

ESTATE PLANNING QUESTIONNAIRE

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This questionnaire is meant to assemble some of the more common information needed to prepare your estate plan. Please complete it as accurately and completely as possible. All Information will be kept strictly confidential. Couples please fill out both Client 1 and Client 2's information. Single persons need only complete Client 1's section.

CLIENT 1

CLIENT 2

Legal Name:

(first name) (full middle name)

(first name) (full middle name)

(last name)

(last name)

Address:

Name client

goes by:

Email address:

Home Phone:

() _____

() _____

Cellphone No.:

() _____

() _____

Date of Birth:

Social Sec. No.:

_____ - _____ - _____

_____ - _____ - _____

Occupation:

Business Name:

Address:

Business Phone:

() _____

() _____

Business Fax:

() _____

() _____

CLIENT 1**CLIENT 2**

Are you a U.S. citizen?	Yes	No	Yes	No
Were you previously married?	Yes	No	Yes	No
Do you have children from a previous marriage?	Yes	No	Yes	No
Were you adopted?	Yes	No	Yes	No
Have you created or are you the beneficiary of any trusts?	Yes	No	Yes	No
Are any of your children adopted?	Yes	No	Yes	No
Are you expecting a substantial inheritance from another person or persons?	Yes	No	Yes	No
Do you have step-children?	Yes	No	Yes	No
Do you have long-term care insurance?	Yes	No	Yes	No
Do you or your family have any medical conditions which may require nursing care in the future?	Yes	No	Yes	No
Were any of your children conceived through or born by medical or artificial means?	Yes	No	Yes	No

CHILDREN

Name	Address and Phone No.	Date of Birth	Married?	No. of Children	Ages
_____	_____	_____	Yes No	_____	_____
	() _____				
_____	_____	_____	Yes No	_____	_____
	() _____				
_____	_____	_____	Yes No	_____	_____
	() _____				
_____	_____	_____	Yes No	_____	_____
	() _____				

(If there are additional children, please list the above information on a separate page and attach that page.)

ADVISORS

Investment _____ Phone No. (____) _____

Accountant _____ Phone No. (____) _____

Life Insurance _____ Phone No. (____) _____

Please describe briefly any special goals and/or concerns for yourselves and your family members such as health concerns, potential conflicts, or the ability to handle finances.

SUMMARY OF ASSETS AND LIABILITIES

INCOME

Client 1 salary \$ _____ Client 2 salary \$ _____ Pension \$ _____

Social Security \$ _____ Dividend/Interest \$ _____ Other \$ _____

CLIENT 1**CLIENT 2****JOINT****CASH**

Checking, savings, CD's & Money Market accounts:

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____

INVESTMENT ACCOUNTS

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____

3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____

OTHER INVESTMENTS (STOCK ACCOUNT/CERTIFICATES, SAVINGS/TREASURY BONDS, ETC.)

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____

RETIREMENT ASSETS/ANNUITIES

	PLAN 1	PLAN 2	PLAN 3
Type _____	_____	_____	_____
Participant/Annuitant _____	_____	_____	_____
Current value \$ _____	\$ _____	\$ _____	\$ _____
Designated beneficiary(ies) _____	_____	_____	_____
Annual contribution \$ _____	\$ _____	\$ _____	\$ _____
Annual withdrawal \$ _____	\$ _____	\$ _____	\$ _____

	PLAN 4	PLAN 5	PLAN 6
Type _____	_____	_____	_____
Participant/Annuitant _____	_____	_____	_____
Current value \$ _____	\$ _____	\$ _____	\$ _____
Designated beneficiary(ies) _____	_____	_____	_____
Annual contribution \$ _____	\$ _____	\$ _____	\$ _____
Annual withdrawal \$ _____	\$ _____	\$ _____	\$ _____

REAL ESTATE

	CLIENT 1	CLIENT 2	JOINT
1. Principal Residence	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____

(If there is additional real estate, please list the above information on a separate page and attach that page.)

Is any of the real estate listed above rental property? ☐ yes ☐ no. If yes, which property(ies) do you rent and how much income is earned each year? _____

NOTES AND ACCOUNTS RECEIVABLES (include loans to family members)

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____

BUSINESS OR PROFESSIONAL PRACTICE

Type and name of business: _____
☐ S Corporation ☐ C Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC
Ownership percentages: Client 1 _____% Client 2 _____% Joint _____% Other _____%
Estimated fair market value of business (If sold today what would be price?)\$ _____
Face value of life insurance owned by business \$ _____
At what rate is the value of your business growing each year? _____%
Is there a buy/sell agreement in place? ☐ yes ☐ no. If yes, what is date of agreement? _____

Long term, do you wish to ☐ sell your interest or ☐ pass it on to other family members?

