

**Law Offices of
ROBIN S. GNATOWSKY**

ESTATE PLANNING QUESTIONNAIRE

(The contents of this Questionnaire will be kept confidential)

PERSONAL AND FAMILY DATA

Biographical Information:

Husband's Name: _____

Wife's Name: _____

Home Address: _____

Social Security No: Husband: _____ Wife: _____

Birth date: Husband: _____ Wife: _____

County of Residence: _____

Husband's Business Phone: _____ Fax: _____

Wife's Business Phone: _____ Fax: _____

Home Phone: _____ Fax: _____

Both U.S. Citizens? Yes _____ No _____

Prior Marriages:

Former Spouse of Husband: _____

Terminated by Death _____ Divorce _____

Place: _____

Former Spouse of Wife: _____

Terminated by Death _____ Divorce _____

Place: _____

You authorize us to prepare your estate planning documents in accordance with the information provided in this questionnaire.

Children:

Children of Present Marriage (indicate by "A" if adopted):

| Name | City & State Born | Birth date |
|-------|-------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Children of Prior Marriage (Husband):

| Name | City & State Born | Birth date |
|-------|-------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Adopted by Present Spouse? Yes _____ No _____

Children of Former Marriage (Wife):

| Name | City & State Born | Birth date |
|-------|-------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Adopted by Present Spouse? Yes _____ No _____

FINANCIAL DATA

(Use Additional Sheets as Necessary)

Personal and Real Property

| | Fair Market Value | Liabilities | S/J* |
|---|-------------------|-------------|-------|
| Average Cash Balance | \$ _____ | \$ _____ | _____ |
| Investments | \$ _____ | \$ _____ | _____ |
| Closely-held Corporations and Other business interests | \$ _____ | \$ _____ | _____ |
| Residence | \$ _____ | \$ _____ | _____ |
| Other Real Estate | \$ _____ | \$ _____ | _____ |
| Other Property | | | |
| Furnishings | \$ _____ | \$ _____ | _____ |
| Personal effects | \$ _____ | \$ _____ | _____ |
| Automobiles | \$ _____ | \$ _____ | _____ |
| Other | \$ _____ | \$ _____ | _____ |
| TOTALS | \$ _____ | \$ _____ | _____ |
| NET WORTH | \$ _____ | | |

*"S" - Separate Property (acquired prior to marriage or by gift or inheritance during marriage)
 "J" - Joint Property (acquired during marriage other than by gift or devise)

Life Insurance

| Policy Owner | Insured | Beneficiary | Face Amount | Insurance Company |
|--------------|---------|-------------|-------------|-------------------|
| _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | \$ _____ | _____ |
| TOTAL | | | \$ _____ | |

Employment Benefits:

| Benefit | Beneficiary | Owner | Value (if known) |
|--|-------------|-------|------------------|
| Pension Plan | _____ | _____ | \$ _____ |
| Profit Sharing | _____ | _____ | \$ _____ |
| Other (IRA, Keogh, Stock Options, etc.) | _____ | _____ | \$ _____ |
| TOTAL | _____ | _____ | \$ _____ |

Business Interests: (partnerships, proprietorships or closely-held corporations). Please supply general information relating to ownership, nature and value of any business interest you have and any plans or arrangements relating to disposition of the interest of a deceased owner (i.e. buy-sell agreement, partners/shareholders agreement).

Inheritances: If either spouse owns inherited property or expects to inherit any property, please give general descriptions, source and approximate value.

