

CONFIDENTIAL INFORMATION FOR ESTATE PLAN

Client: _____

Address: _____

Date: _____

INTRODUCTION

Estate Planning Information Booklet-Questions Frequently Asked

PART ONE

QUESTIONS FREQUENTLY ASKED ABOUT ESTATE PLANNING

One way of introducing estate planning is to answer some questions clients frequently ask us. We believe that these questions and answers are important enough to include here, and we hope you find them informative.

1. **Q. What happens if I die without a will?**

- A. If you fail to plan your estate and die without a will, the law will create an estate plan for you. The entire system of "intestate" succession or "descent and distribution" is set forth by statute and is too complex for a detailed discussion here.

Briefly stated, however, adverse results can occur if you die without a will. The law prescribes both the persons to whom your property will pass and the division of your estate among those persons. The distributions provided by law are inflexible and may not satisfy your desires as to distribution of your estate. Under Missouri law, your estate will first set aside or pay administration, funeral and last illness expenses, exempt property, a family allowance and a homestead allowance. Your spouse will usually receive the next \$20,000, plus half of the remaining balance of your estate; with your children taking the remainder of your estate. If you die without a spouse or children, then your estate will be evenly split between your parents and siblings, or their descendants. If you have no locatable kindred then your entire estate passes to the state.

2. **Q. What is a personal representative?**

A. Your personal representative is the person who will serve as the primary representative of your estate. You may be more familiar with the terms "executor" or "administrator" for such an individual, which were the terms used prior to recent changes in Missouri law.

3. **Q. What is "probate" of my estate?**

A. Probate of an estate involves the collection of assets, payment of liabilities, and distribution of properties to the beneficiaries or heirs. Probate of an estate is conducted under some degree of court authority and supervision, but different procedures are available. Whether you leave a will or not, a personal representative will be appointed to handle your estate before the probate court. However, if your will so provides (or if all beneficiaries agree), the personal representative will be deemed an "independent administrator" who will handle your estate without the constant court supervision that is normally required. Some of the factors that we will consider in determining which procedures or devices to use are: (1) the value of your estate subject to probate; (2) the applicable statute of limitations; (3) the degree of trust, cooperation, and agreement among the beneficiaries and creditors of your estate; (4) your express wishes regarding administration, as stated in your will; (5) the complexities of the administration; (6) the degree of protection from liability needed by the successors or by the personal representative or both; and (7) proof of title to property requirements.

Wherever possible and appropriate, we try to use an independent representative to administer your estate. This informal administration is less cumbersome and time consuming, and therefore is less expensive.

4. **Q. What is a trustee?**

A. A trustee is one to whom property is transferred for the benefit of someone else (the beneficiary).

We find that our new estate planning clients frequently misunderstand trusts. Many of our clients have heard a horror story about a trust, sometimes involving an impoverished widow-beneficiary who cannot extract enough money from the well-funded trust to maintain herself.

Under present law, a trust that contains well-drafted trustee powers and which uses a professional trustee can solve most problems, and it can assist in creating a suitable estate plan. A trust can be designed to produce almost any result desired by the client if the client gives the trustee sufficient funds with which to work. We usually recommend that trustees be given very broad and adaptable powers to provide flexibility for future

events. The trustee should be empowered to do what is best for the beneficiary, without being curbed by inappropriate restrictions.

If a trust appears suitable for your estate plan, you will need to exercise care in the selection of a trustee. The family member who comes to mind as a logical first choice may prefer not to deal with the management of your properties. If a corporate trustee appears appropriate, we will suggest that you have a conference with the representative of your bank's trust department. Further, you should consider giving someone, such as your spouse or your professional advisors, the power to change trustees.

5. **Q. Is a handwritten will legally effective?**

A. Although effective in some states, a totally handwritten (holographic) will is no longer valid in Missouri unless it meets all of the statutory formalities required for typewritten wills. However, a holographic will which is valid in the state in which it was prepared will be valid in Missouri in most cases.

6. **Q. Why should my will be more than one page long?**

A. Your will could be drafted to be no longer than one page. Indeed, any lawyer could produce an abbreviated will for a relatively small fee.

The problem, however, is that such a will may not accomplish your objectives for your beneficiaries. We prefer to draft wills to cover all the various factual and legal situations that reasonably may be expected to arise.

Accordingly, the will that we draft for you may be a lengthy document. The burden to you of reviewing and approving a long will may be a blessing to your family when they later find that you have anticipated and resolved what might have been cumbersome problems.

