

CONFIDENTIAL
ESTATE PLAN QUESTIONNAIRE

(Single)

This questionnaire is intended to elicit preliminary information to help us prepare your estate planning documents. Please complete it as best as you can prior to our first meeting. The more complete and accurate your responses, the better we will be able to serve you.

There are several documents listed on page 4. Please bring as many of these as possible to the first meeting.

Prepared by:

The Law Offices of Patrick McNally
Tel: (714) 988-6370; Fax: (877) 883-9716
e-mail: *patrick@pmcnallylaw.com*

BACKGROUND INFORMATION

FAMILY INFORMATION:

PERSONAL

- a. Name (include middle initial) _____
- b. Home Address _____
- c. Home Phone (____) _____
- d. Occupation _____
Business Address _____
- Business Phone (____) _____
- Work Fax No. (____) _____
- ...E-mail address _____
- e. Date of Birth _____
- f. Citizenship _____
- g. Social Security # _____
- h. Date of Marriage _____

PRIOR MARRIAGES:

Client

- Name of Prior Spouse _____
- How marriage terminated?
(Death, divorce) _____
- Date of divorce (Or date if
deceased) _____

CHILDREN/OTHER DEPENDENTS: (including children from a prior marriage or relationship)

<u>Name</u>	<u>Address</u>	<u>Parents Names</u>	<u>Date of Birth</u>
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

YOUR CONCERNS

These are some issues we may discuss. Please think over them, along with any other concerns you have.

Do you have a will/trust or power of attorney already in place?	
Have you ever executed a community property agreement?	
Do you have any other agreement, either oral or written, between you and ex-spouse regarding your property? (For example a pre-nuptial or post-nuptial agreement)	
Do you have obligations (child/spousal support; insurance) from prior marriages?	
Do you or your immediate family receive income from any trust or another estate?	
Have you ever made any gifts over \$10,000 to anyone other than a former spouse?	
Do you expect to be a beneficiary of a trust or receive a gift/inheritance?	
Are any persons (other than minor children) partially or wholly dependent upon you for support now or possibly in the future?	
Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property?	
Are there any health problems or other special circumstances our plan should consider	

YOUR CONCERNS: Please identify your most important concerns in preparing your plan

DOCUMENTS TO BRING TO THE FIRST MEETING

Please bring copies of the following documents with you to our first meeting:

- Any current will(s), codicil(s), living trust or other trust agreements.
- Copies of real estate deeds with appraisals, if available.
- Copies of beneficiary designation for IRA, pension, insurance and annuities.
- Living will, health care declaration or power of attorney.
- A list of full names, addresses, telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers', and advisors.
- Analysis of any life insurance policies you may have from your insurance agent.
- Copies of brokerage account statements/stock certificates and bonds
- Business records in which you are an owner or shareholder.

PRELIMINARY – VALUE OF YOUR ASSETS

<u>ASSETS</u>		<u>VALUE</u>
1.	Residence	\$ _____
2.	Other Real Estate	\$ _____
3.	Cash & Equivalents	\$ _____
4.	Stocks	\$ _____
5.	Bonds	\$ _____
6.	Mutual Funds	\$ _____
7.	Life Insurance	\$ _____
8.	Retirement Benefits	\$ _____
9.	Tangible Personal Property (e.g. jewelry; furniture etc.)	\$ _____
10.	Promissory Notes	\$ _____
11.	Business Interests (interest in family business etc.)	\$ _____
12.	Promissory Notes	\$ _____
13.	Automobiles	\$ _____
14.	Patents; copyrights; leases etc.	\$ _____
15.	Other	\$ _____
TOTAL		\$ _____
<u>LIABILITIES</u>		
1.	Home Mortgage	\$ _____
2.	Secured Debts	\$ _____
3.	Unsecured Debts	\$ _____
4.	Promissory Notes to Others	\$ _____
5.	Creditors	\$ _____
6.	Other	\$ _____
TOTAL		\$ _____
NET ASSETS		\$ _____

WILL/TRUST- NAMES OF FIDUCIARIES

Names Of Successor Trustee(s):

The Trustee is the person you appoint to manage your trust. S/he handles the management and distribution of the trust assets according to your directions in the trust. You will be the initial Trustee for your lifetime.