Do you have a Pre-Nuptial or Marital Property Agreement? Yes _____ No _____

DISPOSITION OF PROPERTY

(Add Sheets if Necessary)
Please write Legibly

Husband

Specific Bequests. Are there specific items that may have sentimental value to you that you want passed on to certain individuals before your estate is divided up? Such can be described in a memo left with your Will or stated expressly in your Will. If you prefer the latter, please name the person(s) to receive the item(s) and describe the item(s).

| Description of Item | Beneficiary (and Alternate) |
|---------------------|-----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Residuary Estate. Describe generally to whom and in what percentage property is to be distributed after your death. (Residuary estate consists of all property not specifically bequeathed).

a. If Wife Survives: _____

b. If Wife Predeceases; Children Survive: _____

NOTE: If children are minors or estate is substantial, a trust should be considered. Trustee can make payments of income and/or principal as you direct and in addition can pay in staggering percentages a portion of the trust corpus when children reach certain ages: 25, 30, 35 (or any age span desired).

Staggered Principal Distributions? Yes _____ No _____

If so, please describe: _____

c. If Neither Wife Nor Children Survive:

| Beneficiaries | City and State | Outright (O)/In Trust (T) |
|---------------|----------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Wife

Specific Bequests. Are there specific items that may have sentimental value to you that you want passed on to certain individuals before your estate is divided up? Such can be described in a memo left with your Will or stated expressly in your Will. If you prefer the latter, please name the person(s) to receive the item(s) and describe the item(s).

| Description of Item | Beneficiary (and Alternate) |
|---------------------|-----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Residuary Estate. Describe generally to whom and in what percentage property is to be distributed after your death. (Residuary estate consists of all property not specifically bequeathed).

a. If Husband Survives: _____

b. If Husband Predeceases; Children Survive: _____

NOTE: If children are minors or estate is substantial, a trust should be considered. Trustee can make payments of income and/or principal as you direct and in addition can pay in staggering percentages a portion of the trust corpus when children reach certain ages: 25, 30, 35 (or any age span desired).

Staggered Principal Distributions? Yes _____ No _____

If so, please describe: _____

d. If Neither Husband Nor Children Survive:

| Description of Item | Beneficiary (and Alternate) |
|---------------------|-----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If none specified, estate will pass equally to all your heirs.

SELECTION OF REPRESENTATIVES

List below the name, relationship and address of the person(s) who you wish to have serve in the capacities indicated:

Executor and Alternate(s)

| | Name | Address |
|----------------|----------|---------|
| Husband's Will | a) _____ | _____ |
| | b) _____ | _____ |
| | c) _____ | _____ |
| Wife's Will | a) _____ | _____ |
| | b) _____ | _____ |
| | c) _____ | _____ |

Trustee and Alternate(s) of any Trust

| | Name | Address |
|----------------|----------|---------|
| Husband's Will | a) _____ | _____ |
| | b) _____ | _____ |
| | c) _____ | _____ |
| Wife's Will | a) _____ | _____ |
| | b) _____ | _____ |
| | c) _____ | _____ |

Guardian(s) of Minor Children

| | Name | Address |
|----------------|----------|---------|
| Husband's Will | a) _____ | _____ |
| | b) _____ | _____ |
| | c) _____ | _____ |
| Wife's Will | a) _____ | _____ |
| | b) _____ | _____ |
| | c) _____ | _____ |

INCIDENTAL DOCUMENTS

Directive of Physician

Do you wish to have a directive authorizing an agent to request the withdrawal of life support systems in the event of an incurable or irreversible condition if life support would only serve to prolong the dying process?

Husband: Yes _____ No _____

Wife: Yes _____ No _____

General Power of Attorney

Do you wish to select someone to act as your agent in the event you are unable, due to incapacity or for any reason, to handle your personal and financial matters?

Husband: Yes _____ No _____

Wife: Yes _____ No _____

| | Name | Address |
|----------|-------|---------|
| Husband: | _____ | _____ |
| | _____ | _____ |
| Wife: | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Special Power of Attorney for Medical Care

Do you wish to select someone to act as your agent with regard to medical treatment, hospitalization and/or operative procedures for you, in the event you are able to advise?

Husband: Yes _____ No _____

Wife: Yes _____ No _____

| | Name | Address |
|----------|-------|---------|
| Husband: | _____ | _____ |
| | _____ | _____ |
| Wife: | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |