



## 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.

By signing below you agree that you completed this Confidential Estate Planning Questionnaire or have had it completed at your direction. You also authorize Marlane 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: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Title (Mr./Mrs./Ms./Dr.)</b>		<b>Date</b>	
<b>Home Address</b>		<b>Phone #</b>	
		<b>Cell Phone #</b>	
		<b>Email Address</b>	
		<b>County</b>	
<b>Business Address</b>		<b>Phone #</b>	
		<b>Email Address</b>	
		<b>County</b>	





Have you been married previously? \_\_\_ Yes \_\_\_ No. Are you widowed? \_\_\_\_\_ or divorced? \_\_\_\_\_. If divorced, please complete the following 3 questions:

Support obligation **to** former spouse: \_\_\_\_\_  
\_\_\_\_\_

Support obligation **from** former spouse: \_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Estate-Planning Documents:**

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 and address  
of accountant:

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Name and address  
of physician(s):

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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. \_\_\_\_\_

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## II. FINANCIAL MATTERS

List all real estate, including personal residence(s), owned by you:

### 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 No.)	Self (\$)	Joint with Other Person (\$)
<i>Checking Accounts:</i>		
<i>Savings Accounts:</i>		
<i>Certificates of Deposit (CDs):</i>		
<i>Money Market Accounts:</i>		
<i>Stocks</i>		



Description (Name/Account No.)	Self (\$)	Joint with Other Person (\$)
<i>Stock Bonus:</i>		
<i>Bonds:</i>		
<i>Mutual Funds:</i>		
<i>Promissory Notes:</i>		
<i>IRAs:</i>		



Description (Name/Account No.)	Self (\$)	Joint with Other Person (\$)
<i>Tax Sheltered Annuities:</i>		
<i>Deferred Compensation:</i>		
<i>Retirement Plans:</i>		
<i>Notes/Loans (money owed to you):</i>		
<i>Automobiles:</i>		
<i>Boat/Recreational Vehicle(s):</i>		



Description (Name/Account No.)	Self (\$)	Joint with Other Person (\$)
<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>		
<b>Total Approximate Dollar Value:</b>		

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

**SAFE DEPOSIT BOX(ES):**

<b>Location:</b>	
<b>Name on box:</b>	
<b>Who has key?:</b>	

<b>Location:</b>	
<b>Name on box:</b>	
<b>Who has key?:</b>	





Name and address of current Insurance Agent: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List the following information regarding your life insurance policies:

<b>Company Name and Address</b>	
<b>Insured</b>	
<b>Policy Owner</b>	
<b>Type of Policy</b> (e.g. Term, Group, Whole, Universal)	
<b>Primary Beneficiary</b>	
<b>Contingent Beneficiary</b>	
<b>Cash Value (Less Loans)</b>	
<b>Face Value (Death Benefit)</b>	

<b>Company Name and Address</b>	
<b>Insured</b>	
<b>Policy Owner</b>	
<b>Type of Policy</b> (e.g. Term, Group, Whole, Universal)	
<b>Primary Beneficiary</b>	
<b>Contingent Beneficiary</b>	
<b>Cash Value (Less Loans)</b>	
<b>Face Value (Death Benefit)</b>	

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:

<b>Company Name and Address</b>	
<b>Insured</b>	
<b>Policy Owner</b>	

<b>Company Name and Address</b>	
<b>Insured</b>	
<b>Policy Owner</b>	

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	You	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		
<b>Subtotals:</b>		
Subtract Obligations and Liabilities		
<b>Net Totals:</b>		
<b>Total Estate Assets (add Net Totals above):</b>	\$	\$



#### IV. TESTAMENTARY WISHES

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

	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.

	Name	Address
Initial Trustee		
Successor Trustee		
2 <sup>nd</sup> Successor Trustee		

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

	Name	Address
Attorney-in-Fact		
1st Alternate		
2nd Alternate		



Would you like the above-named attorney-in-fact to also be named your **Conservator** if a Probate Court needs to appoint someone to handle your financial affairs?  
 \_\_\_ Yes \_\_\_ No.

If no, who would you like to name as your **Conservator**? \_\_\_\_\_

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)?

	Name	Address	Phone
Patient Advocate			
1st Alternate			
2nd Alternate			

Would you like the above-named patient advocate to also be named your **Guardian** if a Probate Court needs to appoint someone to handle issues related to your care and custody? \_\_\_ Yes \_\_\_ No.

If no, who would you like to name as your **Guardian**? \_\_\_\_\_

Who would you like to take care of your minor or disabled children: (**Guardian**)

	Name	Address
Guardian		
1st Alternate		
2nd Alternate		



Who would like to handle your minor children's financial affairs: (**Conservator**)

	Name	Address
Conservator		
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

**SPECIFIC GIFTS.** 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





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

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### V. MISCELLANEOUS

If you ever lived in a community property state (e.g. California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Idaho or Wisconsin), list any assets held there or brought into Michigan from there. \_\_\_\_\_

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### COMMUNICATIONS:

How would you prefer communications be made between you and my office? \_\_\_ Phone, \_\_\_ Email, \_\_\_ Letter. For Confidential Letters, may I send them to your home? \_\_\_ Yes \_\_\_ No. If no, where should I send them? \_\_\_\_\_

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### NOTES, COMMENTS, SPECIAL CONCERNS, SPECIAL INSTRUCTIONS:

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**REMINDER:** *At the time of our conference, please be sure to bring in deeds to all real estate, any existing wills, insurance or annuity policies, investment information and other documents you believe appropriate or want me to review.*