

HYNDS, YOHNKA, BZDILL & McINERNEY, LLC

ESTATE PLANNING QUESTIONNAIRE

INSTRUCTIONS: In order to make your appointment with your estate planning attorney as fruitful as possible, we request that you fill out the following Questionnaire and bring it with you to your initial meeting with your attorney. If you have a current will, trust, or powers of attorney, please bring them to your appointment. You may print this form and fill it in or you can use Adobe Acrobat Reader to type in your answers and print the form. You can then save the filled-in form to your computer.

Client Contact Information

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
Date of Birth: _____	Date of Birth: _____

Family Information

Foreign Citizenship, if applicable: _____

Marital Status: Single Married Divorced Widow

Children:

Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Child of: <input type="checkbox"/> Husband <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Adopted	Child of: <input type="checkbox"/> Husband <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Adopted
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Child of: <input type="checkbox"/> Husband <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Adopted	Child of: <input type="checkbox"/> Husband <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Adopted

Guardians

For minor children (under 18), please provide the following information:

Primary:

I would recommend that the following person have physical custody of my children (Guardian of the Person):

Name: _____

Address: _____

Relationship to child/children: _____

Secondary:

Should that person not be able to serve, I would recommend:

Name: _____

Address: _____

Relationship to child/children: _____

Should you wish to appoint a different person than named above to manage your child's assets (Guardian of the Estate), please indicate your choices below:

Primary:

Name: _____

Address: _____

Relationship to child/children: _____

Secondary:

Should that person not be able to serve, I would recommend:

Name: _____

Address: _____

Relationship to child/children: _____

Executors and Agents

When I die, I would like the following person to act as the executor of my estate:

Name: _____

Address: _____

Should that person die or be unable to serve as executor, I would choose:

Name: _____

Address: _____

If I were to become disabled and unable to make health care decisions for myself, I would like the following person to make health care decisions on my behalf:

Name: _____

Address: _____

Should that person die or be unable to serve as agent for health care, I would choose:

Name: _____

Address: _____

If I were to become disabled and unable to make financial and property management decisions for myself, I would like the following person to manage my financial affairs and property on my behalf:

Name: _____

Address: _____

Should that person be unable to serve as my agent for property, I would choose:

Name: _____

Address: _____

Asset Information

If you have a recent financial statement, please bring it with you to the initial attorney meeting.

(Please prepare extra sheets where necessary)

Real Estate: (Please describe each property owned)

Address or Description: _____

- How is title currently held?
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Individually | <input type="checkbox"/> Joint Tenancy |
| <input type="checkbox"/> Land Trust | <input type="checkbox"/> Tenancy in Common |
| <input type="checkbox"/> Other | <input type="checkbox"/> Tenancy by the Entirety |

(If not sure, bring deed or title policy)

If owned with another person or persons, with whom? _____

Estimated value: _____

Estimated mortgage debt: _____

Lender (if applicable): _____

Address or Description: _____

- How is title currently held? Individually Joint Tenancy
 Land Trust Tenancy in Common
 Other Tenancy by the Entirety

(If not sure, bring deed or title policy)

If owned with another person or persons, with whom? _____

Estimated value: _____

Estimated mortgage debt: _____

Lender (if applicable): _____

Life Insurance:

Company: _____

Amount: _____

Insured: _____

Policy Owner: _____

Beneficiary: _____

Contingent beneficiary: _____

Company: _____

Amount: _____

Insured: _____

Policy Owner: _____

Beneficiary: _____

Contingent beneficiary: _____

Retirement Accounts/Plans:

Where Held: _____

Type: Keogh IRA 401(k) 403(b) SEP

Company pension/other: _____

Amount: _____

Beneficiary: _____

Contingent beneficiary: _____

Where Held: _____

Type: Keogh IRA 401(k) 403(b) SEP

Company pension/other: _____

Amount: _____

Beneficiary: _____

Contingent beneficiary: _____

Bank Accounts, CDs, etc:

Bank: _____

Amount: _____

In whose name: _____

Any beneficiary listed on account? If so, who? _____

Bank: _____

Amount: _____

In whose name: _____

Any beneficiary listed on account? If so, who? _____

Other investments (for example, brokerage accounts, mutual funds, stocks):

Vehicles:

Other assets: (Please identify and value any other assets you may own such as farm machinery, grain or growing crops, interests in closely held businesses, valuable collections, etc.)

Debts and liabilities: (Please identify and estimate the balances owed and what assets are encumbered by them):
