



Confidential Estate Planning Questionnaire

By completing this Confidential Estate Planning Questionnaire, you enable me to more accurately identify estate planning issues, and estate planning strategies, and more efficiently prepare your estate planning documents.

You will be asked to sign a separate letter, acknowledging the inherent conflict of interest when I mutually represent two people in their estate planning.

By signing below you agree that you completed this Confidential Estate Planning Questionnaire or have had it completed at your direction. You also authorize Marlaine C. Teahan, Attorney-at-Law, to release a copy of this Confidential Estate Planning Questionnaire, or any information contained in it, to (a) the duly appointed conservator of your estate in the event you become legally incapacitated; or (b) the duly appointed personal representative of your probate estate in the event of your death; or (c) to the duly appointed trustee of any trust that you might establish.

Signature
(Partner A) _____ Date: _____

Signature
(Partner B) _____ Date: _____

Title (Mr./Mrs./Ms./Dr.)		Date	
Home Address		Phone #	
		Email Address	
		County	
Business Address (Domestic Partner A)		Phone #	
		Email Address	
		County	
Business Address (Domestic Partner B)		Phone #	
		Email Address	
		County	



I. FAMILY HISTORY

	Domestic Partner A	Domestic Partner B
Name (include names that you have previously been known as)		
Social Security #		
Birth Date		
MI Resident?	How Long?	How Long?
US Citizenship?	How Long?	How Long?

Children (Name/Address) (Indicate birth parent)	SS Number	Date of Birth	Children of Deceased Children (if any)

Grandchildren (Name/Address)	SS Number	Date of Birth	Children of Deceased Grandchildren (if any)



Has Domestic Partner A or Domestic Partner B been married previously? If yes, please list children of prior marriage(s). ___ Yes ___ No.

Domestic Partner A's Children (from previous marriage)		Domestic Partner B's Children (from previous marriage)	
Name/Birth Date		Name/Birth Date	
Address		Address	

Name/Birth Date		Name/Birth Date	
Address		Address	

Name/Birth Date		Name/Birth Date	
Address		Address	

Support obligation **to** former spouse: _____

Support obligation **from** former spouse: _____

Dependents: Do you have any dependents other than children (such as invalid sister, elderly parents, etc.?) ___ Yes ___ No. If yes, list pertinent information:

Please bring copies of any Judgment of Divorce and Property Settlement Agreement or, if not available, identify state and county where divorce took place. _____

Have you previously executed either: (If yes, please provide a copy.)



Pre-nuptial Agreement ___ Yes ___ No
Post-nuptial Agreement ___ Yes ___ No

Have you previously executed a Will or Trust? ___ Yes ___ No. If yes, please provide copies of current Wills and/or Trusts.

Have you executed a Power of Attorney? ___ Yes ___ No. If yes, please provide copies.

Have you executed a Designation of Patient Advocate? ___ Yes ___ No. If yes, please provide copies.

Have you executed a "Living Will"? ___ Yes ___ No. If yes, please provide copies.

Name/address of accountant: _____

Name/address of physician(s): _____
(Domestic Partner A) _____

Name/address of physician(s): _____
(Domestic Partner B) _____

Who referred you to this law firm? _____

Do you, or anyone you intend to include in your Will have any unusual health problems?
___ Yes ___ No.

If yes, explain who has the problem and its nature. _____



II. FINANCIAL MATTERS

List all real estate, including personal residence(s), owned by either of you. Please provide copy of Deed(s) if available and recent Property Tax Bill or Receipt.

PERSONAL RESIDENCE:

Address	Mkt. Value	Balance Owing	To Whom is Property Titled?

OTHER REAL ESTATE:

Address	Mkt. Value	Balance Owing	To Whom is Property Titled?

