

INDIVIDUAL ESTATE PLANNING QUESTIONNAIRE

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FAMILY INFORMATION

Please complete the following as thoroughly as possible. You may use the abbreviations below for convenience. Use names as they are to appear in legal documents.

Full Name	
Age / Birth date	
Social Security No.	
Describe Health Generally	
Citizenship	

Residence Address

Street Address	
P.O. Box	
City, State, Zip Code	
County	

Business or Other Address

Business Name	
Street Address	
P.O. Box	
City, State, Zip Code	
County	

Contact Information

Day Phone	Eve Phone	Fax	Email

What address do you want to use for receipt of mail?

Children, Grandchildren and Others you wish to provide for

Full Name	Age	Birth date	Gender	Relationship to you

Financial and Legal Advisors

Please identify your professional advisors such as your CPA, life insurance agent, broker, financial planner.

Name:		Profession:	
Address:			
Phone:		Fax:	

Name:		Profession:	
Address:			
Phone:		Fax:	

Name:		Profession:	
Address:			
Phone:		Fax:	

ASSET INFORMATION

To prepare an estate plan for you, I need specific information about all your assets and liabilities. Please complete the following pages as thoroughly as possible. For your convenience, you may use the abbreviations listed below.

Methods of Ownership:

J/T = Joint Tenancy
 T/C = Tenancy in Common
 T/E = Tenancy by the Entirety
 L/E = Life Estate
 S/O = Sole or Separate Ownership

Form of Business Entity

GP/S = General Partnership
 CC = C corporation
 LP/S = Limited Partnership
 SC = S corporation
 LL = Limited Liability Company
 S/P = Sole Proprietorship

Type of Policy

W/L = Whole Life
 T/L = Term Life

Qualified Retirement Plans, Pensions, IRA's, 401(k)'s and Qualified Annuities (TSA)

If you currently have salary earnings, are you deferring income into qualified plans or tax sheltered annuities?

Yes	No	% of Salary

Please list your retirement plans, pensions, IRA's and tax sheltered annuities. If you are taking distributions from any account, please indicate the amount of annual taxable distributions.

Employer, Plan Administrator, Bank or Institution	Address	Beneficiary	Current Balance
Trustee: Account #:			Balance: Distrib?:
Trustee: Account #:			Balance: Distrib?:
Trustee: Account #:			Balance: Distrib?:
Trustee: Account #:			Balance: Distrib?:

Annuities

Please list your tax deferred annuities (which are not 403(b) TSA's). Please indicate the amount you paid for the annuity (basis) and the amount of any distributions you are taking.

Annuity Company, Bank or Institution	Address	Beneficiary	Current Balance
Trustee: Account #:			Balance: Basis: Distrib?:
Trustee: Account #:			Balance: Basis: Distrib?:
Trustee: Account #:			Balance: Basis: Distrib?:

Life Insurance Policies

Please list your life insurance policies. If the policy is held in a trust, please list the trustee and whether the trust is irrevocable.

Insurance Co.	
Approximate Cash Value	
Death Benefit	
Type of Policy / Policy No.	
Policy Owner / Trustee	
Beneficiaries	
Name of Insured	

Life Insurance Policies
(continued)

Insurance Co.	
Approximate Cash Value	
Death Benefit	
Type of Policy / Policy No.	
Policy Owner / Trustee	
Beneficiaries	
Name of Insured	

Insurance Co.	
Approximate Cash Value	
Death Benefit	
Type of Policy / Policy No.	
Policy Owner / Trustee	
Beneficiaries	
Name of Insured	

Insurance Co.	
Approximate Cash Value	
Death Benefit	
Type of Policy / Policy No.	
Policy Owner / Trustee	
Beneficiaries	
Name of Insured	

Insurance Co.	
Approximate Cash Value	
Death Benefit	
Type of Policy / Policy No.	
Policy Owner / Trustee	
Beneficiaries	
Name of Insured	

Cash and Bank Accounts

Please list your cash and cash equivalent accounts, including checking and savings accounts, certificates of deposit, money market accounts and any other similar assets. Do not include any tax qualified plans, IRA's, retirement accounts, mutual stock or bond funds, or precious metals.

