

# ESTATE PLANNING QUESTIONNAIRE

## STILLER LAW OFFICES

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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. Please let me know if you have any questions when completing the Questionnaire.

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### *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**

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

**CHILDREN**

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

*(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 \$\_\_\_\_\_**

	<b>CLIENT 1</b>	<b>CLIENT 2</b>	<b>JOINT</b>
<b>CASH</b>			
<b>Checking, savings, CD's &amp; Money Market accounts:</b>			
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**

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

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

**REAL ESTATE**

	<b>CLIENT 1</b>	<b>CLIENT 2</b>	<b>JOINT</b>
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?

*CLIENT 1                  CLIENT 2                  JOINT*

**Miscellaneous Assets:**

Tangible personal property                  \$ \_\_\_\_\_                  \$ \_\_\_\_\_                  \$ \_\_\_\_\_

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: \_\_\_\_\_  
Client 1

\_\_\_\_\_  
Date

Signed: \_\_\_\_\_  
Client 2

\_\_\_\_\_  
Date

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 filing final income tax returns and estate/inheritance 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 (Durable General Power of Attorney)** (*person who you want to handle your finances and legal matters while you are alive*).

Primary Agent (& relationship): \_\_\_\_\_

Address & Phone No.: \_\_\_\_\_

Alternate Agent (& relationship): \_\_\_\_\_

Address & Phone No.: \_\_\_\_\_

2nd Alternate Agent (& relationship): \_\_\_\_\_

Address & Phone No.: \_\_\_\_\_

**Advance Directives (Living Will, Health Care Power of Attorney)** (*person who you want to 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.: \_\_\_\_\_

2<sup>nd</sup> Alternate Trust Advisor (& Relationship): \_\_\_\_\_

Address & Phone No.: \_\_\_\_\_

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