titled?: _____
Value: \$ _____ Account #: _____ Beneficiary: _____
Maturity date?: _____ Interest rate: _____ APY rate: _____
Annual retirement income? _____ Pre-retirement death benefit _____
Cost of living adjustment? _____
Non-deductible employee contribution to date _____
Annual employer contribution _____
Annual employee contribution _____
Life Expectancy Method chosen: _____ Minimum distribution: _____

Type of Asset: _____
Name & Address of Company: _____
Telephone No. of Company: _____
How is the asset titled?: _____
Value: \$ _____ Account #: _____ Beneficiary: _____
Maturity date?: _____ Interest rate: _____ APY rate: _____
Annual retirement income? _____ Pre-retirement death benefit _____
Cost of living adjustment? _____
Non-deductible employee contribution to date _____
Annual employer contribution _____
Annual employee contribution _____
Life Expectancy Method chosen: _____ Minimum distribution: _____

Type of Asset: _____
Name & Address of Company: _____
Telephone No. of Company: _____
How is the asset titled?: _____
Value: \$ _____ Account #: _____ Beneficiary: _____
Maturity date?: _____ Interest rate: _____ APY rate: _____
Annual retirement income? _____ Pre-retirement death benefit _____
Cost of living adjustment? _____
Non-deductible employee contribution to date _____
Annual employer contribution _____
Annual employee contribution _____
Life Expectancy Method chosen: _____ Minimum distribution: _____

Type of Asset: _____
Name & Address of Company: _____
Telephone No. of Company: _____
How is the asset titled?: _____
Value: \$ _____ Account #: _____ Beneficiary: _____
Maturity date?: _____ Interest rate: _____ APY rate: _____
Annual retirement income? _____ Pre-retirement death benefit _____
Cost of living adjustment? _____
Non-deductible employee contribution to date _____
Annual employer contribution _____
Annual employee contribution _____
Life Expectancy Method chosen: _____ Minimum distribution: _____

Total IRA, Keogh or 401(k) assets: \$ _____

TOTAL OF ALL ASSETS: \$ _____
(Add totals of personal property, real estate, intangible assets and retirement accounts)

LIABILITIES

| | |
|-------------------------------------|-------|
| Loans payable | _____ |
| Accounts payable | _____ |
| Loans against Life Insurance | _____ |
| Auto Notes | _____ |
| Real Estate Mortgage - Residence | _____ |
| Real Estate Mortgage - _____ | _____ |
| Real Estate Mortgage - _____ | _____ |
| Anticipated Inheritance, Gift, etc. | _____ |
| Other Obligations _____ | _____ |

TOTAL LIABILITIES _____

NET ESTATE _____

CURRENT INCOME AND SOURCES: DOLLARS PER YEAR

| | |
|---------------------------------|-------|
| Salary and Wages | _____ |
| Investment Income and dividends | _____ |
| Social Security | _____ |
| Pension and Retirement Plans | _____ |
| Other _____ | _____ |

TOTAL INCOME _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date

Signature

Date