

**CARLILE PATCHEN & MURPHY LLP**

**Data Questionnaire For Estate Planning**

Please tell us who referred you to Carlile Patchen & Murphy

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Spouse 1: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Spouse 2: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

State & County of Residence: \_\_\_\_\_

Citizenship Spouse 1 \_\_\_\_\_ USA Other: \_\_\_\_\_

Citizenship Spouse 2 \_\_\_\_\_ USA Other: \_\_\_\_\_

Do you have any foreign bank or investment accounts? Yes \_\_\_ No \_\_\_ If yes, please indicate amount(s) on financial schedule.

Addresses:

Home: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Spouse 1 Cell: \_\_\_\_\_

Spouse 2 Cell: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Email for Spouse 1: \_\_\_\_\_ Email for Spouse 2: \_\_\_\_\_

\_\_\_\_\_

Prior marriage of either spouse 1 or spouse 2?

Yes \_\_\_\_\_ (Please list details below) No \_\_\_\_\_

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If divorced, please provide copies of the decree and any related property settlement agreements if there are any continuing obligations.

Do you have a premarital agreement with regard to property rights?

Yes \_\_\_\_\_ (Please furnish copy of Agreement) No \_\_\_\_\_

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Have you ever resided in a community property state (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, and Wisconsin)? If so, which state or states, and for what periods of time? \_\_\_\_\_

Children of this marriage: (First name, middle initial and last name)

<u>Name</u>	<u>DOB</u>	<u>Grandchildren</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any deceased children?

Yes \_\_\_\_\_ (Please list below) No \_\_\_\_\_

Are there children of either from outside the marriage?

Yes \_\_\_\_\_ (Please list below) No \_\_\_\_\_

Have any children been adopted?

Yes \_\_\_\_\_ (Please list details below) No \_\_\_\_\_

Do any of your children have special educational, medical or financial needs? If yes, please explain. \_\_\_\_\_

If a trust for children is desired, do you prefer principal distributions all at once or in staggered amounts? \_\_\_\_\_

Age(s) of distribution: \_\_\_\_\_

If none of your children are living at the time of both of your deaths, where do you want your assets to go? \_\_\_\_\_

Would you like to be buried or cremated? Special instructions when both of you are deceased: \_\_\_\_\_

**Data Questionnaire For Estate Planning**

Proposed Guardian of Minor Children

*The Guardian is nominated in the Last Will and Testament. The Guardian serves as the legal representative for children under the age of 18. There are two types of Guardians. The Guardian of a minor's person raises the child, and the Guardian of the minor's estate manages the child's assets. These duties may be assigned to a single guardian or divided between two different guardians. The Guardian of the estate is entitled to compensation as set forth by local court rule.*

	Name	City/State of Residence	Relationship
1 <sup>st</sup> choice:	_____	_____	_____
2 <sup>nd</sup> choice:	_____	_____	_____

Proposed Executor

*The Executor is nominated under the Last Will and Testament. An individual or corporation may be nominated. The Executor is charged with carrying out the provisions of your Will. The duties of an Executor include collecting and appraising all assets, preparing an inventory, paying debts, filing appropriate tax returns, arranging for a transfer or sale of property and filing periodic reports with the probate court as necessary. The Executor usually requires the services of an attorney and perhaps an accountant to properly fulfill his or her duties. The Executor is entitled to compensation as set forth in state statute.*

	Name	City/State of Residence	Relationship
For Spouse 1	1 <sup>st</sup> choice: _____	_____	_____
	2 <sup>nd</sup> choice: _____	_____	_____
	Name	City/State of Residence	Relationship
For Spouse 2	1 <sup>st</sup> choice: _____	_____	_____
	2 <sup>nd</sup> choice: _____	_____	_____

**Data Questionnaire For Estate Planning**

Proposed Trustee

*If you execute a Trust, you must select a Trustee. The Trustee is the person or entity who manages property for the benefit of the trust beneficiaries as set forth in a Trust agreement. The Trustee must act in good faith and in accordance with the terms of the Trust and the interests of the beneficiaries.*

	Name	City/State of Residence	Relationship
1 <sup>st</sup> choice:	_____	_____	_____
2 <sup>nd</sup> choice:	_____	_____	_____

Attorneys in Fact:

Durable Financial Powers of Attorney

*The attorney-in-fact is designated in a Durable General Power of Attorney (also known as a Financial Power of Attorney). The attorney-in-fact acts as your agent (you are the principal) and manages your financial and/or personal affairs if you are unable to do so.*

	Name	Address & Phone	Relationship
For Spouse 1	1 <sup>st</sup> choice:	_____ _____ ( )	_____
	2 <sup>nd</sup> choice:	_____ _____ ( )	_____

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	Name	Address & Phone	Relationship
For Spouse 2	1 <sup>st</sup> choice:	_____	_____
		_____	
		(    )	
	2 <sup>nd</sup> choice:	_____	_____
		_____	
		(    )	

**Durable Health Care Powers of Attorney**

*The health care agent is named under the Health Care Power of Attorney. The health care agent has the power to make health care decisions for you in the event you lose the capacity to make informed health care decisions for yourself.*

	Name	Address & Phone	Relationship
For Spouse 1	1 <sup>st</sup> choice:	_____	_____
		_____	
		(    )	
	2 <sup>nd</sup> choice:	_____	_____
		_____	
		(    )	

**Data Questionnaire For Estate Planning**

	Name	Address & Phone	Relationship
For Spouse 2	1 <sup>st</sup> choice: _____	_____ _____ ( )	_____
	2 <sup>nd</sup> choice: _____	_____ _____ ( )	_____

Do you want a Living Will?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

*The Living Will is designed to serve as evidence of your desire that life-sustaining medical treatment, including artificially or technologically supplied nutrition and hydration, be withheld or withdrawn if you are unable to make informed health care decisions. Your Living Will is applicable only if you are in a terminal condition or a permanently unconscious state, as these terms are defined in the document. Your Living Will trumps your health care agent.*

Do you wish to be an organ donor:                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Living Parents:

<u>Spouse 1's</u> _____ _____	<u>Spouse 2's</u> _____ _____
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Do either of you expect to inherit significant funds from parents or others?

Yes \_\_\_\_\_      No \_\_\_\_\_      If yes, what type and value of property?

Legacies of money to specific persons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legacies to charities, churches or other non-profit organizations:  
\_\_\_\_\_  
\_\_\_\_\_

Do you contemplate making future lifetime gifts?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Furnish details as to the assets that may be involved:  
\_\_\_\_\_

**Data Questionnaire For Estate Planning**

Location of safe-deposit box: \_\_\_\_\_

Who has access to safe-deposit box? \_\_\_\_\_

Advisors:

Financial Planner: \_\_\_\_\_

Stock broker: \_\_\_\_\_

Life insurance agent: \_\_\_\_\_

Accountant: \_\_\_\_\_

Banker: \_\_\_\_\_

Clergy: \_\_\_\_\_

Physician(s): \_\_\_\_\_

Other attorneys: \_\_\_\_\_

Trust officer: \_\_\_\_\_

**Data Questionnaire For Estate Planning**

**FINANCIAL INFORMATION**

Name \_\_\_\_\_

Date \_\_\_\_\_

Assets	Estimated Present Market Value		
	(Spouse 1)	(Spouse 2)	(Joint)
Cash	_____	_____	_____
Checking Accounts	_____	_____	_____
Savings Accounts & Certificates	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Notes & Mortgages Receivable	_____	_____	_____
Personal Residence	_____	_____	_____
Other Real Estate in Ohio	_____	_____	_____
Real Estate in Other States	_____	_____	_____
Household Goods & Automobiles	_____	_____	_____
Business Interests	_____	_____	_____
Retirement Plans	_____	_____	_____
Expected Inheritance	_____	_____	_____
Other Property	_____	_____	_____



**Data Questionnaire For Estate Planning**

Life Insurance:

Company Name	Policy Number	Type of Policy	Insured	Owner	Beneficiary	Face Amt.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

	(Spouse 1)	(Spouse 2)	(Joint)
Total Assets	_____	_____	_____

Liabilities

	(Spouse 1)	(Spouse 2)	(Joint)
Notes & Mortgages Payable	_____	_____	_____
Life Insurance Loans	_____	_____	_____
Other Debts	_____	_____	_____
Total Liabilities	_____	_____	_____
NET WORTH (Assets minus Liabilities)	_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_