7. **Q. How will my estate be taxed at my death?**

A. Your estate may be subject to both Missouri estate tax and the federal estate tax.

Both the Missouri and the federal estate tax are based on the fair market value of your "gross estate" at the time of your death.

Your gross estate will include the value of all the property in which you own an interest at the time of your death. Additionally, your gross estate may include property that you do not own, but over which you have

retained or received certain rights or powers.

The estate tax scheme provides you with a "marital deduction" for bequests of property to your surviving spouse. The marital deduction in effect allows interspousal transfers to pass tax free because they are deducted from the value of the gross estate. In order to qualify for the unlimited marital deduction, property must be transferred to the surviving spouse in a fashion that satisfies the technical requirements of the statute.

The federal estate tax and the federal gift tax have been combined ("unified") and one progressive set of rates applies. The rates increase as the cumulative total of taxable transfers increases. A unified credit against the gift or estate tax permits the tax-free transfer of prescribed amounts of property.

Generally speaking, the federal and Missouri estate taxes only affect estates involving more than \$600,000 in assets.

8. **Q. Who will raise my minor children after my death?**

- A. If you die leaving unmarried minor children, the other parent ordinarily will raise and support them. If the other parent is not living, however, your minor children will require a "guardian." A guardian is an individual who is appointed primarily to care for the person of a minor; the guardian's power over the minor's property is very restricted. You may appoint a guardian for your children in your will. If you fail to do so, the court will make the selection of a guardian. We recommend that you assume the responsibility for this important decision, rather than leaving it to a judge unfamiliar with your family situation.

Clients frequently tell us that they have chosen one of their parents as the guardian in the event of both clients' deaths, but in many situations we believe that such a selection is unwise. For example, assume that the youngest child of the client is three years old and the client's parent is fifty-eight. When that child is fifteen (a time when child-adult communication can be difficult under the best of conditions), the grandparent will be seventy. Under these circumstances, another choice may be better for your child. You should look first to your contemporaries in your families (such as brothers, sisters, or cousins). If such family contemporaries are not appropriate, then consider friends with children in the same age range as yours.

If both parents die, your minor children may be left with substantial property interests that need management and protection. Because the guardian has only limited power over the minor's property, protective

proceedings may be initiated in which the court will appoint a conservator to administer the children's property and affairs. In some instances, the conservator may fulfill the duties of the guardian as well. A court appointed conservatorship can be a cumbersome and expensive manner of dealing with the property of the minors, however, and it should be avoided. The conservatorship can be avoided by proper planning for the use of trusts or custodianships for minors.

If you have planned your estate properly, the guardian should not experience financial strain in raising your children. We usually suggest that upon the death of you and your spouse, a trust be established for your minor children. The trustee should be encouraged to make generous distributions to assist the guardian, and the trustee can be authorized to provide funds to pay for any necessary expansion of the guardian's home.

Please list below your choices of a guardian (either one person, or a husband and wife together):

First Choice: _____
(Name)

(Street Address)

(City) (State)

Second Choice: _____
(Name)

(Street Address)

(City) (State)

9. **Q. How frequently should I review my estate plan?**

A. As a general rule, we suggest that you contact us every four or five years for a conference to review your estate plan and to update the information in your permanent file. We also recommend that you contact us in the event of a dramatic change in your finances or in your family situation. For example, a substantial increase in your estate (through increased life

insurance, inheritance, gifts, or successful investments) may create opportunities for tax savings, as well as necessitate further family financial planning. A divorce, of course, will re-open completely the matter of planning your estate. Likewise, do not hesitate to contact us any time you have a question as to whether or not changes in tax or other substantive laws may affect your estate plan.

Estate Planning Information Booklet-Objectives

PART TWO

ESTATE PLANNING OBJECTIVES

An estate plan created in an ivory tower may be technically beautiful but of little value to you if it does not provide adequately for your survivors. A successful estate plan should accomplish your objectives.

To assist you in defining your objectives and to prepare for our office conference, we have listed many of the objectives sought by our other clients. Please check the ones that express your views regarding the following beneficiaries. Do not hesitate to make additions and comments.