Name at least 2 persons and/or institutions (banks or trust companies) in the order you wish them to serve as trustees if you can no longer serve:(if you wish to name co-trustees, indicate so):

<u>No.</u>	<u>Name(s)</u>	<u>Address(es)</u>	<u>Relationship</u> <u>to you</u>
<u>1</u>	_____	_____	_____
	_____	_____	
<u>2</u>	_____	_____	_____
	_____	_____	

Names Of Executor(s):

An executor is the person who administers your estate. S/he will manage all your non-trust property. Name at least 2 persons and/or institutions (banks or trust companies) in the order you wish them to serve as executors if you can no longer serve. We recommend that the same person who serves as your trustee also serve as your executor to avoid a conflict.

- | | | |
|----|---------------|-------|
| 1. | Name: | _____ |
| | Address: | _____ |
| | | _____ |
| | Relationship: | _____ |
| 2. | Name: | _____ |
| | Address: | _____ |
| | | _____ |
| | Relationship: | _____ |
| 3. | Name: | _____ |
| | Address: | _____ |
| | | _____ |
| | Relationship: | _____ |

IF A CHILD/BENEFICIARY PREDECEASES YOU: If any of your beneficiaries predecease you, who will receive their share instead:

<u>Name of child/Beneficiary</u>	<u>To his or her own children</u>	<u>OR To whoever child names in his/her will</u>	<u>OR To his or her siblings Equally</u>	<u>OR someone else (provide name)</u>
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____

RESTRICTIONS ON SHARES GOING TO CHILDREN/BENEFICIARIES?:

Do you wish to place some “control” i.e. restriction on any beneficiaries receiving their share? Parents who have children with creditor or dependency (alcohol; drugs etc) problems may wish to insert some restrictions on when a child can receive funds. Clients are often concerned about the influence of a child’s spouse. This can be discussed further during the consultation with attorney.

<u>Name of Child/Beneficiary</u>	<u>Desired Restriction</u>
_____	_____
_____	_____

DISINHERITANCE:

Is there anyone that you specifically wish to disinherit? If so, please indicate:

Beneficiary With Special Needs:

If you have any beneficiaries with special needs such as a mental or physical disability, please list the name of the person, their relationship to you and describe the problem. Please also complete the page marked “Children with special needs”

Name of person with special needs: _____ Relationship: _____

Description of disability: _____

Special Wishes:

Are there any special directions to wish to make on gifts or inheritances? For example, directions for the care of your pets; etc.? If so, please indicate below:

SPECIAL GIFTS

Gifts of PERSONAL PROPERTY/Heirlooms

Your estate plan will allow you to prepare a list of heirlooms (items of furniture, clothes, jewelry; keepsakes etc.) on a "gifting letter" for specific individuals. Who shall receive those items of personal property which you will NOT specifically list on the gifting letter upon your death?

Name(s): _____
Alternate Name(s): _____

Special Gifts of cash or valuable property

Do you wish to make specific gifts of cash or valuable property (mobile home, painting, timeshare etc.) when you die? If the donee is unable to accept the gift due to death or other reasons, name an alternative recipient in their place. The alternate can be that person's issue, another person; or the gift can "lapse" and be distributed with the rest of your trust property. If gift is a monetary sum, state if the gift is made NET i.e. AFTER taxes, expenses have been paid, or GROSS i.e. BEFORE taxes, expenses have been paid - the recipient's share of taxes/expenses will be paid out of the residue of the estate.

Gift (\$ or item) _____
Name of recipient: _____ Alternate recipient: _____
Will gift be made NET or GROSS? _____

Gift (\$ or item) _____
Name of recipient: _____ Alternate recipient: _____
Will gift be made NET or GROSS? _____

Gift (\$ or item) _____
Name of recipient: _____ Alternate recipient: _____
Will gift be made NET or GROSS? _____

For additional gifts, please complete attached sheet titled "Additional Special Gifts."

Gifts to Charities:

Would you like to remember any charities (Salvation Army, Red Cross, Sierra Club) upon your death? If so, please list the charities below:

Name of Charity: _____
Gift (\$ or item) _____ When will gift be made? _____
NET or GROSS? _____

Name of Charity: _____
Gift (\$ or item) _____ When will gift be made? _____
NET or GROSS? _____

INCAPACITY – HEALTH CARE DECISIONS

Name of Health Care Agent:

A health care agent is someone who will make medical decisions for you if you become incapacitated. You should choose someone who understands your wishes and is likely to be present when decisions need to be made-most often i.e. someone close-by. S/he should be someone you trust to follow those wishes and not easily be swayed by doctors or family members who disagree with your wishes. Please choose **in order of priority** the person(s) you wish to be your agent.

