

MIERENDORF LAW OFFICES, P.C.

Attorneys and Counselors At Law



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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Dated: _____

- | 1. | <u>Personal:</u> | <u>Husband</u> | <u>Wife</u> |
|----|---|----------------|-------------|
| a. | Full Name | _____ | _____ |
| b. | Also Known as: | _____ | _____ |
| c. | Home Telephone# | _____ | _____ |
| d. | Home Address | _____ | _____ |
| e. | Other residences | _____ | _____ |
| f. | Date of Birth | _____ | _____ |
| g. | Place of Birth
(Citizenship) | _____ | _____ |
| h. | Social Security No: | _____ | _____ |
| i. | Marital Status | _____ | _____ |
| j. | If married, date and
place of marriage | _____ | _____ |
| k. | If divorced, see question #4. | | |
| l. | If married or unmarried, and living with another person, name and age of that person: | _____ | |

2. Employment:

a. Employer and Business

Address: _____

b. Business Telephone# _____

c. Annual Income: _____

3. Children:

Names of Children of present marriage, whether natural or adopted:

a. Name _____ DOB _____

Name of child's spouse (if any): _____

Address: _____

Child's Children (your grandchildren): _____

b. Name _____ DOB _____

Name of child's spouse (if any): _____

Address: _____

Child's children (your grandchildren): _____

c. Name _____ DOB _____

Name of child's spouse (if any): _____

Address: _____

Child's children (your grandchildren): _____

d. Name _____ DOB _____

Name of child's spouse (if any): _____

Address: _____

Child's children (your grandchildren): _____

Names of children of prior marriage (indicate whether husband's or wife's).

e. Name _____ DOB _____

Name of child's spouse (if any): _____
Address: _____
Child's children (your grandchildren): _____

f. Name _____ DOB _____
Name of child's spouse (if any): _____
Address: _____
Child's children (your grandchildren): _____

g. Name _____ DOB _____
Name of child's spouse (if any): _____
Address: _____
Child's children (your grandchildren): _____

h. Name _____ DOB _____
Name of child's spouse (if any): _____
Address: _____
Child's children (your grandchildren): _____

Names of deceased children:

- a. _____
- b. _____
- c. _____
- d. _____

Names of living children of deceased children:

- a. Name _____ DOB _____

Name of child's deceased parent: _____
Name of child's spouse (if any): _____
Address: _____
Grandchild's children (your great grandchildren): _____

- b. Name _____ DOB _____

Name of child's deceased parent: _____
Name of child's spouse (if any): _____
Address: _____
Grandchild's children (your great grandchildren): _____

- c. Name _____ DOB _____

Name of child's deceased parent: _____
Name of child's spouse (if any): _____
Address: _____
Grandchild's children (your great grandchildren): _____

d. Name _____ DOB _____

Name of child's deceased parent: _____
Name of child's spouse (if any): _____
Address: _____
Grandchild's children (your great grandchildren): _____

Names of illegitimate children:

a. Name _____ DOB _____

Name of child's spouse (if any): _____
Address: _____
Illegitimate child's children (if any): _____

b. Name _____ DOB _____

Name of child's spouse (if any): _____
Address: _____
Illegitimate child's children (if any): _____

c. Name _____ DOB _____

Name of child's spouse (if any): _____
Address: _____
Illegitimate child's children (if any): _____

d. Name _____ DOB _____

Name of child's spouse (if any): _____
Address: _____
Illegitimate child's children (if any): _____

4. **If either husband or wife has been married previously, for each prior marriage, please state the following:**

- a. Indicate which party was previously married. _____
- b. Give full name of prior spouse. _____
- c. Give manner and date of termination of marriage. _____

- d. Indicate amount of alimony being paid and to whom. _____

- e. Indicate amount of child support being paid, to whom for what child. _____

- f. Please provide a copy of the Divorce Judgment.

5. **If any of the children listed above are mentally or physically handicapped, please explain, and name of child.**

6. **Do you have any other relatives dependent upon you for support?**

Yes _____ No _____ (if yes, give names and relationships)

7. **List the members of the immediate family of both husband and wife, excluding children, and circle the names of those person who are deceased.**

a. **Husband:**

Father: _____

Mother: _____

Brothers: _____

Sisters: _____

b. **Wife:**

Father: _____

Mother: _____

Brothers: _____

Sisters: _____

8. **Please indicate whether either of you have executed the following documents:**

	<u>Husband/Date</u>	<u>Wife/Date</u>
a. Will	_____	_____
b. Pre-post-nuptial Agreement	_____	_____
c. Revocable Living Trust	_____	_____
d. Other type of Trust	_____	_____
e. Durable Power of Attorney	_____	_____
f. Durable Power of Attorney for Health Care	_____	_____
g. Living Will or Medical Directive	_____	_____
h. Any other Estate Planning Document	_____	_____

Please provide copies of all such documents.

9. **Are you or any members of your immediate family beneficiaries of a Trust?**

a. If so, who? _____

b. From whom? _____

c. How much? _____

10. **Do either husband or wife expect to receive gifts or inheritances?**

a. If so, who? _____

b. From whom? _____

c. How much? _____

11. **State the full name, address and relationship to you of the person whom you wish to appoint as Personal Representative of your Will. (Usually your spouse, close relative, close business associate, or bank).**

a. **Husband:**
First Choice:
Name: _____
Address: _____
Relationship: _____
Second Choice:
Name: _____
Address: _____
Relationship: _____

b. **Wife:**
First Choice:
Name: _____
Address: _____
Relationship: _____
Second Choice:
Name: _____
Address: _____
Relationship: _____

12. **If you have minor children, state the full name, address and relationship to you of the person who you wish to appoint as Guardian and Conservator should both husband and wife be deceased.**

