

CARLILE PATCHEN & MURPHY LLP

Data Questionnaire For Estate Planning

Please tell us who referred you to Carlile Patchen & Murphy

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 _____

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: _____

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

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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 st choice:	_____	_____	_____
2 nd 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 st choice:	_____	_____

	2 nd choice:	_____	_____

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	Name	Address & Phone	Relationship
For Spouse 2	1 st choice:	_____	_____

	2 nd 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 st choice:	_____	_____

	2 nd choice:	_____	_____

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	Name	Address & Phone	Relationship
For Spouse 2	1 st choice: _____	_____	_____

	2 nd 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>
_____	_____
_____	_____

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:

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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: _____

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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	_____	_____	_____

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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: _____