Objectives For

Husband	Wife	
----------------	-------------	--

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | To provide a home. |
| <input type="checkbox"/> | <input type="checkbox"/> | To provide security of income. |
| <input type="checkbox"/> | <input type="checkbox"/> | To provide business management of his/her property and to relieve him/her of such responsibility. |
| <input type="checkbox"/> | <input type="checkbox"/> | To enable him/her to provide for my family. |
| <input type="checkbox"/> | <input type="checkbox"/> | To protect him/her against improvidence. |
| <input type="checkbox"/> | <input type="checkbox"/> | To give him/her freedom to manage his/her own affairs. |
| <input type="checkbox"/> | <input type="checkbox"/> | To enable him/her to enter into business or to continue my business. |
| <input type="checkbox"/> | <input type="checkbox"/> | To protect him/her against the dangers of incapacity through old age and illness. |

Objectives For

Son

Daughter

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | To educate him/her. |
| <input type="checkbox"/> | <input type="checkbox"/> | To protect him/her for life. |
| <input type="checkbox"/> | <input type="checkbox"/> | To enable him/her to make his/her own career. |
| <input type="checkbox"/> | <input type="checkbox"/> | To protect him/her against a designing or incompetent spouse. |
| <input type="checkbox"/> | <input type="checkbox"/> | To enable him/her to enter business or to continue my business. |
| <input type="checkbox"/> | <input type="checkbox"/> | To prevent him/her from disposing of my wealth. |
| <input type="checkbox"/> | <input type="checkbox"/> | To provide business management for his/her property. |
| <input type="checkbox"/> | <input type="checkbox"/> | To enable him/her to provide for his/her family. |

Other: _____

Name and Objective(s)

(Including any specific, dollar amount bequests)

- Grandchild** _____
- Parent** _____
- Brother/
Sister** _____
- Charity** _____
- Other** _____

PART THREE

FINANCIAL QUESTIONNAIRE

I. Family Information

A. Residence and Business Addresses; Related Information

1. Residence

Address _____
(Street) Telephone _____

(City) (State) (Zip)

2. Business

a. Husband

Name of Company _____

Address _____
(Street) Telephone _____

(City) (State) (Zip)

b. Wife

Name of Company _____

Address _____
(Street) Telephone _____

(City) (State) (Zip)

3. Correspondence regarding Estate Plan should be sent to:

Residence Husband's Business Wife's Business

B. Immediate Family

* (Additional explanation):

C. Marital History

1. Date and place of your marriage _____

2. List the states where you have lived since your marriage and the dates you lived in each state _____

3. Prior divorces can affect both tax and financial planning. Support and custody arrangements may influence the manner in which you provide for your children in your will.

a. Have you or your spouse been married previously?

If yes, did the marriage end because of:

Death; please give date and place _____

Divorce; please give date and place _____

b. Which of your children or your spouse's children were born to the previous marriage? _____

c. If the previous marriage ended in divorce, what arrangements were made as to child custody and support? _____

D. **Parents and Other Family Members.** In preparing your estate plan, it is important for us to know if you might inherit property from your parents or other family members, and whether you are supporting any family members.

	<u>Husband</u>		<u>Wife</u>	
	Father	Mother	Father	Mother
1. Are your parents living?	_____	_____	_____	_____
2. What are their ages?	_____	_____	_____	_____
3. Describe their health (good, fair, poor).	_____	_____	_____	_____
4. In what state do they live?	_____	_____	_____	_____
5. Do they have wills?	_____	_____	_____	_____
6. What is the approximate amount of the inheritance you might receive?	_____	_____	_____	_____
7. Do you now support them or is it likely you will support them in the future?				

8. Is there any other information about your family or your spouse's family that would be relevant to your estate plan? _____

9. Do you, your spouse, or your children expect a substantial inheritance from anyone other than your parents? If yes, please explain and state approximate amount of such inheritance.

E. Military Service. Certain death benefits are available to the families of veterans. In the event of your death, the following information can be useful in applying for these benefits:

Were you in the armed forces? Yes No

If yes: Date entered _____ Date discharged _____

Serial or Service No. _____ Branch _____

F. Nationality. (This is important in planning for the marital deduction).

Are you a U.S. citizen? Yes No

Is your spouse a U.S. citizen? Yes No

G. Previous Estate Planning Instruments. We will need to know whether or not you previously have developed an estate plan. If so, those instruments could have an impact on our recommendations to you.

1. Do you presently have a will? Yes No

If yes, please return a copy with this Questionnaire.

2. Does your spouse have a will? Yes No

If yes, please return a copy with this Questionnaire.

3. Have you ever established a trust? Yes No

If yes, please return a copy with this Questionnaire.

4. Are you or any of the members of your immediate family beneficiaries of any estates or trusts?

Yes No

5. Are you or any of the members of your immediate family now a trustee of a personal trust or likely to be a trustee of a personal trust in the future?

Yes No

H. Location of Important Items. You should give careful consideration to storing your important papers and documents. They should be located easily in the event of your death and be kept in a central location that offers a high degree of security.