OTHER OWNED ASSETS:

Description (Name/Account#):	Domestic Partner A \$	Domestic Partner B \$	Joint with Both Partners \$	Joint with Other Person \$
<i>Checking Accounts:</i>				
<i>Savings Accounts:</i>				



Description (Name/Account#):	Domestic Partner A \$	Domestic Partner B \$	Joint with Both Partners \$	Joint with Other Person \$
<i>Certificates of Deposit (CDs):</i>				
<i>Money Market Accounts:</i>				
<i>Stocks:</i>				
<i>Stock Bonus:</i>				
<i>Bonds:</i>				



Description (Name/Account#):	Domestic Partner A \$	Domestic Partner B \$	Joint with Both Partners \$	Joint with Other Person \$
<i>Mutual Funds:</i>				
<i>Promissory Notes:</i>				
<i>IRAs:</i>				
<i>Tax Sheltered Annuities:</i>				
<i>Deferred Compensation:</i>				
<i>Retirement Plans:</i>				



Description (Name/Account#):	Domestic Partner A \$	Domestic Partner B \$	Joint with Both Partners \$	Joint with Other Person \$
<i>Notes/Loans (money owed to you):</i>				
<i>Automobiles:</i>				
<i>Boat/Recreational Vehicle(s):</i>				
<i>Anticipated Bonus:</i>				
<i>Commissions:</i>				
<i>Expense Account:</i>				
<i>Art/Antiques:</i>				
<i>Collections:</i>				
<i>Jewelry:</i>				
<i>Other Unique Assets:</i>				
Total Approximate Dollar Value:				



Do you have a safe deposit box? ___ Yes ___ No. If yes, please complete the following chart.

SAFE DEPOSIT BOX(ES):

Location:	
Name on box:	
Who has key?:	

Location:	
Name on box:	
Who has key?:	

Location:	
Name on box:	
Who has key?:	

LIABILITIES (DEBTS) OTHER THAN MORTGAGE(S):

Type of Liability	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Do you hold a power of appointment (i.e., ability to direct where someone else's money goes once they have passed away)? If yes, please describe: _____

Are you the beneficiary of any trust or do you anticipate any inheritances in the foreseeable future? _____. If yes, please complete the following chart:



Beneficiary (Domestic Partner A/ Domestic Partner B/Both)	Type of Inheritance (Cash, Real Estate, etc.)	Estimated Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Name and address of current Insurance Agent: _____

List the following information regarding your life insurance policies:

Domestic Partner A		Domestic Partner B	
Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	
Type of Policy	(Term, Group, Whole, Universal)	Type of Policy	(Term, Group, Whole, Universal)
Primary Beneficiary		Primary Beneficiary	
Contingent Beneficiary		Contingent Beneficiary	
Cash Value-Less Loan		Cash Value-Less Loan	
Face Value (Death Benefit)		Face Value (Death Benefit)	



Domestic Partner A		Domestic Partner B	
Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	
Type of Policy	(Term, Group, Whole, Universal)	Type of Policy	(Term, Group, Whole, Universal)
Primary Beneficiary		Primary Beneficiary	
Contingent Beneficiary		Contingent Beneficiary	
Cash Value-Less Loan		Cash Value-Less Loan	
Face Value (Death Benefit)		Face Value (Death Benefit)	

Domestic Partner A		Domestic Partner B	
Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	
Type of Policy	(Term, Group, Whole, Universal)	Type of Policy	(Term, Group, Whole, Universal)
Primary Beneficiary		Primary Beneficiary	
Contingent Beneficiary		Contingent Beneficiary	
Cash Value-Less Loan		Cash Value-Less Loan	
Face Value (Death Benefit)		Face Value (Death Benefit)	

Is there any insurance on the life of your children? ___ Yes ___ No. If yes, list information on back of this page.



Do you have any disability, accident and/or health insurance? ___ Yes ___ No. If "yes", please complete the following:

Domestic Partner A		Domestic Partner B	
Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	

Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	

Company Name and Address		Company Name and Address	
Insured		Insured	
Policy Owner		Policy Owner	

List the following information regarding your business interests:

Business Name	Type of Entity (Corp/Partnership/ LLC/Proprietor)	Agreements* (Buy/Sell, Stk Purchase, etc.)	Ownership (Percentage Owned and/or # of shares)	Value

* Please bring copies of all Agreements to our first meeting.



