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ESTATE PLANNING QUESTIONNAIRE
(Individual)

To help you plan for your later years and pass along your property to your heirs effectively, we need a good understanding of your wishes, your family, and your finances. All of the information you provide is kept in strictest confidence. It may take some time for you to gather all the information requested, but it will give you a good picture of your financial situation and allow us to create a plan best suited to your needs. Please bring this completed form with you to your consultation.

PLEASE NOTE: The information supplied will provide the basis for the planning advice to be given. Please answer each item as completely as possible and add any additional information you feel is pertinent. Failure to provide sufficient information could result in a plan that does not take maximum advantage of the opportunities available. **Please read and sign the statement at the end.**

Date: _____

PART I: YOU & YOUR FAMILY

A. You

Full Name _____ Birth Date ___/___/___ SS# _____

U.S. Citizen? ___ Yes ___ No Place of Birth: _____

Residence Address _____ Phone: _____

_____ E-mail: _____

County: _____

Business Address _____

Phone _____

E-mail: _____

FAX: _____

Health: (1 is bad; 10 is good) _____

Memory: (1 is bad; 10 is good) _____

	Annual Salary	Taxable Income	Income Tax Bracket
Your Occupation/Employer _____	_____	_____	_____

Do you have any previous marriages? ____ Yes ____ No

Previous Spouse's Name	Date & Place of Marriage	Date & Place of Divorce or Death	Divorce or Death	Children of Marriage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Spouse's Name	Date & Place of Marriage	Date & Place of Divorce or Death	Divorce or Death	Children of Marriage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Your Parents and Siblings

Names of Living Parents	Age	City & State Address	Health (1-bad 10- good)	Inheritance ?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names of Living Siblings	Age	City & State Address	Health (1-bad 10- good)	Inheritance ?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Children

Full Names & Addresses of Children (<u>L</u> iving or <u>D</u> eceased)	Age	Tel. #	Marital Status	Their Children
_____	_____	_____	S _ M _ D _	_____
_____				_____
_____				_____
_____	_____	_____	S _ M _ D _	_____
_____				_____
_____				_____
_____	_____	_____	S _ M _ D _	_____
_____				_____
_____				_____

If adopted, please add "A" after the name.

D. Extended Family or Friends

If you are not married/divorced with surviving offspring, give full names of closest relatives 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").

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Advisors

Do you have a financial planner? (name): _____

Do you have a banker? (name): _____

Do you have an accountant? (name): _____

Do you have an insurance agent? (name): _____

Do you provide support for any relatives? If so, for whom and how much on a monthly basis?

PART II: ASSETS

Bank Accounts:

Bank Name	Branch Location	Checking/Savings	Balance	Title
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____

S = Single

J = Joint

Real Estate: (Include residence and other parcels of land in which you have an interest in this state and other states.) (Provide copies of deeds.)

Description & When Purchased	Present Fair Market Value	Purchase Price	Mortgage	Title
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____

Partnership Interest:

Name	Limited or General	Percentage Held	Value of Partnership	Title
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____

Interest In Closely Held Corporations:

Name	Number of Shares	Percentage of Stock	Value Per Share	Title
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____

S J w/ _____

Stocks & Bonds: (List approximate value of listed stocks as a total. List special stock holdings separately; for example, closely held corporation or sub-chapter S corporate stock. Include Mutual Funds.)

Stocks & Bonds	When Acquired	Present Fair Market Value	Purchase Price	Title
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____
_____	_____	_____	_____	S J w/ _____

<u>Identify Cash or Liquid Asset Holdings</u>	Total Amount	Title
_____	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____
_____	_____	S J w/ _____

Are you the custodian of gifts made to your children under the Uniform Transfers to Minors Act (UTMA) of UGMA? ___ Yes ___ No

<u>Miscellaneous Assets</u>	<u>Total Value</u>	<u>Title</u>
Expected Inheritance:	_____	S J w/_____
_____	_____	S J w/_____
_____	_____	S J w/_____
_____	_____	S J w/_____
_____	_____	S J w/_____

Life Insurance or Annuity Contracts: (This includes all company group policies and individually owned policies – provide copies.)

<u>Insurance Company</u>	<u>Insured</u>	<u>Face Value</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Who Pays Premium?</u>	<u>Type*</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

* Type - W = Whole Life, T = Term, U = Universal, V = Variable, STD = 2nd To Die,
 SP = Split Dollar

Long-Term Care Insurance: Do you have this insurance? ___Y ___N

Retirement Benefits: (provide Summary Plan Statement and most recent report)

			Value to Date	Beneficiaries
Keogh or 401(k) Plan	Yes	No	_____	_____
Pension/Profit Sharing	Yes	No	_____	_____
I.R.A.	Yes	No	_____	_____
Special Death Benefits	Yes	No	_____	_____
Royalties	Yes	No	_____	_____
Pensions	Yes	No	_____	_____
Deferred Compensation	Yes	No	_____	_____

<u>Miscellaneous Personal Property:</u>	Fair Market Value	Title
Household Goods	_____	S J w/_____
Automobile	_____	S J w/_____
Automobile	_____	S J w/_____
Recreational Vehicles	_____	S J w/_____
Boats	_____	S J w/_____
Jewelry	_____	S J w/_____
Furs	_____	S J w/_____
Collections (Art, Stamp, Etc.)	_____	S J w/_____

Trusts:

Are you now or do you expect to be the beneficiary of any trust? Yes___ No___

If so, please provide a copy of the trust and an estimated value of the trust assets and expected income. Copy attached? Yes___ No___

Trust Assets \$_____ Income \$_____ per year

Are you a trustee of any trust? _____

If so, name Trustee, name of Trust, Grantor's name and your estimate of its value. Please provide a copy of the Trust.