Bank or Institution	Method of Ownership	Type of Account	Balance
Bank: Address: Account #:			
Bank: Address: Account #:			
Bank: Address: Account #:			
Bank: Address: Account #:			
Bank: Address: Account #:			

Stock & Bond Certificates

(See next page for Brokerage Accounts)

Describe Stock or Bond	Method of Ownership	Face Value of Number of Shares	Current Value

Real Estate

Please list your real estate holdings including your residence, vacation homes, time shares, oil and gas royalties, leaseholds, and rentals. If you own rental property please list it below. If you operate a business out of real estate you own, list the real estate below and list the business interest under below. Please provide your own personal best estimate of the fair market value of each item of real estate.

Location / Associated Business?	
Residence / Vacation Home / Investment	
Do you own, lease or rent?	
Year Purchased	
Method of Ownership	
Estimated Fair Market Value	
Current Adjusted Tax Basis	
Liabilities (please indicate mortgage rate)	
Average Annual Income	
<u>Notes</u>	

Location / Associated Business?	
Residence / Vacation Home / Investment	
Do you own, lease or rent?	
Year Purchased	
Method of Ownership	
Estimated Fair Market Value	
Current Adjusted Tax Basis	
Liabilities (please indicate mortgage rate)	
Average Annual Income	
<u>Notes</u>	

Closely Held Active Business Interest

Please list all non-publicly traded businesses, partnerships or joint ventures in which you own an interest and participate actively in the business. Indicate whether you are the general partner or controlling shareholder, and the extent of ownership outside your own family, if any.

Name of Business	
Type of Business / Location	
Form of Entity	
% of Interest Held	
Tax I.D. Number	
Adjusted Tax Basis	
Estimated FMV	
Liabilities	
Average Annual Income	
<u>Notes</u>	

Closely Held Passive Business Interest

Please list all non-publicly traded businesses, partnerships or joint ventures in which you own an interest but do not participate actively in the business.

Name of Business	
Type of Business / Location	
Form of Entity	
% of Interest Held	
Tax I.D. Number	
Adjusted Tax Basis	
Estimated FMV	
Liabilities	
Average Annual Income	
<u>Notes</u>	

ESTATE INFORMATION

Please indicate which estate planning documents you currently have.

Document	Date Signed	Distribution Plan or Power holder
Living Trust		
Simple Will		
Testamentary Trust in Will		
Durable Power of Attorney		
Power of Attorney for Health Care		
Other:		
Other:		
Other:		

If you have ever filed a gift tax return, please attach a copy of each return. Please indicate below the amount of the unified estate and gift tax credit you have used and the amount remaining.

Total Credit	\$ 192,800
Amount Used	
Amount Remaining	
Asset Equivalent (office use only)	

You may act as Trustee of your Living Trust. Who would you like to name as successor Trustees for your Living Trust when you die or are incapacitated?

First successor: _____ Relationship to you: _____

Second Successor: _____ Relationship to you: _____

Certain trusts require a third party Trustee because you may not act as Trustee yourself. Who would you like to name as Trustees for any Trust for which you may not serve as Trustee?

First Trustee: _____ Relationship to you: _____

Second Successor: _____ Relationship to you: _____

Who would you like to name as Guardian for your minor children?

First Choice: _____ Relationship to you: _____

Alternate: _____ Relationship to you: _____

Would you consider shifting income to your children, grandchildren, or others or would you consider giving property to your children, grandchildren or others during your lifetime? If not, why not?

Do you currently have any judgments against you or liens against your property?
Yes No

Specify: _____

Are you currently involved in marriage dissolution proceedings or are any of your assets or income sources subject to a divorce decree? Yes No

Specify: _____

Do you face any lawsuits or potential lawsuits in which you are or may be a defendant?
Yes No

Describe situation briefly: _____

If you have charitable goals for your estate, please describe the goals generally and indicate how you want to achieve them.

List of Attachments

Copies of documents to provide with this questionnaire

Estate planning documents: living trust, will, trusts, partnerships

Tax Returns: Recent personal income tax returns and all gift tax returns

Legal descriptions of all real estate (copy of deed)

Contracts or Trust Deeds for any real estate

Instruments showing any encumbrances on real estate

Recent brokerage statements

Recent bank statements

Personal contracts, notes, etc.

Cover page of annuities, life insurance policies, etc.

Divorce decree if any property or income is affected

Other official documents as needed