1. Do you have a safe deposit box? Yes No

If yes, where? _____

2. Does anyone other than you have access to it? Yes No

If yes, who? _____

3. Please indicate the location of the following:

	S/D Box	Office	Home	Other (describe)
Bank book and cancelled checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prior year tax returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Current financial statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Divorce papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Birth certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Life insurance policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospitalization and disability policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Property and other insurance policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Legal documents (deeds, notes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Estate Planning Information Booklet-Financial Questionnaire-Personal Financial Information

II. Personal Financial Information

The sources of your income and the nature of your assets will have significant impacts on

our recommendations. The following questions are directed at determining the precise nature of these items. Your assets may raise special problems of transfer at your death, and the assets may suggest a number of options with regard to income, estate, and gift tax planning. The nature of your assets also may influence the selection of the person or institution that should serve as a personal representative or trustee of your estate. This information also will enable us to give you an estimate of your potential estate tax liability and to estimate how that liability would be changed by alternative estate plans.

A. Employment. If you or your spouse is employed *other than in your own business*, please complete this paragraph. If either of you is a sole proprietor, a partner, or a shareholder in a closely held corporation, you will need to complete questions posed later.

1. Husband

a. Who is your employer? _____

b. What is your position? _____

c. Do you participate in any of the following benefit plans?

Profit sharing

Group life

Pension

Accidental death or travel accident insurance

Group hospitalization

Stock option

Group disability income

Salary continuation plan

Any other employee benefit plan. Please describe: _____

d. Who may we contact at your place of employment with regard to these programs? _____

e. Do you have an employment contract? Yes No

If yes, please furnish us with a copy of the contract.

2. Wife

a. Who is your employer? _____

b. What is your position? _____

c. Do you participate in any of the following benefit plans?

- | | |
|--|--|
| <input type="checkbox"/> Profit sharing | <input type="checkbox"/> Group life |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Accidental death or travel accident insurance |
| <input type="checkbox"/> Group hospitalization | <input type="checkbox"/> Stock option |
| <input type="checkbox"/> Group disability income | <input type="checkbox"/> Salary continuation plan |

Any other employee benefit plan. Please describe: _____

d. Who may we contact at your place of employment with regard to these programs? _____

e. Do you have an employment contract? Yes No

If yes, please furnish us with a copy of the contract.

B. Accountant. We may wish to seek advice and information from others who are familiar with your finances. These people may be able to offer information and recommendations that will benefit your estate plan.

1. Who prepared your most recent income tax returns? _____

2. What is the preparer's profession (CPA, bookkeeper, etc.)? _____

3. With what firm is the preparer associated? _____

Address _____

Telephone number _____

C. Prior Gifts. Gifts are taxed in accordance with a unified rate schedule that cumulates all lifetime gifts. You and your spouse are entitled to transfer certain limited amounts without the payment of any gift tax. If the motive of a lifetime gift is to save income tax or estate taxes, the gift must be planned carefully. This section inquires into prior gifts.

1. Have you ever filed a gift tax return? Yes No

If yes, please furnish us a copy of the latest return.

2. Have you ever made a gift to a minor under the Missouri Transfers to Minors Law?

Yes No

If yes, who is the custodian? _____

D. Annual Income (other than from proprietorship, partnership, or other business).

State the estimated amount of this year's:

	Husband	Wife
Earnings from employment	_____	_____
Dividends and interest	_____	_____
Capital gains	_____	_____
Other income (Royalties, trust distributions, etc.)*	_____	_____

* Explanation _____

E. Assets and Liabilities. Under the "Legal Title" heading, please indicate whether the property is the separate property of the husband ("**HSP**"), the separate property of the wife ("**WSP**"), joint tenancy with right of survivorship ("**JTWROS**"), Tenants by the Entirety ("**TE**") or tenancy in common ("**TC**"). A current and somewhat detailed financial statement can be substituted for much of the following requested information.

1. Bank Balances

2. Employment Benefits

3. Notes and Accounts Receivable (these are owed to you, not by you)

4. Bond Holdings

5. Stocks, Other Than Personal Business (attach additional sheets as necessary)

6. Real Estate (attach additional sheets as necessary)

	Your Residence	Property # 2	Property # 3	Total
Description	_____	_____	_____	_____
Location	_____	_____	_____	_____
Income, if any	_____	_____	_____	_____
Legal title	_____	_____	_____	_____
How acquired (gift, purchase, etc.)	_____	_____	_____	_____
Date acquired	_____	_____	_____	_____
Cost	_____	_____	_____	_____
Present value (without deducting debt)	_____	_____	_____	_____
Liabilities owed (if any)	_____	_____	_____	_____
Owed to	_____	_____	_____	_____
Monthly payment	_____	_____	_____	_____

