McKINNEY & TILLMAN, P.C.
ATTORNEYS AT LAW
PASS IT ON WELL

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
Married Clients

I. FAMILY DATA DATE:______________

Spouse 1:
Full Name:______________________________ Social Security No.:______________
Home Address:______________________________ Phone:______________
Business Address:______________________________ Cell:______________
County of Residence:______________ E-mail Address:______________________
Date of Birth:____________ Place of Birth:____________ Citizenship:______
Details on all prior marriages:______________________________________
Occupation: ____

Spouse 2:
Full Name:______________________________ Social Security No.:______________
Home Address:______________________________ Phone:______________
Business Address:______________________________ Cell:______________
County of Residence:______________ E-mail Address:______________________
Date of Birth:____________ Place of Birth:____________ Citizenship:______
Details on all prior marriages:______________________________________
Occupation: ____

Couple's Date of Marriage:______________________________________

CHILDREN OF THIS MARRIAGE: Names, Dates of Birth, City/State of Residence:

____

____

CHILDREN OF PRIOR MARRIAGES: Names, Dates of Birth, City/State of Residence:

____

____

PARENTS (FOR EACH SPOUSE): Please list Names, Dates of Birth and Death:
Spouse 1-Father:____
Spouse 1-Mother:____
Spouse 2-Father:____
Spouse 2-Mother:____

II. ESTATE PLANNING GOALS: Please describe your overall estate planning goals.

____

____

____

______________________________ ______________________________
Spouse 1 - Signature Spouse 2 - Signature

III. SPECIAL CONSIDERATIONS: Please circle your answer.

Is any member of your family incapacitated or does anyone have significant health problems?	**Yes**, let's discuss	**No**
Have you made any significant gifts?	**Yes,** let's discuss	**No**
Have you created any trusts?	**Yes** (bring copies with you)	**No**
Are you serving as Trustee of any trust?	**Yes** (bring copies with you)	**No**
Are you the beneficiary of any trust?	**Yes** (bring copies with you)	**No**
Do you have Reward Points (Flyer miles, etc.)	**Yes** (bring copies with you)	**No**

Do you have/own any Copyrights, Patents, Domain Names, Royalties or Trademarks?

____

IV. ITEMS TO BRING WITH YOU WHEN YOU COME IN FOR OUR CONFERENCE:

- ☐ A copy of your most recent Will and any Codicil(s)
- ☐ Copies of all Divorce Decrees/Settlement Agreements
- ☐ Copies of all prior Gift Tax Returns
- ☐ A copy of your Federal Tax Return for the last year
- ☐ Copies of any Buy-Sell Agreements you have signed
- ☐ A copy of any Pre-Nuptial Agreement you have signed
- ☐ Copies of any trusts that have been created by or for you
- ☐ Copies of deeds <u>and</u> tax receipts to any real property you own
- ☐ Copies of pre-paid Funeral/Cremation Arrangements

V. FINANCIAL CONTACTS:

We may need to contact your accountant or other professionals in order to serve your needs. If you use any of the following advisors, please provide their names and phone numbers:

CPA: ______________________________________

Financial Advisor: ______________________________

Private Wealth Banker: ___________________________

VI. ASSET SUMMARY:

(Please use Fair Market Value and round to nearest $1,000).

<u>Real Estate Value $$</u>	<u>Owned Solely by Spouse 1</u>	<u>Owned Solely by Spouse 2</u>	<u>Owned Jointly</u>
Residence	________	________	________
Farm	________	________	________
Rental	________	________	________
Commercial	________	________	________
Out-of-State	________	________	________
Other	________	________	________

VI. ASSET SUMMARY (continued)

	Owned Solely by Spouse 1	Owned Solely by Spouse 2	Owned Jointly
Value of Cash			
Bank Accounts			
CDs, etc.			
Stocks/Bonds			
Mutual Funds			
Brokerage Accounts			
Business Interests			
Other			
Furniture			
Jewelry			
Etc.			
Timeshares			
Vacation Points			
Other Assets			

RETIREMENT BENEFITS, 401(k) PLANS, IRAs and TAX-DEFERRED ANNUITIES

Spouse 1:

Description	$Value	Primary Beneficiary	Contingent Beneficiary

RETIREMENT BENEFITS, 401(k) PLANS, IRAs and TAX-DEFERRED ANNUITIES (continued)

Spouse 2: Description	$Value	Primary Beneficiary	Contingent Beneficiary
____________	______	____________	____________
____________	______	____________	____________
____________	______	____________	____________

LIFE INSURANCE

On Spouse 1's Life: Ins. Co. & Owner	Type	Face Value	Cash Value	Annual Premium	Beneficiary
____________	____	$______	$______	$______	____________
____________	____	$______	$______	$______	____________
____________	____	$______	$______	$______	____________

On Spouse 2's Life: Ins. Co. & Owner	Type	Face Value	Cash Value	Annual Premium	Beneficiary
____________	____	$______	$______	$______	____________
____________	____	$______	$______	$______	____________
____________	____	$______	$______	$______	____________

LIABILITIES

Owed by Spouse 1	**Owed by Spouse 2**	**Owed Jointly**
____________	____________	____________
____________	____________	____________
____________	____________	____________

WE WILL COMPLETE THE FOLLOWING:

VII. SUMMARY

	Assets	Life Insurance	Retirement	Indiv. Totals
Spouse 1:	________	________	________	________
Spouse 2:	________	________	________	________
JOINT:	________	________	________	________
TOTALS:	________	________	________	________

TOTAL GROSS ESTATE: **$** ________________

Less Total Liabilities: **$** ________________

NET ESTATE: **$** ________________

"Splitable Estate" $________________

Death Taxes at 2nd Death $________________ **(If No Tax Planning)**

Death Taxes at 2nd Death $________________ **(w/Basic Tax Planning)**

Death Taxes Saved $________________