

WADE ASH

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The following memorandum is representative of the types of information we provide to clients when we prepare estate planning documents for them. However, this material may not be used by every attorney in the firm in every case. The attorneys at Wade Ash view each case as uniquely different and, therefore, the information we provide to our clients may be substantially different depending on the client's needs and the nature and extent of their assets.

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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE (LIFE PARTNERS)

NOTE: Please take care in providing the following information. We will rely on this information, especially as to the ownership and your best estimate as to the value of assets. If you need assistance in confirming ownership valuation or beneficiary designation information, we would be glad to help.

Date: _____

I.

PERSONAL DATA

A. General Information

Name(s):

Home address: Street

City

State

Zip

County of residence:

Home telephone: ()

Home fax: ()

Home e-mail:

Marital status: single married widowed divorced committed partner

B. Personal Information About Client

Principal name

(as it should appear on legal documents
and as it appears on title to property held):

Other versions of your name:

Date of birth:

Social Security no. - -

U.S. citizen: Yes No If no, citizen of:

Business or profession:

Name of company:

Business address: Street

City

State

Zip

Business telephone: ()

Business fax: ()

Business e-mail:

Cell phone no.

Previously married? Yes No

Condition of health:

C. Personal Information About Life Partner

Principal name

(as it should appear on legal documents
and as it appears on title to property held):

Other versions of your name:

Date of birth:

Social Security no. - -

U.S. citizen: Yes No If no, citizen of:

Business or profession:

Name of company:

Business address: Street

City

State

Zip

Business telephone: ()

Business fax: ()

Business e-mail:

Cell phone no.:

Previously married? Yes No

Condition of health:

D. Referred by _____

E. Children:

Child 1 name:

Date of birth:

Social Security no. - -

Address: Street

City

State

Zip

Telephone no.:

Child of: this relationship client only life partner only adopted? Yes No

Child 2 name:

Date of birth:

Social Security no. - -

Address: Street

City

State

Zip

Telephone no.:

Child of: this relationship client only life partner only adopted? Yes No

Child 3 name:

Date of birth:

Social Security no. - -

Address: Street

City

State

Zip

Telephone no.:

Child of: this relationship client only life partner only adopted? Yes No

Child 4 name:

Date of birth:

Social Security no. - -

Address: Street

City

State

Zip

Telephone no.:

Child of: this relationship client only life partner only adopted? Yes No

Child 5 name:

Date of birth:

Social Security no. - -

Address: Street

City

State

Zip

Telephone no.:

Child of: this relationship client only life partner only adopted? Yes No

Are there any frozen and stored sperm, eggs or embryos that might create future children, or that should be disposed of in the Will? Yes No

F. Other intended beneficiaries:

Name	Address	Relationship

G. Particulars as to family: (special needs, circumstances, or problems of particular members, adoptions, prior marriages, etc.)

H. List any charitable beneficiaries:

B. Life insurance and non investment type annuities:

Name of Company Policy No. & Type	Owner of Policy	Face Amount	Name of Insured	Designated Beneficiaries (Primary and Contingent)

NOTE: If your estate plan may involve gifts of life insurance policies to attempt to remove them from your taxable estate, we will also need the present cash surrender value of each policy and the annual amount of premiums payable on each policy.

C. Checking and savings accounts:

Name of Bank & Location	Account Type	Typical Balance	Ownership: (Client, Life Partner, Joint or POD*)

D. Government bonds: (federal, state, and municipal)

Type	Amount	Ownership

E. Corporate stocks and bonds (including mutual funds and investment type annuities):

Name of Company	Type and No of Shares	Current Quotes	Value	Ownership
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F. Notes and mortgages payable to you; accounts receivable owned by you:

Debtor	Type	Value	Ownership
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G. Business interests: (closely held stock; partnership interests; etc.)

Description	Value	Ownership
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H. Personal and household property: (including household articles, autos, jewelry, furs, sporting goods, art objects, collections, etc.)

Description	Value	Ownership
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Description	Value	Ownership
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I. Trusts, powers of appointment, expectancies:

Description	Value	Ownership
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J. Pension and retirement benefits: (including IRA, 401(k) plans, “qualified plans” and social security coverage)

Description	Value	Ownership	Beneficiary Designation
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K. Other assets: (including copyrights, patent rights, royalties, sports tickets, transferable club memberships, etc.)

Description	Value	Ownership

L. Liabilities: (including personal, business and life insurance loans, mortgages, notes, etc.)

Description	Creditor	Amount

M. Summary of assets and liabilities:

Description:	Client	Life Partner	Joint*
1. Real estate			
2. Life insurance			
3. Checking and savings accounts			
4. Government bonds			
5. Corporate stocks and bonds			
6. Notes, mortgages and A/R			
7. Business interests			
8. Personal and household property			

Description:	Client	Life Partner	Joint*
9. Trusts, powers, expectancies			
10. Pension and retirement benefits			
11. Other assets			
Totals	\$	\$	\$
Less liabilities	\$	\$	\$
Net assets	\$	\$	\$
Grand total			

*NOTE: The value of assets co-owned by client and life partner as tenants in common (as opposed to joint tenancy – see Note on Page 3) should be posted one-half to the client’s column and one-half to the life partner’s column.

N. Safety deposit box:

Bank	Box No.	Location of Key	Name or Names in which Rented

III.

GIFT TRANSFERS

A. Taxable transfers:

Have you made gifts which may be reportable for gift tax purposes (or any more than \$10,000)?

- Yes No Don't know

B. Returns:

Have you filed any gift tax returns?

- Yes No

If yes, please attach copies of the returns.

IV.

EXISTING DOCUMENTS

Do you presently have:

- 1. A financial power of attorney? _____
- 2. A health care power of attorney? _____
- 3. Wills? _____
- 4. Revocable or irrevocable trusts? _____
- 5. Living will? _____
- 6. Pre-nuptial or post-nuptial contract? _____
- 7. If divorced, dissolution of marriage agreement or court order? _____

If so, please provide us with copies of these documents.

PROPOSED DESIGNATION OF PERSONAL REPRESENTATIVE, ETC.

A. Personal representative (executor) of your estate (primary and backup):

B. Personal guardian or guardians for minor children (primary and backup):

C. Holder of your financial power of attorney (primary and backup):

D. Holder of your health care power of attorney (primary and backup):

E. Trustee for any assets held in trust for minor children or other beneficiaries (primary and backup):

Signature

Signature