7. Producing Oil Properties or Other Mineral Interests

Description	Date Acquired	Legal Title	Cost	Annual Yield	Present Value
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—

8. Other Personal Property and Collectibles (e.g., jewelry, art, collections, patents, vehicles, boats, aircraft, etc.)

Description	Date Acquired	Legal Title	Cost	Annual Yield	Present Value
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—

9. Personal Liabilities Owed to Banks

Name of Bank	Location	Debtor	Unsecured or Secured	Amount
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

Explanation: _____

10. Other Liabilities (e.g., life insurance policy loans and amounts owed to other individuals)

Description	Debtor (Husband, Wife, Joint)	Amount Owed
—	—	—
—	—	—
—	—	—
Charge Accounts (approximate amount)		—
Total	—	

Estate Planning Information Booklet-Financial Questionnaire-Business Financial Information

III. Business Financial Information

If you are a sole proprietor, a partner in a partnership, or a stockholder in a closely held corporation, significant tax considerations are raised. One of the most important of these is how your interest in such a business is to be valued at your death. This is an area that has caused considerable controversy with the tax authorities. The information sought in this section will aid us in recommending to you steps you might take during your lifetime to reduce the likelihood of such a controversy. In addition, it will determine whether or not you have made any arrangements with your business partners or fellow shareholders as to the disposition of your interest or their interests upon death or disability. For example, you may not want a widow or widower of one of your colleagues to be a shareholder or partner with you. Instead, you may want to provide for a buy out of the interest of a deceased business colleague at a fixed price or at a price to be determined according to a formula.

- A. Sole Proprietorship. Do you own your business as a sole proprietorship? Yes
No

If yes, please complete the questions in this part A.

1. Details of Business Interest in Proprietorship

- a. Name of the business _____
- b. Address _____
- c. Date you acquired the business _____
- d. Nature of the business _____
- e. Have assumed business or professional name certificates been filed?

Yes No

If yes, in what counties? _____

f. Earnings (net before taxes last three years):

	Year	Amount
Last Year	20_____	_____
	20_____	_____

g. What is the book value of the proprietorship? _____

h. Liquidation value? _____

i. Value as a going concern? _____

j. Legal title to proprietorship _____

2. Transfer of Ownership Interest

a. Is the retention of the business for your family desired? Yes No

If yes, who are the relatives now active or who do you expect to become active following your withdrawal?

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

b. Is there any agreement requiring the sale of your business at your death? Yes No

If yes:

- (1) Who are the parties to this agreement? _____
- (2) What is the effective date of the transfer (death, disability, retirement)? _____
- (3) What is the purchase price or formula? _____
- (4) What is the method of funding (life insurance, payment of future earnings)? _____
- (5) Other material provisions _____

c. If no agreement of sale is in effect, are there any employees capable of continuing the business after your withdrawal? Yes No

If yes, give

Name	Age	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Partnership. Do you own an interest in a partnership? Yes No

If yes, please complete the questions in this part B. We also will need to examine the partnership's latest tax return and financial statements.

1. Details of Partnership Interest

a. Name of partnership _____

b. Address _____

c. Date your partnership interest was acquired _____

d. Have assumed business or professional name certificates been filed?

Yes No

If yes, in what counties? _____

e. Nature of business _____

f. Earnings (net before taxes last three years):

	Year	Amount
Last Year	20_____	_____
	20_____	_____
	20_____	_____

g. What is the book value of your partnership interest? _____

h. Liquidation value? _____

i. Value as a going concern? _____

j. List partners (including yourself)

Name	Relationship	% Profits & Capital	Annual Income From Partnership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

k. Who is partnership's accountant? _____

l. Address of accountant

(Street) Telephone _____

(City) (State) (Zip)

m. Legal title to partnership interest _____

2. Transfer of Ownership Interest

a. Is the retention of your partnership interest for your family desired? Yes

No

If yes, who are the relatives now active or who do you expect to become active in the business following your withdrawal?

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Is there in effect a buy-sell or partnership redemption agreement? Yes

No

If yes:

- (1) Who are the parties to the agreement? _____
- (2) What is the effective date of the transfer (death, disability, retirement)? _____
- (3) What is the purchase price or formula? _____
- (4) What is the method of funding (life insurance, payment of future earnings)? _____
- (5) Other material provisions _____

C. Closely Held Corporation. Do you own any of your business as a corporation? Yes
No

If yes, complete the questions in this part C. We also will need to examine the corporation's latest tax return and financial statements. Unless you have another attorney who is representing the corporation, we also should examine the Minute Book.