No.	
1.	Name: _____ Address: _____ _____ Relationship: _____ Tel: _____
2.	Name: _____ Address: _____ _____ Relationship: _____ Tel: _____

Authority Of Agent:

This office uses as its blueprint the Advance Health Care Directive under Probate Code §4701. This Directive grants your agent full power and authority to make health care decisions for you, subject to any desires/limitations you wish to impose, including the following rights: Please indicate if there is any authority you do NOT wish to give:

to consent, or refuse to any medical care, service or procedure ...	<input type="checkbox"/> No
To select or discharge doctors; nurses, hospital etc.	<input type="checkbox"/> No
To approve/disapprove diagnostic tests, surgical procedures, the use of drugs and therapeutic devices, and medication programs	<input type="checkbox"/> No
Direct the withdrawal of “feeding tubes” and other forms of health care, including cardiopulmonary resuscitation (“CPR”) ..	<input type="checkbox"/> No
To make anatomical gifts, authorize an autopsy, and direct disposition of remains	<input type="checkbox"/> No
Admission to any hospital, medical center, or rehabilitation program	<input type="checkbox"/> No
Admission to nursing home for “recuperative” short term stays	<input type="checkbox"/> No
To waive any doctor-patient privilege	<input type="checkbox"/> No
To summon paramedics or other emergency medical personnel	<input type="checkbox"/> No
To sign necessary releases from liability required by hospitals/physicians	<input type="checkbox"/> No
To restrict visitors or limit visitation while I am a patient in any hospital	<input type="checkbox"/> No
The right to request “do not resuscitate” (“DNR”) order s.....	<input type="checkbox"/> No

End-Of-Life (“Plug-the-Plug”) Decisions:

Our Directive includes a clause directing that your life not be prolonged if:

- “ (1) you have an incurable and irreversible condition that will result in death within a relatively short time;
- (2) you have become unconscious and, to a reasonable degree of medical certainty, will not regain consciousness; or
- (3) the likely risks and burdens of treatment would outweigh the expected benefits.”

If this provision is acceptable to you, indicate so below. If not, indicate your own wishes:

	<u>Client</u>
Acceptable?	Yes/No
If “no”, my own wishes are:	_____

Comfort Care - Relief From Pain:

	<u>Client</u>
The Directive directs that treatment for alleviation of pain or discomfort to be provided at all times, even if it hastens death. Is this agreeable?	Yes/No

Artificially Administered Food And Water – Hydration And Nutrition:

	<u>Client</u>
Do you want food and water artificially administered (through “Feeding tubes”) if you become unable to chew or swallow?	Yes/No

Personal Care Instructions:

Your Health Care Directive will include instructions to your agent that, if you become incapacitated, you wish to be cared for in your primary residence for as long as possible, and that if it becomes necessary for you to be placed in a convalescent home, that you be placed in a home close to your present home to be close to friends and neighbors. Is this agreeable to you?

Client: Yes; No |

Personal Care Instructions can also include your wishes as to how your lifestyle will be conducted. This may include your wishes as to your continued involvement with a specific religious or spiritual activity; the care of a pet; a desire to spend time outdoors or to have music played during your convalescence. If you have any special wishes, please indicate below:

<u>Client</u>	

Directions - Specific Medical Procedures:

Are there any procedures that you specifically do not want, or any different statements of medical treatment desires and limitations such as specific instructions for blood transfusions? If so, please describe them:

Client

Effective Date – now or later?:

We recommend that you make your Advance Health Care Directive (“AHCD”) effective IMMEDIATELY on execution. While this decision may seem premature, it avoids the difficulty of finding a doctor who will say that you are “incapacitated” (and in doing so feels s/he is risking a lawsuit from a disgruntled heir for a decision made by the agent) when that time comes. If you do NOT wish to make your AHCD effective immediately, but rather that it will “spring” into effect upon some future “trigger” event, indicate so below and state what that “triggering event” will be:

<u>“Triggering” Provision</u>	<u>Client</u>
I wish my Power of Attorney to be effective IMMEDIATELY ... OR	Yes/No
I wish my Power of attorney to be effective upon the written opinion of:	
1. one or more doctors	Yes/No
OR	
2. your treating physician	Yes/No
OR	
3. Two doctors, one of whom is your treating physician.	Yes/No
OR	
4. Two parties to provide the written declarations—one a trusted friend, adviser, or family member, and the other a licensed physician	Yes/No
OR	
5. (Insert own choice: _____)	Yes/No

Nomination Of Conservator(s) of person

A conservator of the person is someone who will make medical decisions for you if you are incapacitated and your health care agent or attorney-in-fact cannot act. Please name the persons in order of priority:

<u>Client</u>	
1. Name:	_____
2. Name:	_____

INCAPACITY –FINANCIAL DECISIONS

Name of Attorney-In-Fact For Finances:

An attorney – in-fact for finances will make financial decisions for you if you become incapacitated. Please choose in order of priority the person(s) you wish to be your attorney-in-fact.