III. YOUR CURRENT WORTH

Please complete carefully. This summarizes your total estate assets. (Be sure the numbers you enter here agree with the numbers on preceding pages.)

Assets	Domestic Partner A	Domestic Partner B	Joint with Both Partners	Joint with Others
Real Estate (Net Equity)				
Stocks and Savings Bonds				
Bank Accounts/CDs/Savings				
Employee Benefit Plans				
Business Assets				
Life Insurance				
Miscellaneous Property (Include household, special items, cars)				
Notes/Loans				
Subtotals:				
Subtract Obligations and Liabilities	(\$_____)	(\$_____)	(\$_____)	(\$_____)
Net Totals:				
Total Estate Assets (add Net Totals above):	\$			



IV. TESTAMENTARY WISHES

You may designate separate guardians, conservators, executors, etc. If separate designees are desired, complete both tables in each section. If both Domestic Partner A and Domestic Partner B desire the same designee, complete only one table in each section.

If neither you nor your Domestic Partner were living, who would you like to take care of your minor or disabled children: (Guardian)

Domestic Partner A	Name	Address
Guardian		
1st Alternate		
2nd Alternate		

Domestic Partner B	Name	Address
Guardian		
1st Alternate		
2nd Alternate		

If neither you nor your Domestic Partner were living, who would like to handle your minor children's financial affairs: (Conservator)

Domestic Partner A	Name	Address
Conservator		
1st Alternate		
2nd Alternate		



Domestic Partner B	Name	Address
Conservator		
1st Alternate		
2nd Alternate		

Who do you desire to nominate for **personal representative** of your estate? (Executor)

Domestic Partner A	Name	Address
Personal Representative		
1st Alternate		
2nd Alternate		

Domestic Partner B	Name	Address
Personal Representative		
1st Alternate		
2nd Alternate		



Who do you desire to name as the **Trustee** of your Revocable Grantor Trust (“Living Trust”)? It is common for you to be the Initial Trustee.

Domestic Partner A	Name	Address
Trustee		
1st Alternate		
2nd Alternate		

Domestic Partner B	Name	Address
Trustee		
1st Alternate		
2nd Alternate		

Who do you desire to nominate for **attorney-in-fact** (a person who will make non-medical decisions on your behalf during your lifetime)?

Domestic Partner A	Name	Address
Attorney-in-Fact		
1st Alternate		
2nd Alternate		



Domestic Partner B	Name	Address
Attorney-in-Fact		
1st Alternate		
2nd Alternate		

Who do you desire to nominate for **patient advocate** (a person who will make medical decisions on your behalf when you are unable to do so)?

Domestic Partner A	Name	Address	Phone
Patient Advocate			
1st Alternate			
2nd Alternate			

Domestic Partner B	Name	Address	Phone
Patient Advocate			
1st Alternate			
2nd Alternate			

Do you wish to provide for anatomical gifts upon your death (e.g., heart, kidneys, eyes, corneas, skin)? ___ Yes ___ No

Do you wish to provide for funeral arrangements in your Will (e.g. burial, cremation, etc.)? ___ Yes ___ No



Where are your cemetery lots, if any? _____

Do you have prepaid funeral arrangements? ___ Yes ___ No

If there are there any specific charities or individuals (other than immediate family members described earlier) you want to benefit from your estate, please list below.

CHARITIES:

Gift or % of Estate	Name	Address

INDIVIDUALS:

Gift or % of Estate	Name	Address

Have you ever filed a gift tax return? ___ Yes ___ No. If yes, please provide copies.



Do you have specific intentions regarding disposition of the residue of your estate (after payment of funeral, claims against the estate, costs of administration, taxes, specific gifts)? Common examples include: all to children equally; all to parents equally, or to the survivor of them; all to XYZ charity; etc.) Please continue on the reverse side if needed:

Please describe your specific intentions regarding disposition of any of your tangible personal property (e.g., jewelry, antiques, collections, recreational items, etc.):

V. MISCELLANEOUS

If you ever lived in a community property state (e.g. California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Idaho or Wisconsin) and were married at the time, list any assets held there or brought into Michigan from there. _____