1. Details of Business Interest in Close Corporation.

- a. Name of Corporation _____
- b. Address _____
- c. Date you acquired corporate stock _____
- d. Cost of shares acquired _____
- e. Nature of the business _____
- f. State of incorporation _____
- g. Year of incorporation _____
- h. Other states in which corporation is qualified to do business _____
- i. Where is the Minute Book located? _____
- j. Is the Minute Book current? Yes No
- k. Earnings (net before taxes last three years):

Year

Amount

19_ _____

19_ _____

19_ _____

l. What is the book value of the corporation? _____

m. Liquidation value? _____

n. Value as a going concern? _____

o. Who is partnership's accountant? _____

p. Address of accountant

_____(Street) _____(City) (State) (Zip)
_____(Telephone)

q. Total number of shares of: Preferred _____; Common _____;
Non-voting Common _____

r. Legal title to close corporation interest: _____

2. Transfer of Ownership Interest

a. Who are the shareholders and what are their interests?

Name	Age	Relationship (if any)	No. of Shares
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Is any stock subject to option? Yes No

If yes, who are the optionees and what are the terms of the options? _____

c. Is there in effect a buy-sell or redemption agreement? Yes No

If yes:

- (1) Who are the parties to the agreement? _____
- (2) What is the effective date of the transfer (death, disability, retirement)? _____
- (3) What is the purchase price or formula? _____
- (4) What is the method of funding (life insurance, payment out of future earnings)? _____
- (5) Other material provisions _____

Estate Planning Information Booklet-Financial Questionnaire-Insurance

IV. Insurance

Insurance has become an increasingly important estate planning tool. Life insurance can provide significant financial security if an individual dies while building his or her estate. Later in life, after a substantial estate has been accumulated, life insurance can assure the availability of cash to satisfy any estate tax liability. The co-ordination of your life insurance beneficiary designations is an essential part of your estate plan.

A. Your Underwriters

1. Who is your life insurance agent? _____
 - a. What insurance company or agency does your agent represent? _____
 - b. Address of agent _____
 - c. Telephone number of agent _____
 - d. When did you last review your life insurance program, and with whom did you do so? _____
2. Who is your fire and casualty insurance agent? _____
 - a. What insurance company or agency does your agent represent? _____
 - b. Address _____

c. Telephone number of agent _____

d. When did you last review your property insurance needs, and with whom did you do so? _____

B. Personal Insurance (for insurance provided by your business, see C. Business Related Life Insurance (below))

1. Life insurance on family (including your group life insurance on you and other members of the family)

(See bound volume, pages 343-344 for chart.)

2. Life insurance on lives of others

Insured	Owner	Insured's Relationship to Owner	Company	Policy No.	Face Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Disability insurance

Company	Insured	Benefits
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Business Related Life Insurance

1. Does your business carry life insurance on you or any business colleague or other key employee?

Yes No

If yes, please specify:

Name of Insured	Age	Position	Amount of Insurance
_____	_____	_____	_____
_____	_____	_____	_____

2. Does any employee, partner, or other shareholder have insurance on your life?

Yes No

If yes, please specify:

Employee, Shareholder, Partner	Amount of Insurance	Plan of Insurance
_____	_____	_____
_____	_____	_____
_____	_____	_____

s 2522. Estate Planning Booklet-Optional Form

Date of Interview _____ Client's Telephone _____
Residence _____
Business _____

Personal Data

CLIENT

Full Name _____

Known by Any Other Names _____

Address _____

Domicile _____ Vote Where _____

Auto Tags Where _____ State Income Tax Paid Where _____

Date of Birth _____ Place of Birth _____

Location of Birth Certificate _____

Occupation _____ Annual Income _____

Previous Marriages (date, place, children) _____

State of Health _____ Insurable? _____

CLIENT'S SPOUSE

Full Name _____

Known by Any Other Names _____

Address _____

Domicile _____ Vote Where _____

Auto Tags Where _____ State Income Tax Paid Where _____

Date of Birth _____ Place of Birth _____

Location of Birth Certificate _____

Occupation _____ Annual Income _____

Previous Marriages (date, place, children) _____

State of Health _____ Insurable? _____

CLIENT'S CHILDREN

Is there a physical possibility of more children? _____

Are any children adopted? _____

Are any children handicapped or in poor health? _____

1. Child's Name _____ Date of Birth _____

Address _____

Education Completed _____

If not, Educational Goal _____

Business Ability _____

Occupation _____

Net Worth _____ Annual Income _____

Child's Spouse's Name _____

Occupation _____ Annual Income _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Comments: _____