<u>Client</u>	
1.	Name: _____ Address: _____ Relationship: _____ Tel: _____
2.	Name: _____ Address: _____ Relationship: _____ Tel: _____

Powers Granted To The Attorney-In-Fact

The law allows a person to grant broad general powers to the attorney-in-fact. However, there are specific powers that are so important that the law requires that express provisions be included to grant such powers: These include authority to:

	<u>Client</u>
Make gifts of up to \$12,000 annual gifts (tax planning benefits)	Yes/No
Make gifts beyond annual \$10,000 gift tax exclusion.....	Yes/No
Pay third party tuition and medical expenses (included for tax planning benefits and for parents with children with special needs) ...	Yes/No
Transfer assets to and remove assets from a living trust	Yes/No
Execute disclaimers (see Glossary for explanation).....	Yes/No
To Borrow and To Grant Security Interests such as mortgages, loans ..	Yes/No
To Invest and Reinvest	Yes/No
Have Access to, and Remove Property From Safe Deposit Boxes	Yes/No
Use and Cancel Credit Cards	Yes/No
Collect Assets and Settle Claims	Yes/No
Apply for Government Benefits	Yes/No
Deal With Employee, Retirement, and Other Benefits	Yes/No
Manage business or partnership interests	Yes/No
Deal with insurance	Yes/No
Represent Principal on Tax Matters and To Sign Tax Returns	Yes/No

What Assets Will Be Managed?

Client	
Do you want the attorney-in-fact to have the above powers over ALL your real and personal property? If NOT, please list the property you do not want your attorney-in-fact to have power over and indicate what you want to happen to that property in the event of your incapacity:	Yes/No

Client
 Property: _____

Self-Dealing:

“Self-dealing” occurs when your attorney-in-fact transfers your property – directly or indirectly – to him/herself. While “self-dealing” is not automatically prohibited, it is best to authorize in your document those acts which may be prohibited as “self-dealing” and avoid potential litigation. For example, if your attorney is a child who is also managing the family business in which you hold an ownership interest, self-dealing may be absolutely necessary for the attorney to manage your property.

The most sensitive areas for “self-dealing” where the attorney-in-fact is a non-spouse is including powers for the agent to (a) make gifts to himself; (b) designate him/herself as a beneficiary under your retirement plan, and (c) designating him/herself as beneficiary under an insurance policy owned by you.

Do you wish to authorize your attorney-in-fact to

Client	
make gifts to him/herself?	Yes/No
designate him/herself as a beneficiary of your retirement plan?	Yes/No
designate him/herself as beneficiary on insurance policy owned by you.....	Yes/No

Self-dealing – gifts:

If you WANT your attorney-in-fact to be able to make gifts to him/herself, we recommend that the potential adverse income and estate tax consequences of such a gift be minimized by LIMITING the attorney’s authority to (a) restricting his/her authority to no more than \$10,000; (b) forbidding him/her from making gifts to anyone except himself (excluding creditors and debtors); and (c) only allowing him to make such gifts for “health, support, education and maintenance” reasons.

Client	
Is this acceptable to you?	Yes/No

If it is not acceptable, indicate what limitations, if any, you wish to apply to attorney’s power:

Client
 Description: _____

Effective Date – now or later?:

If you feel secure that the person you are designating as your attorney for finances will NOT abuse this position (as is the case with family members), we recommend that you make your Durable Power of Attorney (“DPA”) effective IMMEDIATELY on execution. If you do not feel absolutely secure in the reliability of the individuals you are naming, we recommend that you make your DPA effective WHEN A DOCTOR OR OTHER PERSON(S) YOU DESIGNATE DETERMINES THAT YOU ARE INCOMPETENT I.E. that it will “spring” into effect upon some future “trigger” event. If the latter, please indicate so below and state what that “triggering event” will be:

	<u>Client</u>
I wish my Power of Attorney to be effective IMMEDIATELY	Yes/No
OR	
I wish my Power of attorney to be effective upon the written opinion of:	
1. your treating physician	Yes/No
2. Two doctors, one of whom is your treating physician	Yes/No
3. Two parties to provide the written declarations—one a family member, and the other a licensed physician	Yes/No
4. (Insert own choice: _____)	Yes/No

Miscellaneous: Do you want:

	<u>Client</u>
Your attorney-in-fact to be compensated? If Yes, how much? –	
Hourly? Fixed annual salary? A “reasonable amount”?	Yes/No
your attorney-in-fact to prepare an annual financial report?	Yes/No
your attorney-in-fact to report to any third party?	Yes/No
authorize the co-mingling of your agent’s assets and your assets?.....	Yes/No
want the attorney-in-fact to post a bond when serving?	Yes/No

Nomination Of Conservator(s) of ESTATE:

A conservator of the estate is someone who will make financial decisions for you if you are incapacitated and your attorney-in-fact cannot act. Please name the persons in order of priority:

	<u>Client</u>
1. Name: _____	
2. Name: _____	

MISCELLANEOUS

Anatomical Gifts:

Do you wish that your agent have the authority to make a disposition of a part of your body? If so, please indicate what parts of your body you wish to leave and for what purpose(s):

	<u>Client</u>
Donate Body Parts?	<input type="checkbox"/> Yes; <input type="checkbox"/> No
If Yes, which parts?	_____
Purposes?	Transplant <input type="checkbox"/> Yes; Therapy <input type="checkbox"/> Yes Research <input type="checkbox"/> Yes; Education <input type="checkbox"/> Yes

Disposition Of Remains: -

Please indicate how you would like the disposition of your remains handled:

	<u>Client</u>
I wish to be cremated and my remains disposed of as follows:	<input type="checkbox"/> Yes: _____
I wish to be buried (as follows):	<input type="checkbox"/> Yes: _____
My agent shall use his/her own discretion to arrange for the disposition of my remains.	<input type="checkbox"/> Yes; <input type="checkbox"/> No

Funeral or Memorial Service:

Indicate below your wishes for a funeral or memorial service (if any) to be held upon your death:

	<u>Client</u>
I do NOT wish for a funeral or memorial service to be held OR	Yes/No
I DO direct that a memorial service be held (as follows) OR	Yes/No
My agent shall use his/her own discretion to arrange for a funeral/memorial service	Yes/No
OR My own wishes as follows:	_____

FOR PARENTS OF CHILDREN WITH SPECIAL NEEDS

Your trust will include provisions to set up a “Special Needs Trust” for your Child upon the death of the surviving spouse. One of the purposes of a regular “living” trust is to provide control over property left to your minor child(ren). The Special Needs Trust also allows your Child to take advantage of both available public benefits (such as Medi-cal and SSI), and monies from your trust by authorizing the trustee to make payments that “supplement” existing public benefits your child may receive.

Name of Child with Special Need : _____ Date of Birth _____
Present Address of Child _____

What is the nature of the injury/disability and the individual’s current and future needs related to their disability? _____

Please list any government benefits that your special child is presently receiving:

Who do you wish to be Trustee of your Special Needs Trust? (Name at least 2 persons and/or institutions (banks or trust companies) in the order you wish them to serve as trustees)

- 1. Name(s) _____ Relation: _____
Address(es) _____
- 2. Name(s) _____ Relation: _____
Address(es) _____

Who will receive the property in the Special Needs Trust upon the death of your Special Child?

Name of beneficiar(ies): _____
Name of alternate beneficiaries (if first choice have predeceased your Special Child): _____

Do you wish that there be an absolute bar on the trustee’s ability to spend trust funds on items such as food, clothing which would be covered by public benefits such as Medi-Cal or would you like the trustee to be able to use his discretion to spend trust assets even if they result in a loss of public benefits? (The absolute prohibition offers more reliability that the child’s government benefits will not be impaired, especially if current benefits become more restrictive in the future)

Absolute Prohibition _____ Trustee has discretion _____

YOUR ASSETS

“**TITLE**”: Indicate the Title of each asset as follows: (SEP) Separate; (JT) Joint Tenancy; (TIC) Tenancy-in-Common and (?) Don’t Know.