	<i>CLIENT 1</i>	<i>CLIENT 2</i>	<i>JOINT</i>
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Miscellaneous Assets:

Tangible personal property	\$ _____	\$ _____	\$ _____
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Please describe any tangible personal property of significant value (such as an art collection): _____

Motor vehicles and/or boats	\$ _____	\$ _____	\$ _____
Estimated future inheritance	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Please describe anticipated future inheritance(s): _____

LIFE INSURANCE

	<i>POLICY 1</i>	<i>POLICY 2</i>	<i>POLICY 3</i>
Insurance company	_____	_____	_____
Insured	_____	_____	_____
Owner	_____	_____	_____
Beneficiary(ies)	_____	_____	_____
Face value	\$ _____	\$ _____	\$ _____
Cash value	\$ _____	\$ _____	\$ _____

	<i>POLICY 4</i>	<i>POLICY 5</i>	<i>POLICY 6</i>
Insurance company	_____	_____	_____
Insured	_____	_____	_____
Owner	_____	_____	_____
Beneficiary(ies)	_____	_____	_____
Face value	\$ _____	\$ _____	\$ _____
Cash value	\$ _____	\$ _____	\$ _____

OTHER INSURANCE

Please indicate whether you have any of the following types of insurance and provide details:

Umbrella insurance? ___ yes ___ no. If yes, details: _____

Long-term health care insurance? ___ yes ___ no. If yes, details: _____

Disability insurance? ___ yes ___ no. If yes, details: _____

Liabilities

Personal debts:

Primary mortgage	\$ _____	Personal loans	\$ _____
Second mortgage	\$ _____	Auto loan #1	\$ _____
Student loans	\$ _____	Auto loan #2	\$ _____
Other mortgages	\$ _____	Other debts	\$ _____

Business debts:

Business loans	\$ _____	Account Payable	\$ _____
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The information provided in this questionnaire is as complete as possible to the best of my/our ability. I/We understand that if it is missing any significant information, it will impact the ability of Robin Rose Stiller, Esq. to provide the best estate planning advice for me or us and may result in additional estate or income tax liability if significant information is missing.

Signed: _____ Date _____
 Client 1

Signed: _____ Date _____
 Client 2

Based on your current intentions, who you would want to be named in the following positions with regard to your estate plan:

Executor (person who oversees and is responsible for funeral and burial, filing final income tax returns and estate tax returns and oversees probate process, if probate is required, and other post-death administration issues):

Primary Executor (& relationship): _____

Address & Phone No.: _____

Alternate Executor (& relationship): _____

Address & Phone No.: _____

2nd Alternate Executor (& relationship): _____

Address & Phone No.: _____

Guardian of Minor Children (person whom you appoint to raise your minor or disabled children if something happens to both you and your spouse, if any, during your children's minority/disability):

Primary Guardian (& relationship): _____

Address & Phone No.: _____

Alternate Guardian (& relationship): _____

Address & Phone No.: _____

2nd Alternate Guardian (& relationship): _____

Address & Phone No.: _____

Advance Directives (Living Will, Health Care Power of Attorney, Durable General Power of Attorney) (person who you want to handle your finances and legal matters and make medical decisions, health care and end-of-life decisions if you are unable to do so for yourself while you are alive).

Primary Agent (& relationship): _____

Address & Phone No.: _____

Alternate Agent (& relationship): _____

Address & Phone No.: _____

2nd Alternate Agent (& relationship): _____

Address & Phone No.: _____

Trustee of Trust (if you have or desire a trust, the person or entity you want to handle the administration of the trust and make decisions about distributions to beneficiaries).

Primary Trustee (& relationship): _____

Address & Phone No.: _____

Alternate Trustee (& relationship): _____

Address & Phone No.: _____

2nd Alternate Trustee (& relationship): _____

Address & Phone No.: _____

Trust Advisor of Trust (the person or entity you want to oversee the trustee and to handle potential disputes between the trustee and the beneficiaries).

Primary Trust Advisor (& relationship): _____

Address & Phone No.: _____

Alternate Trust Advisor (& relationship): _____

Address & Phone No.: _____