2. Child's Name _____ Date of Birth _____

Address _____

Education Completed _____

If not, Educational Goal _____

Business Ability _____

Occupation _____

Net Worth _____ Annual Income _____

Child's Spouse's Name _____

Occupation _____ Annual Income _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Comments: _____

3. Child's Name _____ Date of Birth _____

Address _____

Education Completed _____

If not, Educational Goal _____

Business Ability _____

Occupation _____

Net Worth _____ Annual Income _____

Child's Spouse's Name _____

Occupation _____ Annual Income _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Comments: _____

4. Child's Name _____ Date of Birth _____

Address _____

Education Completed _____

If not, Educational Goal _____

Business Ability _____

Occupation _____

Net Worth _____ Annual Income _____

Child's Spouse's Name _____

Occupation _____ Annual Income _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Comments: _____

5. Child's Name _____ Date of Birth _____

Address _____

Education Completed _____

If not, Educational Goal _____

Business Ability _____

Occupation _____

Net Worth _____ Annual Income _____

Child's Spouse's Name _____

Occupation _____ Annual Income _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Comments: _____

CLIENT'S PARENTS

Father

Mother

Name _____

Address _____

Age _____

State of Health _____

Financially Dependent? _____

CLIENT'S SPOUSE'S PARENTS

Father

Mother

Name _____

Address _____

Age _____

State of Health _____

Financially Dependent? _____

ANY EXPECTED INHERITANCES?

Client

Client's Spouse

From Whom? _____

Approximate Value _____

From Whom? _____

Approximate Value _____

CLIENT'S BROTHERS AND SISTERS

Name _____ Living _____

Age _____ Married _____ Children _____

Comments: _____

Name _____ Living _____

Age _____ Married _____ Children _____

Comments: _____

Name _____ Living _____

Age _____ Married _____ Children _____

Comments: _____

Name _____ Living _____

Age _____ Married _____ Children _____

Comments: _____

Name _____ Living _____

Age _____ Married _____ Children _____

Comments: _____

CLIENT'S SPOUSE'S BROTHERS AND SISTERS

Name _____ Living _____

Age _____ Married _____ Children _____

Comments: _____

Name _____ Living _____

Age _____ Married _____ Children _____

Comments: _____

Name _____ Living _____

Age _____ Married _____ Children _____

Comments: _____

Name _____ Living _____

Age _____ Married _____ Children _____

Comments: _____

Name _____ Living _____

Age _____ Married _____ Children _____

Comments: _____

Other Relatives or Friends of Client and Spouse Who Would Be Immediate Beneficiaries or Ultimate Beneficiaries if Client, His Spouse, All Issue and Parents Are Dead:

Name _____

Residence _____

Age _____

Relation _____

Charities as Immediate Beneficiaries or Ultimate Beneficiaries if All Individual Beneficiaries Are Dead:

1. Correct Corporate Name _____

Address _____

Special Purpose, If Any _____

2. Correct Corporate Name _____

Address _____

Special Purpose, If Any _____

3. Correct Corporate Name _____

Address _____

Special Purpose, If Any _____

Client's Social Security No. _____ Covered Since _____

Client's Spouse's Social Security No. _____ Covered Since _____

Armed Forces Service:

Serial No. _____ Branch of Service _____

Pension or Profit Sharing Plans:

Description of Benefits: _____

Location of Lock Box _____

In Whose Name? _____

Any Property of Others in Box? _____

Identifiable as Such? _____

Where are Other Valuable Papers Kept? _____

Name of Broker _____

Name of Accountant _____

Name of Life Insurance Agent _____

Name of Casualty Insurance Agent _____

Preference as to Bank _____

LIABILITIES

Amount _____ Owed to Whom _____

Due Date _____ Secured by What Asset _____

Amount _____ Owed to Whom _____

Due Date _____ Secured by What Asset _____

Amount _____ Owed to Whom _____

Due Date _____ Secured by What Asset _____

Amount _____ Owed to Whom _____

Due Date _____ Secured by What Asset _____

Have You Made Any Substantial Gifts in the Past or Placed Property in Joint Names? _____

Details: _____

Do You or Your Spouse Have any Powers of Appointment? _____

Details: _____

Are You or Your Spouse the Beneficiary Under Any Trust? _____

Details: _____

BANK ACCOUNTS AND SAVINGS ACCOUNTS

1. Name of Bank, Savings and Loan or Credit Union _____

Average Balance _____

Type of Account _____
(checking-savings)