Real Estate

Indicate after the address the **Type** of property - Residence (R); Rental (L) or vacation (V)

<u>Address & Type</u>	<u>Title</u>	<u>Purchase Price</u>	<u>Year Bought</u>	<u>Present Value</u>	<u>Your Equity</u>
1. _____ _____	_____	\$ _____	_____	\$ _____	\$ _____
2. _____ _____	_____	\$ _____	_____	\$ _____	\$ _____
3. _____ _____	_____	\$ _____	_____	\$ _____	\$ _____

Bank & Savings And Loan Accounts

Indicate the **Type** of account: (S) Savings; (C) Checking; (CD) Certificate of Deposit; and (O) Other.

<u>Institution and Branch</u>	<u>Account No.</u>	<u>Title</u>	<u>Type</u>	<u>Value</u>
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____

Money Market Accounts/Mutual Funds and/or similar accounts

<u>Brokerage Firm & Branch</u>	<u>Account No.</u>	<u>Title</u>	<u>Type</u>	<u>Value</u>
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____

Stocks & Bonds

(e.g. common stock, preferred stock, corporate bonds, commodities, municipal bonds, government savings bonds, treasury bills, limited partnership interests, mutual funds)

List each security that you own. Indicate number of stock, the current value, and how title to the security is held (e.g. IBM; common stock; 10,000; John Smith and Kevin Daniels; 6/98; \$10,000):

<u>Stock Name</u>	<u>Type</u>	<u>Number</u>	<u>Title</u>	<u>Year Bought</u>	<u>Present Value</u>
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____

Personal Property: (Autos, RVs, boats, antiques, heirlooms, jewelry, collections, etc.)

<u>Description of Property</u>	<u>Title</u>	<u>Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____

Miscellaneous Property: (Includes Cash & negotiables in Safe Deposit Box; accounts receivable; Leases Franchises held; Royalty Income; Patents, trademark, and copyrights held; Stock Options; Oil, gas or mineral rights)

<u>Description of Property</u>	<u>Title</u>	<u>Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____

Loans/Promissory Notes owed to you:

<u>Name of Debtor</u>	<u>Original Note Value</u>	<u>Secured?</u>	<u>Amount Due</u>
1. _____	\$ _____	Yes/No	\$ _____
2. _____	\$ _____	Yes/No	\$ _____
3. _____	\$ _____	Yes/No	\$ _____
4. _____	\$ _____	Yes/No	\$ _____

Retirement Plans and Annuities:

Do you have IRAs, pension plans, profit-sharing, stock bonus, retirement plan, or deferred compensation plan, or any other similar type of benefit? :

“Type”: IRA; 401(k); 403(b); Keogh; SEP IRA; Co.-P (Company Pension); P-S (Profit-Sharing)

<u>Name of Plan/Company</u>	<u>Designated Beneficiary</u>	<u>Type</u>	<u>Vested?</u>	<u>Value</u>
1. _____	_____	_____	Yes/No	\$ _____
2. _____	_____	_____	Yes/No	\$ _____
3. _____	_____	_____	Yes/No	\$ _____
4. _____	_____	_____	Yes/No	\$ _____

Annuities: (List any annuities you own, the estimated value and whether the annuity is tax-deferred)

<u>Company</u>	<u>Owner</u>	<u>Tax-Deferred</u>	<u>Est. Value</u>
1. _____	\$ _____	Yes/No	\$ _____
2. _____	\$ _____	Yes/No	\$ _____

Business Interests: Do you own a business? Have an interest in a Partnership?

Business Name: _____ Type of Entity (Corp (C); sole prop (SP); partnership (P) ____

Nature of business and location _____

Percent interest : ____ Value of interest \$ _____ Date interest acquired _____

Tax basis on interest (if known) \$ _____ Is interest jointly owned? _____

If so, please describe : _____

What are your wishes as to disposition of ownership after death? _____

- 1. Transfer to Family Yes/No
- 2. Sale to co-owner of business Yes θ No θ
- 3. Sale of key-employee Yes/No
- 4. Other: _____

Is there a buy-sell or redemption agreement? Yes/No

Life Insurance:

<u>Insurance Company</u>	<u>Policy Owner</u>	<u>On Whose Life</u>	<u>Beneficiary</u>	<u>Value</u>
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____

Other Investments:

<u>Description of Investment</u>	<u>Who Owns?</u>	<u>Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____

Non U.S. Assets:

<u>Description and location of Asset</u>	<u>Who Owns?</u>	<u>Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____

Liabilities: (mortgages, notes to banks, notes to others, loans on insurance, other)

“Who owes”: (SEP) Separate; (J) Joint

<u>Creditor</u>	<u>Who Owes</u>	<u>Amount Owed</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____