

**CORBIN, SCHAFFER & AVILES, CHARTERED**

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**CONFIDENTIAL INFORMATION FOR ESTATE PLAN**

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<b>CONFIDENTIAL INFORMATION FOR ESTATE PLAN</b>
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<b>Client (Husband):</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Date:</b>

<b>Client (Wife):</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Date:</b>



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## INTRODUCTION

**This booklet is designed to give us, as your attorneys, your complete financial and family picture. The information you furnish us will assist us in recommending to you an estate plan that will:**

- (1) Accomplish your objectives for your family, and**
- (2) Minimize the tax burden to you and your family.**

**The first part of this information booklet presents answers to some of the questions our clients frequently ask us. Next is a checklist designed to help you define your estate planning objectives. Finally, there is a detailed questionnaire regarding the financial aspects of your estate. We recognize that you may not be able to complete all of the answers prior to the conference. To the extent that you can furnish us the information, however, our conference will be much more meaningful. Moreover, the resulting savings in conference time will help reduce the cost of your estate plan.**

**PART ONE**  
**QUESTIONS FREQUENTLY ASKED ABOUT ESTATE PLANNING**

One way of introducing estate planning is to answer some questions clients frequently ask us. We believe that these questions and answers are important enough to include here, and we hope you will find them informative.

1. Q. What happens if I die without a Will?

If you fail to plan your estate and die without a will, the law will create an estate plan for you. The entire system of "intestate" succession or "descent and distribution" is set forth by statute and is too complex for a detailed discussion herein.

Briefly stated, however, adverse results can occur if you die without a will. The law prescribes both the persons to whom your property will pass and the division of your estate among those persons. The distributions provided by law are inflexible and may not satisfy your desires as to distribution of your estate.

In addition, the amount to be distributed to your children may require a cumbersome and costly legal guardianship if the children are minors at the time of your death.

The problems of dying without a will are aggravated if a married couple owns a family business as the children or their guardians may then be part owners.

If you die without a will and are survived by your spouse alone, leaving no children, not all of your estate will pass to your surviving spouse; part of your estate will pass to your parents. Again, such a division of your property may not accurately reflect your wishes.

If you die and are survived by your children only, leaving no surviving spouse, your entire estate will pass to your children. If they are minors, a guardianship may be necessary to manage their property.

PLEASE INDICATE: " BURIAL " CREMATION

2. Q. What is a Personal Representative?

Your personal representative is the person who will serve as the primary representative of your estate. You may be more familiar with the terms "executor" or "administrator" for such an individual.

3. Q. Please list the persons you would like to be your Personal Representatives.

Husband's Primary: \_\_\_\_\_

Alternate (adult child, close friend, etc): \_\_\_\_\_

Wife's Primary: \_\_\_\_\_

Alternate (adult child, close friend, etc): \_\_\_\_\_

4. Q. What is "administration" of my estate?

Administration of an estate involves the collection of assets, payment of liabilities, and distribution of properties to the beneficiaries or heirs. Administration of an estate is conducted under some degree of court authority and supervision.

5. Q. What is a Trustee?

A trustee is one to whom property is transferred for the benefit of someone else (the beneficiary).

We find that our new estate planning clients frequently misunderstand trusts. Many of our clients have heard a horror story about a trust, and the story often involves an impoverished widow-beneficiary who cannot extract enough money from the well-funded trust to maintain herself.

Under present law, a trust that contains well-drafted trustee powers and which uses an appropriate trustee can solve most problems. A trust can be designed to produce almost any result desired by the client if the client gives the trustee sufficient funds with which to work. We usually recommend that trustees be given very broad and adaptable powers to provide flexibility for future events. The trustee should be empowered to do what is best for the beneficiary, without being curbed by inappropriate restrictions.

If a trust appears suitable for your estate plan, you will need to exercise care in the selection of a trustee. The family member who comes to mind as a logical first choice may prefer not to deal with the management of your properties. Often a bank's trust department is named, and in that case a Co-Trustee (an individual) is sometimes used to insure that a person with whom the beneficiary can deal is always available. Relatives, friends, or your attorney are all possible Co-Trustees.

6. Q. Please list the persons you would like to be your Trustees.

Husband's Primary Trustee: \_\_\_\_\_

Name of Successor Trustee: \_\_\_\_\_

Wife's Primary Trustee: \_\_\_\_\_

Name of Successor Trustee: \_\_\_\_\_

7. Q. Is a handwritten Will legally effective?

A handwritten will may be valid only if signed by the person making in the presence of two (2) credible witnesses who attest and sign the will also. A handwritten will signed by the person making it without witnesses, is valid only if it is in their handwriting, they are in the Armed Services and are out of the United States. More often than not, handwritten wills are invalid.

8. Q. Why should my will be more than one page long?

Your will could be drafted to be no longer than one page. Indeed, any lawyer could produce an abbreviated will for a relatively small fee. The problem, however, is that such a will may not accomplish your objectives for your beneficiaries. We prefer to draft wills to cover all the various factual and legal situations that reasonably may be expected to arise. Accordingly, the will that we draft for you may be a lengthy document. The burden to you of reviewing and approving a long will may be a blessing to your family when they later find that you have anticipated and resolved what might have been cumbersome problems.

9. Q. What is community property?

Louisiana, Texas, New Mexico, Arizona, California, Nevada, Washington, and Idaho are community property states. These eight states use a marital property law scheme that differs from the other states that use the common law scheme. Under the community property system, marital property generally is deemed to be owned one-half by each spouse, regardless of the legal title to the property. In common law jurisdictions, legal title generally controls the ownership interests for estate planning purposes. Maryland is a common law jurisdiction. In Maryland, property which is jointly owned with another, including your spouse, will probably not be in your estate, but will automatically belong to the other joint owner(s) at the instant of your death. Your will cannot control such jointly owned property. If you ever lived in a community property jurisdiction while married, we will review your estate plan to account for any community property consequences.

10. Q. What about life insurance?

The beneficiary designation and not your will controls where your life insurance proceeds go. Often, as part of estate planning, such designations are changed to allow the will to control the insurance.

11. Q. How will my estate be taxed at my death?

Your estate may be subject to at least two taxes: the federal estate tax and a state death tax.

The federal estate tax is based on the fair market value of your "gross estate" at the time of your death. At the option of your personal representative, an alternative valuation date can be used. Your gross estate will include the value of all the property in which you own an interest at the time of your death. This generally includes life insurance and pension death benefits. Additionally, your gross estate may include property that you do not own, but over which you have retained or received certain rights or powers.

The federal estate tax scheme provides you with a "marital deduction" for bequests of property to your surviving spouse. The marital deduction in effect allows interspousal transfers to pass tax free because they are deducted from the value of the gross estate. In order to qualify for the unlimited marital deduction, property must be transferred to the surviving spouse in a fashion that satisfies the technical requirements of the statute.

The federal estate tax and the federal gift tax have been combined ("unified") and one progressive set of rates apply. The rates increase as the cumulative total of taxable transfers increases. A unified credit against the gift or estate tax permits the tax-free transfer of up to \$1,000,000.00 of property for 2002 and 2003. This amount is scheduled to increase in future years, but these increases will disappear in 2011 unless there is additional federal legislation.

The operation of this credit may shelter a sizable portion of your estate from the estate tax.

The availability of the unlimited marital deduction will allow many estates to pass tax-free to the decedent's surviving spouse. While the result seems desirable initially, in some instances there may be tax savings from incurring some tax on the death of the first spouse.

The State of Maryland imposes an inheritance on collateral heirs (aunts, cousins, non-family members).

12. Q. Who will raise my minor children after my death?

If you die leaving unmarried minor children, the other parent ordinarily will raise and support them.

If the other parent is not living, however, your minor children will require a "guardian." A guardian is an individual who is appointed primarily to care for the person of a minor; the guardian's power over the minor's property is very restricted. You may appoint a guardian for your children in your will. If you fail to do so, the court will make the selection of a guardian. We recommend that you assume the responsibility for this important decision, rather than leaving it to a judge unfamiliar with your family situation.

If both parents die, your minor children may be left with substantial property interests that need management and protection. Because the guardian has only limited power over the minor's property, protective proceedings may be initiated in which the court will appoint a guardian to administer the children's property and affairs, and it may be different from the guardian of the children's person. A court appointed guardian can be a cumbersome and expensive manner of dealing with the property of the minors, and it should be avoided. The guardianship can be avoided by proper planning for the use of trusts or custodianships for minors.

If you have planned your estate properly, the guardian should not experience financial strain in raising your children. We usually suggest that upon the death of you and your spouse, a trust be established for your minor children, including their education. The trustee should be encouraged to make generous distributions to assist the guardian.

Please list below your choices of a guardian (either one person, or a husband and wife together):

**FIRST CHOICE:**

Name:
Address:
City, State, Zip Code:
Telephone Number:

**SECOND CHOICE:**

Name:
Address:
City, State, Zip Code:
Telephone Number:

13. Q. I have heard about "common trusts" or other tax savings plans. Are they safe?

In some cases --- a proper will should be included in a plan. We will discuss other possibilities with you.

14. Q. What is Power of Attorney?

A power of attorney is an instrument in writing by which one person, as "principal," appoints another as his agent ("Attorney-in-Fact") and gives the appointed person the authority to perform specified acts or kinds of acts on behalf of the principal. The acts are generally the management of financial affairs. We recommend a power of attorney which takes effect upon your disability. This will avoid the cost and delay of the Court appointing your spouse or another as guardian.

Who should be the attorney-in-fact? In view of the significant authority and discretion conferred by a power of attorney, the attorney-in-fact must be someone in whom the principal has complete trust and confidence.

If you think that you will want a power of attorney, please list the person(s) you desire to designate as your attorney-in-fact.

Indicate:           "   General Power of Attorney                   "   Disability Power of Attorney

Husband's Primary (usually spouse):

Name:
Address:
City, State, Zip Code:
Telephone Number:

Husband's Alternate (adult child, other relative, friend):

Name:
Address:
City, State, Zip Code:
Telephone Number:

Wife's Primary (usually spouse):

Name:
-------

Address:
City, State, Zip Code:
Telephone Number:

Wife= Alternate (adult child, other relative, friend):

Name:
Address:
City, State, Zip Code:
Telephone Number:

15. Q. What is an Advance Directive?

An Advance Directive is a document that provides instructions to attending physicians to withhold or withdraw life sustaining procedures in the event of a terminal condition, permanent coma or end-stage condition. It also contains a medical power of attorney.

Do you wish to have an Advance Directive? " Yes " No

16. Q. How frequently should I review my estate plan?

As a general rule, we suggest that you contact us every two years for a conference to review your estate plan and to update the information in your permanent file. We also recommend that you contact us in the event of dramatic change in your finances or in your family situation. For example, a substantial increase in your estate (through increased life insurance, inheritance, gifts, or successful investments) may create opportunities for tax savings, as well as necessitate further family financial planning. A divorce, of course, will re-open completely the matter of planning your estate. Likewise, do not hesitate to contact us any time you have a question as to whether or not changes in tax or other substantive laws may affect your estate plan.

**PART TWO**  
**ESTATE PLANNING OBJECTIVES**

An estate plan created in an ivory tower may be technically beautiful but of little value to you if it does not provide adequately for your survivors. A successful estate plan should accomplish your objectives.

To assist you in defining your objectives and to prepare for our office conference, we have listed many of the objectives sought by our other clients. Please check the ones that express your views regarding the following beneficiaries. Do not hesitate to make additions and comments.

<b>Objectives For:</b>	<b>Husband</b>	<b>Wife</b>
"	"	<b>To provide a home.</b>
"	"	<b>To provide security of income.</b>
"	"	<b>To provide business management of his/her property and to relieve him/her of such responsibility.</b>
"	"	<b>To enable him/her to provide for my family.</b>
"	"	<b>To protect him/her against improvidence.</b>
"	"	<b>To give him/her freedom to manage his/her own affairs.</b>
"	"	<b>To enable him/her to enter into business or to continue my business.</b>
"	"	<b>To protect him/her against the dangers of incapacity through old age and illness.</b>

<b>Objectives For:</b>	<b>Son</b>	<b>Daughter</b>
"	"	<b>To educate him/her.</b>
"	"	<b>To protect him/her for life.</b>
"	"	<b>To enable him/her to make his/her own career.</b>
"	"	<b>To protect him/her against a designing or incompetent spouse.</b>
"	"	<b>To enable him/her to enter business or to continue my business.</b>
"	"	<b>To prevent him/her from disposing of my wealth.</b>
"	"	<b>To provide business management for his/her property.</b>
"	"	<b>To enable him/her to provide for his/her family.</b>

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAMES AND OBJECTIVES**

**(Including any specific, dollar amount bequest(s) of certain items of property)**

**" Grandchild** \_\_\_\_\_

---

---

**" Parent** \_\_\_\_\_

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---

**" Brother/Sister** \_\_\_\_\_

---

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**" Charity** \_\_\_\_\_

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**" Other** \_\_\_\_\_

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**\*Attach additional pages if necessary**

**PART THREE**

**FINANCIAL QUESTIONNAIRE**

**I. FAMILY INFORMATION.**

**A. RESIDENCE AND BUSINESS ADDRESSES; RELATED INFORMATION.**

<b>Residence Address (street, city, state, zip, telephone number):</b>
<b>Second Residence Address:</b>
<b>Vacation Residence Address:</b>

**Business (Husband):**

<b>Name of Company:</b>
<b>Address/Telephone:</b>

**Business (Wife):**

<b>Name of Company:</b>
<b>Address/Telephone:</b>

**Correspondence regarding estate plan should be sent to:**

**" Residence**

**" Husband's Business**

**" Wife's Business**

**B. IMMEDIATE FAMILY.**

**HUSBAND:**

<b>Full Name:</b>
<b>Date/Place of Birth:</b>
<b>Social Security Number:</b>
<b>Marital Status:</b>
<b>Health Status (good/fair/poor*):</b>
<b>*Explanation:</b>
<b>Citizenship:</b>

**WIFE:**

<b>Full Name:</b>
<b>Date/Place of Birth:</b>
<b>Social Security Number:</b>
<b>Marital Status:</b>
<b>Health Status (good/fair/poor*):</b>
<b>*Explanation:</b>
<b>Citizenship:</b>

**CHILDREN:**

<b>Full Name:</b>
<b>Date of Birth:</b>
<b>Place of Birth:</b>
<b>Social Security Number:</b>
<b>Marital Status:</b>
<b>Health Status (good, fair, poor*):</b>
<b>*Explanation:</b>
<b>Citizenship:</b>

**CHILDREN (CONTINUED):**

<b>Full Name:</b>
<b>Date of Birth:</b>
<b>Place of Birth:</b>
<b>Social Security Number:</b>
<b>Marital Status:</b>
<b>Health Status (good, fair, poor*):</b>
<b>*Explanation:</b>
<b>Citizenship:</b>

<b>Full Name:</b>
<b>Date of Birth:</b>
<b>Place of Birth:</b>
<b>Social Security Number:</b>
<b>Marital Status:</b>
<b>Health Status (good, fair, poor*):</b>
<b>*Explanation:</b>
<b>Citizenship:</b>

<b>Full Name:</b>
<b>Date of Birth:</b>
<b>Place of Birth:</b>
<b>Social Security Number:</b>
<b>Marital Status:</b>
<b>Health Status (good, fair, poor*):</b>
<b>*Explanation:</b>
<b>Citizenship:</b>

**C. MARITAL HISTORY.**

<b>Date and Place of Marriage:</b>
<b>List the States where you have lived since your marriage and the dates you lived in each State:</b>

**Prior divorces can affect both tax and financial planning. Support and custody arrangements may influence the manner in which you provide for your children in your will.**

<b>Have you or your spouse been married previously? ( ) Yes ( ) No</b>
<b>If yes, did the marriage end because of:</b>
<b>( ) death, please give date/place:</b>
<b>( ) divorce, please give date/place:</b>
<b>Which of your children of your spouse's children were born to the previous marriage:</b>
<b>If the previous marriage ended in divorce, what arrangements were made as to child custody and support?</b>
<b>Was there a separation, marital property, support agreement? ( ) Yes ( ) No</b> <b>If yes, please return a copy with the Questionnaire.</b>

**D. PARENTS AND OTHER FAMILY MEMBERS. In preparing your estate plan, it is important for us to know if you might inherit property from your parents or other family members and whether you are supporting any family members.**

	<b>Husband</b>		<b>Wife</b>	
	<b>Father</b>	<b>Mother</b>	<b>Father</b>	<b>Mother</b>
<b>1. Are your parents living?</b>	_____	_____	_____	_____
<b>2. What are their ages?</b>	_____	_____	_____	_____

3. Describe their health (good, fair, poor) \_\_\_\_\_
4. In what state do they live? \_\_\_\_\_
5. Do they have Wills? \_\_\_\_\_
6. What is the approximate amount of the inheritance you might receive? \_\_\_\_\_
7. Do you now support them or is it likely you will support them in the future? \_\_\_\_\_

8. Is there any other information about your family or your spouses family that would be relevant to your estate planning?


9. Do you, your spouse or your children expect a substantial inheritance from anyone other than your parents? If yes, please explain and state the approximate amount of such inheritance.


**E. MILITARY SERVICE.** Certain death benefits are available to the families of veterans. In the event of your death, the following information can be useful in applying for these benefits.

Were you in the Armed Forces? ( ) Yes ( ) No
If yes, date entered:
Date discharged:
Serial or Service Number:
Branch:

**F. PREVIOUS ESTATE PLANNING INSTRUMENTS.** We will need to know whether or not you previously have developed an estate plan. If so, those instruments could have an impact on our recommendations to you.

Do you presently have a Will? ( ) Yes; ( ) No; if yes, please return a copy with this

**Questionnaire**

Does your spouse have a Will? ( ) Yes, ( ) No; if yes, please return a copy with this Questionnaire

Have you ever established a Trust? ( ) Yes, ( ) No; if yes, please return a copy with this Questionnaire

Are you or any of the members of your immediate family now a Trustee of a personal trust or likely to be a Trustee of a personal trust in the near future? ( ) Yes; ( ) No.

**G. LOCATION OF IMPORTANT ITEMS.** You should give careful consideration to storing your important papers and documents. They should be located easily in the event of your death and be kept in a central location that offers a high degree of security.

Do you have a safe deposit box? \_\_\_\_ Yes \_\_\_\_ No  
If yes, where? \_\_\_\_\_

Does anyone other than you have access to it? \_\_\_\_ Yes \_\_\_\_ No  
If yes, who? \_\_\_\_\_

Please indicate the location of the following:

	S/D Box	Office	Home	Other (describe)
Bankbook/cancelled checks				
Prior year tax returns				
Current Financial Statements				
Divorce papers				
Birth certificates				
Life Insurance policies				
Hospitalization/Disability Policies				
Property/Other Insurance Policies				
Legal documents (deeds, notes, etc.)				

**II. PERSONAL FINANCIAL INFORMATION**

The sources of your income and the nature of your assets will have significant impacts on our recommendations. The following questions are directed at determining the precise nature of these items. Your assets may raise special problems of transfer at your death, and the assets may suggest a number of options with regard to income, estate, and gift tax planning. The nature of your assets also may influence the selection of the person or institution that should serve as a personal representative or trustee of your estate. This information also will enable us to give you an estimate of your potential estate tax liability and to estimate how that liability would be changed by alternate estate plans.

**A. EMPLOYMENT.** If you or your spouse are employed *other than in your business*, please complete this paragraph. If either of you is a sole proprietor, partner or shareholder in a closely held corporation, you will need to complete questions posed later.

**1. Husband:**

Who is your employer?
What is your position?

Do you participate in any of the following benefit plans?

- Profit Sharing
- Group Life
- Pension
- Accidental Death or Travel Accident Insurance
- Group Hospitalization
- Stock Options
- Group Disability Income
- Salary Continuation Plan
- Any Other Employee Benefit Plan\*

\*Please Describe: \_\_\_\_\_  
\_\_\_\_\_

Who may we contact at your place of employment with regard to these programs? \_\_\_\_\_  
\_\_\_\_\_

Do you have an employment contract? ( ) Yes ( ) No

**2. Wife:**

<b>Who is your employer?</b>
<b>What is your position?</b>

**Do you participate in any of the following benefit plans?**

- Profit Sharing                       Group Life
- Pension                                 Accidental Death or Travel Accident Insurance
- Group Hospitalization             Stock Options
- Group Disability Income           Salary Continuation Plan
- Any Other Employee Benefit Plan\*

**\*Please Describe:** \_\_\_\_\_  
\_\_\_\_\_

**Who may we contact at your place of employment with regard to these programs?** \_\_\_\_\_  
\_\_\_\_\_

**Do you have an employment contract? (\_\_\_\_) Yes (\_\_\_\_) No**

- B. ACCOUNTANT.** We may wish to seek advice and information from others who are familiar with your finances. These people may be able to offer information and recommendations that will benefit your estate plan.

Who prepared your most recent income tax returns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the preparer's profession (CPA, Bookkeeper, etc.)? \_\_\_\_\_

\_\_\_\_\_

With what firm is the preparer associated?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

- C. PRIOR GIFTS.** Gifts are taxed in accordance with a unified rate schedule that cumulates all lifetime gifts. You and your spouse are entitled to transfer certain limited amounts without the payment of any gift tax. If the motive of a lifetime gift is to save income tax or estate taxes, the gift must be planned carefully. This section inquires into prior gifts.

Have you ever filed a tax return? (\_\_\_\_) Yes (\_\_\_\_) No

If yes, please furnish us with a copy of the latest return.

Have you ever made a gift to a minor under the Uniform Gifts to Minors Act?

(\_\_\_\_) Yes (\_\_\_\_) No; if yes, who is the custodian? \_\_\_\_\_

\_\_\_\_\_

**D. ANNUAL INCOME (other than from proprietorship, partnership or other business). State the estimated amount of this year-:**

	Husband	Wife
Earnings from Employment		
Dividends and Interest		
Capital Gains		
Other Income (Royalties, Trust Distributions, etc.)*		
<b>*Explanation:</b>		

**E. ASSETS AND LIABILITIES. Under the "Legal Title" heading, please indicate whether the property is the separate property of the husband ("H"), the separate property of the wife ("W"), joint tenancy with right of survivorship ("JT"), or tenancy in common ("TC"). If the property is titled jointly or as tenants-in-common with someone other than your spouse, include their name (or initials). A current and somewhat detailed financial statement can be substituted for much of the following requested information.**

**1. BANK BALANCES.**

**CHECKING ACCOUNTS:**

Name of Bank or Savings & Loan	Amount	Contact Person at Bank	Legal Title

**SAVINGS ACCOUNTS:**

Name of Bank or Savings & Loan	Amount	Contact Person at Bank	Legal Title



**CERTIFICATES OF DEPOSIT:**

<b>Name of Bank or Savings &amp; Loan</b>	<b>Amount</b>	<b>Contact Person at Bank</b>	<b>Legal Title</b>

**MONEY MARKET FUNDS:**

<b>Name of Bank or Savings &amp; Loan</b>	<b>Amount</b>	<b>Contact Person at Bank</b>	<b>Legal Title</b>

**OTHERS:**

<b>Name of Bank or Savings &amp; Loan</b>	<b>Amount</b>	<b>Contact Person at Bank</b>	<b>Legal Title</b>

**TOTAL AMOUNT:** \_\_\_\_\_

**2. EMPLOYMENT BENEFITS.**

	<b>Custodian or Trustee</b>	<b>Amount</b>	<b>Contact Person with Custodian or Trustee</b>	<b>Legal Title</b>
<b>Individual Retirement Account, Annuity or Bond</b>				
<b>Keogh HR-10 Account</b>				
<b>Corporate Pension Plan</b>				
<b>Corporate Profit Sharing Plan</b>				
<b>Other plan (e.g. stock, option, nonqualified deferred compensation plan, etc.)*</b>				
<b>Total Amount</b>				

\*Additional Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. NOTES AND ACCOUNTS RECEIVABLE**  
 (these are owned to you, not by you).

<b>DEBTOR</b>	<b>NATURE OF DEBT</b>	<b>SECURITY</b>	<b>MATURITY</b>	<b>LEGAL TITLE</b>	<b>ANNUAL INTEREST</b>	<b>FACE AMOUNT</b>	<b>PRESENT VALUE</b>

**TOTAL VALUE EXPLANATION:** \_\_\_\_\_

**4. BOND HOLDINGS (attach additional sheets as necessary).**

<b>Description of Bonds and Maturity Date</b>	<b>Date Acquired</b>	<b>No. of Units</b>	<b>Legal Title</b>	<b>Face Amount</b>	<b>Cost</b>	<b>Annual Interest</b>	<b>Present Value</b>

**5. STOCKS, OTHER THAN PERSONAL BUSINESS (attach additional sheets as necessary).**

<b>Description</b>	<b>Date Acquired</b>	<b>No. of Shares</b>	<b>Legal Title</b>	<b>Cost</b>	<b>Annual Yield</b>	<b>Present Value</b>

--	--	--	--	--	--	--	--

**6. MUTUAL FUNDS.**

Description	Date Acquired	No. of Shares	Legal Title	Cost	Annual Yield	Present Value

**7. REAL ESTATE (attach additional sheets as necessary).**

**YOUR RESIDENCE:**

<b>Description:</b>
<b>Location:</b>
<b>Income, if any:</b>
<b>Legal Title:</b>
<b>How Acquired (gift, purchase, etc.):</b>
<b>Date Acquired:</b>
<b>Cost:</b>
<b>Present Value (without deducting debt):</b>
<b>Liabilities Owed (if any):</b>
<b>Owed To:</b>
<b>Monthly Payment:</b>

**PROPERTY NO. 2:**

<b>Description:</b>
<b>Location:</b>
<b>Income, if any:</b>
<b>Legal Title:</b>
<b>How Acquired (gift, purchase, etc.):</b>

<b>Date Acquired:</b>
<b>Cost:</b>
<b>Property No. 2 (continued)</b> <b>Present Value (without deducting debt):</b>
<b>Liabilities Owed (if any):</b>
<b>Owed To:</b>
<b>Monthly Payment:</b>

**PROPERTY NO. 3:**

<b>Description:</b>
<b>Location:</b>
<b>Income, if any:</b>
<b>Legal Title:</b>
<b>How Acquired (gift, purchase, etc.):</b>
<b>Date Acquired:</b>
<b>Cost:</b>
<b>Present Value (without deducting debt):</b>
<b>Liabilities Owed (if any):</b>
<b>Owed To:</b>
<b>Monthly Payment:</b>

**8. OTHER INVESTMENT PROPERTY (attach additional sheets as necessary).**

Description	Date Acquired	Type of Interest	Cost	Annual Yield	Present Value

**9. OTHER PERSONAL PROPERTY AND COLLECTIBLES (list by category, e.g., jewelry, art, collections, patents, vehicles, boats, aircraft, etc., and attach additional sheets as necessary).**

Description	Date Acquired	Legal Title	Cost	Present Value

**10. PERSONAL LIABILITIES OWED TO REAL ESTATE.**

Name of Bank	Property Number	Debtor (Husband, Wife, Joint)	Unsecured/Secured (and Security)	Amount

**\*Attach additional sheets if necessary**

**11. PERSONAL LIABILITIES OWED TO BANKS.**

Name of Bank	Location	Debtor (Husband, Wife, Joint)	Unsecured/Secured (and Security)	Amount

**12. OTHER LIABILITIES (e.g., life insurance policy loans and amounts owed to other individuals).**

Description	Debtor (Husband, Wife, Joint)	Amount Owed

**CHARGE ACCOUNTS TOTAL (approximate amount):** \_\_\_\_\_

### III. BUSINESS FINANCIAL INFORMATION.

If you are a sole proprietor, a partner in a partnership, or a stockholder in a closely held corporation, significant tax considerations are raised. One of the most important of these is how your interest in such a business is to be valued at your death. This is an area that has caused considerable controversy with the tax authorities. The information sought in this section will aid us in recommending to you steps you might take during your lifetime to reduce the likelihood of such a controversy. In addition, it will determine whether or not you have made any arrangements with your business partners or fellow shareholders as to the disposition of your interest or their interests upon death or disability. For example, you may not want a widow or widower of one of your colleagues to be a shareholder or partner with you. Instead, you may want to provide for a buy-out of the interest of a deceased business colleague at a fixed price or at a price to be determined according to a formula.

#### A. SOLE PROPRIETORSHIP.

Do you own your business as a sole proprietorship? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please complete the questions in this Part A.

##### 1. Details of business interest in proprietorship.

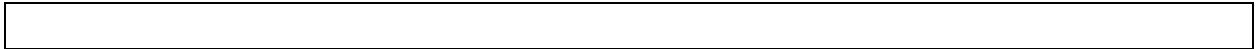
<b>Name of Business:</b>	
<b>Address:</b>	
<b>Date you acquired the business:</b>	
<b>Nature of the business:</b>	
<b>Have assumed business or professional name certificates been filed?</b> ( ) Yes ( ) No	
<b>Earnings (net before taxes last three years):</b>	
<b>Last Year:</b>	19 ____ or 20 ____ Amount \$ _____
	19 ____ or 20 ____ Amount \$ _____
	19 ____ or 20 ____ Amount \$ _____
<b>What is the book value of the proprietorship?</b>	
<b>Liquidation Value?</b>	
<b>Value as a going concern?</b>	
<b>Legal title to proprietorship?</b>	

**2. Transfer of Ownership Interest.**

<p><b>a. Is the retention of the business for your family desired? ( ) Yes ( ) No; if yes, who are the relatives now active or who do you expect to become active following your withdrawal?</b></p>		
<b>Name</b>	<b>Age</b>	<b>Relationship</b>

<p><b>b. Is there any agreement requiring the sale of your business at your death? ( ) Yes ( ) No</b></p>		
<p><b>(1) Who are the parties to this agreement?</b></p>		
<p><b>(2) What is the effective date of the transfer (death, disability, retirement)?</b></p>		
<p><b>(3) What is the purchase price or formula?</b></p>		
<p><b>(4) What is the method of funding (life insurance, payment of future earnings)?</b></p>		
<p><b>(5) Other material provisions:</b></p>		
<p><b>(If there is a written agreement regarding the above, please return a copy with the Questionnaire.)</b></p>		

<p><b>c. If no agreement of sale is in effect, are there any employees capable of continuing the business after your withdrawal? ( ) Yes ( ) No; If yes, give:</b></p>		
<b>Name</b>	<b>Age</b>	<b>Relationship</b>



**B. PARTNERSHIP. Do you own an interest in a partnership? ( ) Yes ( ) No**

**1. Details of business interest in proprietorship.**

<b>Name of Partnership:</b>			
<b>Address:</b>			
<b>Date your partnership interest was acquired:</b>			
<b>Have assumed business or professional names certificates been filed? ( ) Yes ( ) No</b>			
<b>Nature of Business:</b>			
<b>Earnings (net before taxes last three years):</b>			
<b>Last Year:</b>	19 ____	or 20 ____	<b>Amount \$ _____</b>
	19 ____	or 20 ____	<b>Amount \$ _____</b>
	19 ____	or 20 ____	<b>Amount \$ _____</b>
<b>What is the book value of your partnership interest?</b>			
<b>Liquidation Value?</b>			
<b>Value as a going concern?</b>			
<b>List partners (including yourself):</b>			
<b>Name</b>	<b>Relationship (if any)</b>	<b>% Profits &amp; Capital</b>	<b>Annual Income From Partnership</b>
<b>Who is the partnerships accountant?</b>			
<b>Address of Accountant (street/city/state/zip code):</b>			
<b>Telephone Number:</b>			
<b>Legal Title to Partnership Interest:</b>			

**2. Transfer of Ownership Interest.**

<b>Is the retention of your partnership interest for your family desired? ( ) Yes ( ) No; if yes, who are the relatives now active or who do you expect to become active in the business following your withdrawal?</b>		
<b>Name</b>	<b>Age</b>	<b>Relationship</b>
<b>Is there in effect a buy-sell or partnership redemption agreement? ( ) Yes ( ) No; if yes:</b>		
<b>Who are the parties to the Agreement?</b>		
<b>What is the effective date of the transfer (death, disability, retirement)?</b>		
<b>What is the purchase price or formula?</b>		
<b>What is the method of funding (life insurance, payment of future earnings)?</b>		
<b>Other material provisions:</b>		
<b>(If agreement is in writing, please return a copy with this Questionnaire.)</b>		

C. **CLOSELY HELD CORPORATION.** Do you own any of your business as a corporation?  
 ( ) Yes ( ) No; if yes, complete the questions in this Part C.

1. **Details of Business Interest in Close Corporation.**

<b>Name of Corporation:</b>												
<b>Address:</b>												
<b>Date you acquired corporate stock:</b>												
<b>Cost of shares acquired:</b>												
<b>Nature of the business:</b>												
<b>State of incorporation:</b>												
<b>Year of incorporation:</b>												
<b>Other states in which corporation is qualified to do business:</b>												
<b>Where is the minute book located:</b>												
<b>Is the minute book current: ( ) Yes ( ) No</b>												
<b>Earnings (net before taxes last three years):</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><b>Last Year:</b></td> <td style="width: 15%;">19_____</td> <td style="width: 15%;">or 20_____</td> <td style="width: 15%;">Amount \$_____</td> </tr> <tr> <td></td> <td>19_____</td> <td>or 20_____</td> <td>Amount \$_____</td> </tr> <tr> <td></td> <td>19_____</td> <td>or 20_____</td> <td>Amount \$_____</td> </tr> </table>	<b>Last Year:</b>	19_____	or 20_____	Amount \$_____		19_____	or 20_____	Amount \$_____		19_____	or 20_____	Amount \$_____
<b>Last Year:</b>	19_____	or 20_____	Amount \$_____									
	19_____	or 20_____	Amount \$_____									
	19_____	or 20_____	Amount \$_____									
<b>What is the book value of the corporation?</b>												
<b>Liquidation Value?</b>												
<b>Value as a going concern?</b>												
<b>Who is the corporation's accountant?</b>												
<b>Address of accountant (street, city, state, zip code):</b>												
<b>Telephone Number:</b>												
<b>Total number of shares of: Preferred (            ); Common (            );          Non-Voting Common (            )</b>												
<b>Legal title to close corporation interest:</b>												

**2. Transfer of Ownership Interest.**

<b>Who are the shareholders and what are their interests?</b>			
<b>Name</b>	<b>Relationship (if any)</b>	<b>Age</b>	<b>No. of Shares</b>
<b>Is any stock subject to option? ( ) Yes ( ) No; if yes, who are the optionees and what are the terms of the options?</b>			
<b>Is there in effect a buy-sell or redemption agreement? ( ) Yes ( ) No; if yes, who are the parties to the agreement?</b>			
<b>What is the effective date of the transfer (death, disability, retirement)?</b>			
<b>What is the purchase price or formula?</b>			
<b>What is the method of funding (life insurance, payment of future earnings)?</b>			
<b>Other material provisions:</b>			


**IV. INSURANCE.**

Insurance has become an increasingly important estate planning tool. Life insurance can provide significant financial security if an individual dies while building his/her estate. Later in life, after a substantial estate has been accumulated, life insurance can assure the availability of cash to satisfy an estate tax liability. The coordination of your life insurance beneficiary designations is an essential part of your estate plan.

**A. YOUR UNDERWRITERS.**

<b>1. Who is your life insurance agent?</b>
<b>What insurance company or agency does your agent represent?</b>
<b>Address of Agent:</b>
<b>Telephone Number of Agent:</b>
<b>When did you last review your life insurance program and with whom did you do so?</b>
<b>2. Who is your fire and casualty insurance agent?</b>
<b>What insurance company or agency does your agent represent?</b>
<b>Address of Agent:</b>
<b>Telephone Number of Agent:</b>
<b>When did you last review your property insurance needs and with whom did you do so?</b>

2. PERSONAL INSURANCE (for insurance provided by your business, see Part C below):
1. Life Insurance on Family (including your group life insurance on you and other members of the family):

Policy No. 1 Company:
Insured:

Policy Number:
Type of Policy:
Beneficiary:
Owner:
Face Amount:

Life Insurance (Continued):

Policy No. 2 Company:
Insured:
Policy Number:
Type of Policy:
Beneficiary:
Owner:
Face Amount:

Policy No. 3 Company:
Insured:
Policy Number:
Type of Policy:
Beneficiary:
Owner:
Face Amount:

2. Life Insurance on lives of others.

Policy No. 1 Insured:

Owner:
Insured-s Relation to Owner:
Company:
Policy Number:
Face Amount:

Life Insurance on Lives of Others (continued):

Policy No. 2 Insured:
Owner:
Insured's Relation to Owner:
Company:
Policy Number:
Face Amount:

Policy No. 3 Insured:
Owner:
Insured's Relation to Owner:
Company:
Policy Number:
Face Amount:

3. Disability Insurance.

Company	Insured	Benefits

C. BUSINESS RELATED LIFE INSURANCE.

1. Does your business carry life insurance on you or any business colleague or other key employee? \_\_\_\_ Yes \_\_\_\_ No; if yes, please specify:

Name of Insured	Age	Position	Amount of Insurance

2. Does any employee, partner or other shareholder have insurance on your life? \_\_\_\_ Yes \_\_\_\_ No; if yes, please specify:

Employee, Shareholder, Partner	Amount of Insurance	Plan of Insurance