In Whose Name _____

2. Name of Bank, Savings and Loan or Credit Union _____

Average Balance _____

Type of Account _____

(checking-savings)

In Whose Name _____

3. Name of Bank, Savings and Loan or Credit Union _____

Average Balance _____

Type of Account _____
(checking-savings)

In Whose Name _____

4. Name of Bank, Savings and Loan or Credit Union _____

Average Balance _____

Type of Account _____
(checking-savings)

In Whose Name _____

5. Name of Bank, Savings and Loan or Credit Union _____

Average Balance _____

Type of Account _____
(checking-savings)

In Whose Name _____

STOCKS AND BONDS

Number of Shares or Amount _____

Name of Company _____

Description of Security _____

In Whose Name _____

Fair Market Value _____

Basis _____

Number of Shares or Amount _____

Name of Company _____

Description of Security _____

In Whose Name _____

Fair Market Value _____

Basis _____

Number of Shares or Amount _____

Name of Company _____

Description of Security _____

In Whose Name _____

Fair Market Value _____

Basis _____

Number of Shares or Amount _____

Name of Company _____

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Basis _____

Number of Shares or Amount _____

Name of Company _____

Description of Security _____

In Whose Name _____

Fair Market Value _____

Basis _____

Number of Shares or Amount _____

Name of Company _____

Description of Security _____

In Whose Name _____

Fair Market Value _____

Basis _____

REAL ESTATE

1. Residence Address _____

Brief Description _____

Fair Market Value _____ Assessed Value _____

Legal Title in Whose Name _____

Mortgage: Amount _____ Mortgagee _____

If Property Was a Gift or is in Joint Names-Details: _____

Basic Information (cost, date of acquisition, cost and date of improvements):

2. Residence Address _____

Brief Description _____

Fair Market Value _____ Assessed Value _____

Legal Title in Whose Name _____

Mortgage: Amount _____ Mortgagee _____

If Property Was a Gift or is in Joint Names-Details: _____

Basic Information (cost, date of acquisition, cost and date of improvements):

3. Residence Address _____

Brief Description _____

Fair Market Value _____ Assessed Value _____

Legal Title in Whose Name _____

Mortgage: Amount _____ Mortgagee _____

If Property Was a Gift or is in Joint Names-Details: _____

Basic Information (cost, date of acquisition, cost and date of improvements):

4. Residence Address _____

Brief Description _____

Fair Market Value _____ Assessed Value _____

Legal Title in Whose Name _____

Mortgage: Amount _____ Mortgagee _____

If Property Was a Gift or is in Joint Names-Details: _____

Basic Information (cost, date of acquisition, cost and date of improvements):

5. Residence Address _____

Brief Description _____

Fair Market Value _____ Assessed Value _____

Legal Title in Whose Name _____

Mortgage: Amount _____ Mortgagee _____

If Property Was a Gift or is in Joint Names-Details: _____

Basic Information (cost, date of acquisition, cost and date of improvements):

6. Residence Address _____

Brief Description _____

Fair Market Value _____ Assessed Value _____

Legal Title in Whose Name _____

Mortgage: Amount _____ Mortgagee _____

If Property Was a Gift or is in Joint Names-Details: _____

Basic Information (cost, date of acquisition, cost and date of improvements):

LIFE AND ACCIDENTAL DEATH INSURANCE

Face Amount _____ Type _____

Policy No. _____ Name of Company _____

Beneficiaries _____

Amount of Loan on Policy _____ Cash Value _____

Owned By _____

Face Amount _____ Type _____

Policy No. _____ Name of Company _____

Beneficiaries _____

Amount of Loan on Policy _____ Cash Value _____

Owned By _____

Face Amount _____ Type _____

Policy No. _____ Name of Company _____

Beneficiaries _____

Amount of Loan on Policy _____ Cash Value _____

Owned By _____

Face Amount _____ Type _____

Policy No. _____ Name of Company _____

Beneficiaries _____

Amount of Loan on Policy _____ Cash Value _____

Owned By _____

Face Amount _____ Type _____

Policy No. _____ Name of Company _____

Beneficiaries _____

Amount of Loan on Policy _____ Cash Value _____

Owned By _____

Comments on Life Insurance: _____

BUSINESS INTEREST

COMMUNITY PROPERTY

Have you ever lived in a state which has a community property law (California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, and Idaho)? Details and status of assets brought into this state):

OTHER ASSETS

Automobile (State: Model, Make, Fair Market Value, in Whose Name and Mortgage): _____

Boats, Trailers, etc. _____

Mortgages Owned, Land Contracts or Other Receivables _____

Coin Collections, Family Heirlooms _____

Other Assets _____