First Choice:
Name: _____
Address: _____
Relationship: _____

Second Choice:
Name: _____
Address: _____
Relationship: _____

13. **Upon your death, how and to whom do you want your assets distributed? Please be as specific as possible. (Include what, if anything is to go to surviving spouse, children, parents, siblings, other relative, friends, etc.).**

Husband:

Personal Property:

Real Estate:

Other:

Wife:

Personal Property:

Real Estate:

Other:

14. **If none of your children are living at the time of your surviving spouse's death, do you want your estate to go to:**

Husband:

Family Members? If so, please identify: _____
Others? If so, please identify: _____

Wife:

Family Members? If so, please identify: _____
Others? If so, please identify: _____

15. **If husband and wife both die prematurely should children receive property at age of maturity (18) or should it be retained on children's behalf until they reach a more mature age? At what age(s) should the property be distributed to the children?**

16. **Do any of your children have special educational, medical or financial needs?**

17. **If the individuals listed in questions #13 and #14 all predeceased you, please list the names and addresses of the persons to whom you want your estate to go. (You may include a church, synagogue, or any other charitable organization).**

18. **Have either of you made a gift under the Uniform Gift to Minors Act? If so, who is the custodian and who are the donees?**

19. **Please answer to following to the best of your information and belief.**

a. During any calendar year prior to January 1, 1982, did either one of you made a gift or gifts the total of which exceeded for that year \$3,000 per person? If so, please identify the date of the gift, the amount of the gift and the beneficiary of the gift.

b. Was a gift tax return filed? If yes, please give date: _____

20. **Is avoiding unnecessary estate taxation of great importance to you?** _____

21. **Do you have a safe deposit box?** Yes _____ No _____

If yes, where is it located? _____

Name(s) deposit box is listed under: _____

22. **Please circle any of the following states in which you have lived or acquired property while married:**

Arizona

Idaho

Nevada

Texas

California

Louisiana

New Mexico

Washington

Wisconsin

None

23. **Do you own any property in a foreign country?** Yes _____ No _____

24. **Do you own any joint property which was purchased before 1976? If so, please give details.**

25. **Summary of Assets and Liabilities (please attach copies of pertinent documents evidencing ownership and title to assets listed below):**

a. **Residential Real Estate:**

1. Location:
2. Owned in Name of:
3. Form of Ownership:
4. Value of Home;
5. Encumbrances (amounts of all liens, mortgages, etc., and names of holders of such liens, mortgages, etc.):

b. **Rental Real Estate:**

1. Location:
2. Owned in Name of:
3. Form of Ownership:
4. Value of Home:
5. Encumbrances (amounts of all liens, mortgages, etc., and names of holders of such liens, mortgages, etc.):

c. **Cash (Checking, Savings, CD, Money Market, Credit Union):**

1. Location of Account:
2. Bank:
3. Account Number:
4. Amount:
5. Forms of Ownership and with Whom:

d. **Stocks, Bonds, Mutual Funds:**

1. **Stock:**

Name of Corporation:
Number of Shares:
Type of Shares:
How Shares are Titled:
Approximate Value:

2. **Bonds:**

Issuer:
Face Value:
Interest Rate:
Maturity Date and Value:
How Titled:

3. **Mutual Funds:**

Name of Fund:
Fund Group:
Number of Units:
Approximate Value:
How Titled:

e. **Family Business Interests (Corporations, Limited Liability Companies, Partnerships, etc.):**

1. Type of business interest:
2. Owned in Name of:
3. Approximate Value:

Are there any Buy and Sell Agreements in place regarding business interests? If yes, please attach.

f. **Other Business Interests:**

1. Type of business interest:
2. Owned in Name of:
3. Approximate Value:

g. **Life Insurance:**

1. Insurance Company:
2. Type of Insurance:
3. Person Insured:
4. Policy Owner:
5. Beneficiary:
6. Face Value:
7. Cash Value:
8. Loan Against Policy:

h. **Retirement Plans:**

1. Company/Employer:
2. Type of Plan:
3. Current Vested Balance:
4. Beneficiary:

i. **Deferred Compensation:**

1. Company/Employer:
2. Amount:
3. When Payable:

4. Beneficiary:
 - j. **IRA/Annuities:**
 1. Name:
 2. Type:
 3. Custodian:
 4. Designated Beneficiary:
 5. Balance/Amount:
 - k. **Motor Vehicles (Including Boats, Etc.):**
 1. Model and Make:
 2. Owner:
 3. Value:
 - l. **Jewelry, Art, Antiques and Collections:**
 1. Description:
 2. Owner:
 3. Approximate Value:
 - m. **Household Furnishings:**
 1. Description:
 2. Owner:
 3. Approximate Value:
 - n. **Mortgages, Notes or Debts (Owed to You):**
 1. Debtor's Name:
 2. Owed to Whom:
 3. Approximate Balance:
 - o. **Miscellaneous Assets Not Covered Above:**
26. **Please list all significant debts or obligations other than mortgages listed above:**
27. **Please list the names, addresses and telephone numbers of the following advisors:**
- a. Accountant/CPA:
 - b. Life Insurance Agent:
 - c. Bank Officer:

- d. Bank Trust Officer:
- e. Stockbroker:
- f. Investment Advisor/Financial Planner:
- g. Physician:
- h. Clergyman:

I acknowledge that the foregoing information is true and that the representation of me by Mierendorf Law Offices, P.C. is conditioned on the truthfulness of the representations and information contained in this questionnaire and that Mierendorf Law Offices, P.C. is relying on the accuracy of the information provided herein without any independent verification on their part. I further acknowledge that Mierendorf Law Offices, P.C. shall not be responsible or liable for any recommendations made as a result of the information I have provided if that information is inaccurate, in error or incomplete.

Dated: _____

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