

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

This Estate Planning Questionnaire is designed to help you gather information necessary for thoughtful estate planning prior to our initial consultation. Please be as thorough as possible in completing this questionnaire. If you are unable to complete this question prior to our initial consultation, we may address these issues during our consultation. All information will be kept strictly confidential.

Information About You

Who referred you to the Law Offices of Frye & Vazquez, P.L.? _____

Name: _____

Address: _____

Telephone Numbers: Home: (_____) _____ Mobile: (_____) _____

Business: (_____) _____ Fax: (_____) _____

E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____ Marriage: () First () Other

Information About Your Spouse

Name: _____

Address: _____

Telephone Numbers: Home: (_____) _____ Mobile: (_____) _____

Business: (_____) _____ Fax: (_____) _____

E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____ Marriage: () First () Other

Information About Your Children

Child's Name: _____

Date of Birth: _____ Social Security Number: _____

Is this your stepchild? () Yes () No Citizenship: _____

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Child's Name: _____

Date of Birth: _____ Social Security Number: _____

Is this your stepchild? () Yes () No Citizenship: _____

=====

Child's Name: _____

Date of Birth: _____ Social Security Number: _____

Is this your stepchild? () Yes () No Citizenship: _____

=====

Child's Name: _____

Date of Birth: _____ Social Security Number: _____

Is this your stepchild? () Yes () No Citizenship: _____

=====

Child's Name: _____

Date of Birth: _____ Social Security Number: _____

Is this your stepchild? () Yes () No Citizenship: _____

=====

Child's Name: _____

Date of Birth: _____ Social Security Number: _____

Is this your stepchild? () Yes () No Citizenship: _____

5. Pension Plans, IRAs, 401(k)s, Profit Sharing or Other Retirement Plans. Do you and your spouse have retirement plans? () Yes () No. If so, please complete the following:

<u>Type</u>	<u>Titled in Whose Name</u>	<u>Beneficiary Designation</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Life Insurance and Annuities. (Bring policies.)

<u>Type</u>	<u>Insured</u>	<u>Beneficiary Designation</u>	<u>Face Value</u>	<u>Cash Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Corporations. Do you or your spouse own stock in closely held corporations? () Yes () No

8. Partnerships and Limited Liability Companies. Do you or your spouse own an interest in a partnership or a limited liability company? () Yes () No

9. Other Assets. Please note any other assets that have significant value, such as debt owed to you, art/jewelry collections, etc.

10. Safe Deposit Box. Do you have a safe deposit box? () Yes () No

Considerations Regarding the Protection of Your Assets

1. How high is your personal or professional exposure to lawsuits? () High () Medium () Low

2. Should we discuss asset protection strategies with you? () Yes () No

Considerations Regarding Your Estate Planning

Common estate planning documents include Trusts, Irrevocable Trusts, Wills, Durable Powers of Attorney, Designations of Health Care Surrogates and Living Wills.

Revocable Living Trust and Wills

1. Who will you name as executor of your estate?
2. Who will you name as trustee of your trust, if applicable?
3. If you have minor children, who will serve as their guardian?
4. Who are your beneficiaries? Spouse? Children?
5. If you name your children as beneficiaries how would you like them to receive their inheritance?
For example, you can control the amount your children receive by distributing to them certain amounts at certain ages (*i.e.* 1/3 at 25; 1/2 at 30, and the remainder at 35).

Irrevocable Life Insurance Trust

6. Trustee: Name: _____
 Address: _____
 Telephone No.: _____
7. Successor Trustee: Name: _____
 Address: _____
 Telephone No.: _____

Please note that the appointment of a Trustee should be carefully considered. The Trustee should understand the purpose of the trust and be able to handle financial matters.

8. Name of Beneficiary: _____ Date of Birth: _____
9. Address of Beneficiary: _____
10. If you name your child(ren) as beneficiaries how would you like them to receive their inheritance?
For example, you can control the amount your children receive by distributing to them certain amounts at certain ages (*i.e.* 1/3 at 25; 1/2 at 30, and the remainder at 35).

Advance Directives

- 11. Durable Power of Attorney. In the event you are unable to manage your financial affairs, who will act as your attorney-in-fact?
- 12. Designation of Health Care Surrogate. In the event you are unable to make health care decisions, who will act as your health care surrogate?
- 13. Living Will. In the event you are in a terminal condition, how would you like treatment to be administered? For example, would you like life prolonging procedures administered or withheld?

Preparation and Signing of Documents

After all the necessary information has been gathered and planning decisions have been made, we will prepare draft documents. Our goal is to draft documents ready for your review in about four (4) to six (6) weeks. We respond more quickly in urgent situations. You should contact us in advance of any scheduled appointment about any changes to your draft documents. Once the documents are signed, we will prepare a portfolio containing your original documents, along with the copies you may request.

Re-title Assets As Needed

Your estate plan is not complete until you re-title assets and make beneficiary designations in accordance with your estate planning. If you have a trust and wish to avoid probate, it is necessary to change the name on your assets to that of the trust or to otherwise assure that the assets will pass outside of probate.

Periodic Review

You should give thought to your estate plan every year, asking yourself if there have been changes in your personal or financial situation, which in any way affect your estate planning.

I/we confirm that the information provided herein is full disclosure of my/our assets, finances, beneficial interests, and any other information that is relevant for estate planning purposes. The information provided herein is true and to the best of my/our knowledge.

Client

Date: _____

Client

Date: _____