

LYNN CAMPISI, P.C.
3008 Pump House Road
Birmingham, AL 35243
Telephone: (205) 967-1010
Fax: (205) 967-9724
www.campisilaw.com

DATE _____

ESTATE PLANNING QUESTIONNAIRE
(Single)

Please complete the following information as best you can prior to our interview, and answer all questions as they pertain to all items owned by the client. Bring this information with you for discussion during our initial consultation. If you have any questions, please feel free to call my assistant, Deborah Oliver.

1.) PERSONAL DATA

Full Name _____

Street
Address _____

City _____ State _____ Zip _____

Phone _____

Birth Date _____

Social Security No. _____

U.S. Citizen? Yes _____ No _____

Veteran? Yes _____ No _____

Should you not have any surviving offspring, list the names of closest relatives, e.g., parents, brothers, sisters, and their close relatives (because, in many cases where remote relatives are heirs, court procedures require an “Affidavit of Kinship” – something like a “family tree”).

2.) **FINANCIAL INFORMATION**

List all income received.

| Source | Amount | Frequency |
|--------|--------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List all open bank accounts, savings accounts, certificates of deposit, etc. (If accounts are jointly held, list all names on the account.).

| Bank Name | Type of Account | Name(s) on Account | Account Number | Last Statement Balance |
|-----------|-----------------|--------------------|----------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Do you expect any employer provided retirement benefits? Yes____ No____

If so, what type? _____

Retirement Income: _____ Retirement Date: _____

List all Retirement Accounts, IRAs, Profit Sharing Plans, 401(k)'s, 403(b)'s, Pensions, Royalties or Deferred Compensation, Keoghs, and SEPs:

| Bank Name | Type of Account | Name(s) on Account | Account Number | Last Statement Balance |
|-----------|-----------------|--------------------|----------------|------------------------|
| (1) _____ | _____ | _____ | _____ | _____ |

(a) Primary Beneficiary _____

(b) Secondary Beneficiary _____

(2) _____

(a) Primary Beneficiary _____

(b) Secondary Beneficiary _____

(3) _____

(a) Primary Beneficiary _____

(b) Secondary Beneficiary _____

(4) _____

(a) Primary Beneficiary _____

(b) Secondary Beneficiary _____

List all insurance and annuity policies owned.

| Company | Owner | Insured | Type of contract | Face Value | Cash Value |
|----------------|--------------|----------------|-----------------------------|-----------------------|-----------------------|
|----------------|--------------|----------------|-----------------------------|-----------------------|-----------------------|

(1) _____

(a) Primary Beneficiary _____

(b) Secondary Beneficiary _____

(2) _____

(a) Primary Beneficiary _____

(b) Secondary Beneficiary _____

(3) _____

(a) Primary Beneficiary _____

(b) Secondary Beneficiary _____

(4) _____

(a) Primary Beneficiary _____

(b) Secondary Beneficiary _____

List all other financial accounts, arrangements or documents that may have value (including, but not limited to, savings bonds, stocks, promissory notes, mortgages, leases, and trusts).

| Item | Owner | Value |
|------|-------|-------|
| 1. | | |
| 2. | | |
| 3. | | |

ASSETS

List all real estate currently owned.

| Owner(s) | Address | Tax Assessor's Fair Market Value | Purchase Price/Date | Market Value |
|----------|---------|----------------------------------|---------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Partnership Interest:

| Name | Ltd. Or Gen. | % held | Value of Partnership |
|------|--------------|--------|----------------------|
| | | | |
| | | | |

Interest in Closely Held Corporations:

| Name | # of Shares | % of Stock | Value Per Share |
|------|-------------|------------|-----------------|
| | | | |
| | | | |

List all automobiles, trucks, boats and recreational vehicles currently owned.

| Owner(s) | Year/Make/Model | Value |
|----------|-----------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

Give an estimate of the value of all Household Goods, Personal Property, Art, Jewelry, Furs, Antiques, Collectibles (Stamps, Coins, etc.).

(You may designate specific gifts of these items under paragraph 5, page 7.)