Safe Deposit Box:

Do you have a safe deposit box? Yes No

a. in your name alone? Yes No

b. jointly with _____? Yes No

c. who has access? _____

d. how much cash or tangible property there? \$ _____

e. how much in non-registered bonds? \$ _____

PART III: DEBTS

Unpaid mortgage on residence \$ _____

Second home \$ _____

Other \$ _____

How much owed on auto loan \$ _____

Home improvement \$ _____

Personal bank loan \$ _____

Person to person loans \$ _____

Household bills \$ _____

Others \$ _____

Contingent liability on loans to others \$ _____

PART IV: EXPENSES
(Do Not Complete)

Note: Deductions are allowed in computing death taxes, not only for debts owed, but also for amounts paid from the estate for (a) funeral expenses, (b) legal expenses, (c) expenses in administering the estate (e.g., court costs and executor's commissions), and (d) casualty losses to the estate during administration. While (a), (b), and (c) can be fairly well projected when all the data (including employee benefits) and the disposition of particular assets are known, it is almost impossible, preliminarily, to give a reliable rule-of-thumb for estimation. However, the likelihood is that expenses will fall between 5% and 10% of the gross estate.

\$ _____

\$ _____

PART V: CURRENT ESTATE PLAN

Do you have a Will or Trust? ___ Yes ___ No
(Please attach a copy)

Date: _____ Location: _____

Executor (“Personal Representative”): _____

Trustee: _____

Brief outline of provisions giving property (if will or trust not attached):

PART VI. CREATING YOUR NEW ESTATE PLAN

A. Specific Gifts you would like to give at death, including monetary gifts:

<u>Name</u>	<u>Item/Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. Charities to which you currently give: _____

C. Charitable Pledges you have made (amount, charity and duration of pledge): _____

D. Charitable gifts that you would like to give at your death (include charities as contingent beneficiaries of life insurance, IRA's, etc.)

<u>Name</u>	<u>Item/Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

If you have an estate which will be subject to estate tax, would you prefer that the funds go to charity? ___ Yes ___ No

Name _____
_____.

E. First Choice for Personal Representative of Will:

Name: _____ Relationship: _____

Address: _____

Telephone No.: _____

Alternate Choice for Personal Representative of Will:

Name: _____ Relationship: _____

Address: _____

Telephone No.: _____

F. First Choice for Trustee:

Name: _____ Relationship: _____

Address: _____

Telephone No.: _____

Alternate Choice for Trustee:

Name: _____ Relationship: _____

Address: _____

Telephone No.: _____

G. Do you have a Power of Appointment (power in a trust to dispose of property)?

Yes No (If so, please provide a copy)

H. Full name, relationship, address and telephone number of person you want to be your guardian (person who takes care of your welfare, if you cannot) and your conservator (person who takes care of your assets).

Guardian (1) _____

Guardian (2) _____

Conservator (1) _____

Conservator (2) _____

I. Power of Attorney

Whom would you like to make financial and business decisions for you?

First Choice:

Name: _____

Address: _____

Telephone Number: _____

Second Choice:

Name: _____

Address: _____

Telephone Number: _____

J. Advance Directive for Health Care

Whom would you like to make health care decisions for you?

First Choice:

Name: _____

Address: _____

Telephone Number: _____

Second Choice:

Name: _____

Address: _____

Telephone Number: _____

VII. SPECIAL CONCERNS

Please consider the following questions and note any significant information.

1. Do any of your beneficiaries have any physical or mental handicaps?
2. Is any beneficiary being compensated by the state or other government entity for physical handicaps?
3. Is medical assistance planning an important concern of yours or any of your potential beneficiaries?
4. What are the anticipated needs for education and establishment of the careers of each beneficiary?

5. What is the financial status of each beneficiary?
6. What are the respective earning capabilities of the beneficiaries now and what are those capabilities reasonably projected to be in the foreseeable future?
7. At what age is it in the best interest of the beneficiaries to receive income and, ultimately, distribution of principal? Should the distribution of the principal be in one lump sum, or extended over a period of stepped distributions?
8. Is there a possibility that various individuals may attempt to take advantage of beneficiaries because of their basic decency and/or naiveté?
9. Is it necessary to protect certain beneficiaries against their own spendthrift tendencies?
10. Do personal habits of any beneficiary (such as use of alcohol, gambling, etc.) make distribution to that person inappropriate?
11. Should particular assets within the estate be distributed to a particular beneficiary? (Example: in the event that one member of the family is involved in a family business, it may be appropriate to leave the business interest or certain business assets to such child, with offsetting interests in other assets to be left to other beneficiaries.)
12. Is there a possibility that the spouse of any particular beneficiary may be the recipient of large benefits from such spouse's family or other source?
13. Is the design of distribution of benefits to beneficiaries such that it would create sibling rivalries or other dissension among family members?
14. Do any beneficiaries have unusually large families that may dictate that larger amounts may be needed to raise the children of such beneficiaries, as such amounts are compared to that to be given to other potential beneficiaries?
15. Are there any particular charities or other institutions that you would want to receive any part of your estate, or take precedence over distributions to individual beneficiaries?
16. What, if any, particular aspects of your current distribution scheme are you most