List contents of Safe Deposit Box

3.) LIST ALL OF YOUR CHILDREN'S INFORMATION

| Children's Names | Address | Telephone Number | Date of Birth | Is child from a Previous Marriage |
|-------------------------|----------------|-------------------------|----------------------|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

4.) INTENTIONS

a) For whom do you want to provide in your will?

b) If you have children, do you wish to provide for your them? Yes___ No___

If so, do you wish to treat all of your children equally? Yes___ No___

If no, explain _____

c) After your death, if you have young children, at what age do you want distributions to be made to them?

(A typical plan holds a child's share in trust with the ability to make distributions for the child's support and education and provides for direct distributions to the child as follows: 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or 1/2 at age 25 and 1/2 at age 30 or 100% at a given age).

Your choice of age and distribution: _____

d) If one of your children predeceases you, do you want the deceased child's share to be left to that child's descendants, who are also your grandchildren?

Yes _____ No _____

If yes, how much and to whom? _____

Your choice of age: _____

e) Do you want to leave a specific amount of money or other assets to any charity? Yes _____ No _____

If yes, how much? _____

Name and Address of Charity: _____

f) In the event you have no surviving beneficiaries, do you want to leave a specific amount of money or other assets to any charity? Yes _____ No _____

If so, how much? _____

Name and Address of Charity: _____

g) Is there any family member that you want to specifically exclude from receiving anything under your Will? Yes _____ No _____

If so, Whom? _____

Why? _____

5.) **SPECIFIC GIFTS**

a) Specific gifts you would like to give at death, including monetary gifts:

| Beneficiary | Item or Amount and Location |
|--------------------|------------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

6.) **PERSONAL REPRESENTATIVE** - A person or an entity (such as a bank or trust company) named in a person's will to administer his or her estate according to the terms of his or her will.

Who do you wish to serve as your Executor/Executrix?

First Choice: _____

Second Choice: _____

Third Choice: _____

7.) **TRUSTEE** - The person or entity (bank or trust company) who manages trust property according to a trust agreement.

Who do you want to serve as your Trustee?

First Choice: _____

Second Choice: _____

Third Choice: _____

8.) **GUARDIAN** - A person who cares for the personal welfare of a minor or incapacitated person.

If you have minor children, who do you want to act as Guardian?

First Choice: _____

Second Choice: _____

Third Choice: _____

9.) **SPECIAL CONCERNS**

a) Do you expect to inherit any portion of someone's estate? Yes ___ No ___

If so, whose: _____

Expected inheritance: _____

b) Do any of your children have special needs? (Education, Disabilities, Special Needs, Spend Thrifts, Creditor Issues, etc.) Yes____ No____

If so, please explain: _____

c) Do you expect to provide care for a parent or other family member, other than your children? Yes____ No____

If so, for whom will you provide care? _____
Please explain: _____

d) Are you concerned about spending habits of any potential beneficiary?
Yes_____ No_____

If so, please name: _____
Please explain your concerns: _____

10.) **LIVING WILL & ADVANCE DIRECTIVE**

Appointment of Health Care Proxy / Power of Attorney: The person named in a health care power of attorney to make health care decisions for you in case you cannot; health care proxy is sometimes used to mean the same thing as health care power of attorney.

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Appointment of Alternate Health Care Proxy / Power of Attorney:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Living Will: If you have a terminal condition or you are in a coma, have you considered any limitations, if any, of extra-ordinary means of life support?

Yes ____ No ____

Please indicate your wishes

11.) **POWER OF ATTORNEY FOR BUSINESS DECISIONS:** The person named to make business decisions for you in case you cannot.

Appointment of Financial Agent:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Appointment of Alternate Financial Agent:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Special Powers to be considered: _____

Do you want your financial agent to be able to make gifts to certain persons?

Yes _____ No _____

Please explain: _____

12.) **Are there any other legal issues that I should be aware of?** If yes, please explain:

13.) **How did you find out about our services?** (Please include name and address, if available) _____

Signature

Date: _____