

Date: _____

COVRETT & ASSOCIATES, LTD.
Confidential Estate Planning Questionnaire

CLIENT #1

Legal Name (first, middle, last): _____

Known by any other name (nickname etc.): _____

Address (Street, City, State, Zip): _____

County: _____ Date of Birth: _____ / _____ / _____ Soc. Sec. # _____

E-mail: _____

Business Phone: (____) _____ Home Phone: (____) _____ Cell Phone No: (____) _____

Mother's Full Maiden Name: _____ Father's Full Name: _____

MILITARY: Veteran: Yes No Branch: _____ Discharge Date: _____

Serve during War time Yes No If yes, which war(s): _____

ANATOMICAL GIFTS: Are you an organ donor? Yes No If not, would you like to be an organ donor? Yes No

CITIZENSHIP: U.S. Citizen: Yes No ; If not U.S. Citizen, Citizen of _____

EMPLOYMENT: Occupation: _____ Retired: Yes No If yes, Retirement Date: _____

Retired from (Employer Name): _____

SIGNATURE: I can sign my signature : Yes No I need to sign my signature with an "X" : Yes No

MARITAL STATUS: Single Married Divorced Date of Divorce _____ Separated Widowed

If widowed then deceased spouse name: _____ Date of Death: _____

County and State of residence at time of death: _____

CLIENT #2

Legal Name (First, Middle, Last): _____

Known by any other name (nickname etc.): _____

Address (Street, City, State, Zip): _____

Business Phone: (____) _____ Home Phone: (____) _____ Cell Phone No: (____) _____

Date of Birth: _____ / _____ / _____ Soc. Sec. # _____ E-mail: _____

Mother's Full Maiden Name: _____ Father's Full Name: _____

CITIZENSHIP: U.S. Citizen: Yes No ; If not U.S. Citizen, Citizen of _____

ANATOMICAL GIFTS: Are you an organ donor? Yes No If not, would you like to be an organ donor? Yes No

MILITARY: Veteran: Yes No Branch: _____ Discharge Date: _____

Serve during Wartime Yes No If yes, which war(s): _____

EMPLOYMENT: Occupation: _____ Retired: Yes No If yes, Retirement Date: _____

Retired from (Employer Name): _____

SIGNATURE: I can sign my signature : Yes No I need to sign my signature with an "X" : Yes No

OHIO RESIDENTS: IF YOU OWN YOUR OWN HOME AND ARE 65 YEARS OF AGE OR OLDER, OR ARE PERMANENTLY DISABLED, HAVE YOU APPLIED FOR THE HOMESTEAD EXEMPTION ON YOUR REAL ESTATE (EFF. 7/2007 THERE ARE NO INCOME RESTRICTIONS)? YES NO N/A

If you are a new client, how did you hear about us? _____

LIVING CHILDREN

If none, check here and list parents and/or brothers and sisters).

If any child named below is a stepchild, please list which spouse is the biological parent on the line left of their name.

Keep in mind that your child may have to sign their name this way upon your death.

On legal documents, would you like to use your relative's full middle name or middle initial?

1. Name: _____ Date of Birth: ____ / ____ / ____
 Address: _____ Telephone No. (____) _____
 _____ Soc. Sec. #: _____

2. Name: _____ Date of Birth: ____ / ____ / ____
 Address: _____ Telephone No. (____) _____
 _____ Soc. Sec. #: _____

3. Name: _____ Date of Birth: ____ / ____ / ____
 Address: _____ Telephone No. (____) _____
 _____ Soc. Sec. #: _____

4. Name: _____ Date of Birth: ____ / ____ / ____
 Address: _____ Telephone No. (____) _____
 _____ Soc. Sec. #: _____

5. Name: _____ Date of Birth: ____ / ____ / ____
 Address: _____ Telephone No. (____) _____
 _____ Soc. Sec. #: _____

6. Name: _____ Date of Birth: ____ / ____ / ____
 Address: _____ Telephone No. (____) _____
 _____ Soc. Sec. #: _____

If you have more than six children, please provide their information on additional page and check here

Are any children handicapped or mentally disabled? _____

Deceased Children (specify if any left children surviving):

1. Name: _____ Date of Birth: ____ / ____ / ____
 Surviving Children: No Yes If yes, please list names of surviving children: _____
 _____ Date of Death: ____ / ____ / ____

2. Name: _____ Date of Birth: ____ / ____ / ____
 Surviving Children: No Yes If yes, please list names of surviving children: _____
 _____ Date of Death: ____ / ____ / ____

**THIS PAGE 3 OF THE QUESTIONNAIRE IS OPTIONAL TO COMPLETE.
The Attorney will discuss your options during your appointment.**

WILL and/or TRUST

You will need to determine who will be the Executor of your Will(s) and Successor Trustee of your Trust (if you choose to establish a Trust) in the event of your death(s). List two alternates if naming a spouse, If not naming spouse, list three individuals:

Spouse first, if any. THEN:

1. Name/Relationship: _____
Address: _____
Phone: _____
2. Name/Relationship: _____
Address: _____
Phone: _____

Optional if naming spouse first:

3. Name/Relationship: _____
Address: _____
Phone: _____

POWER OF ATTORNEY

You will also need to determine who will be your power of attorney (the person that you trust to be able to write checks on your account if you are disabled or incapacitated) List two alternates if naming a spouse, If not naming spouse, list three individuals:

Spouse first, if any. THEN:

1. Name/Relationship: _____
Address: _____
2. Name/Relationship: _____
Address: _____

Optional if naming spouse first:

3. Name/Relationship: _____
Address: _____

MEDICAL DECISION MAKER

You will also need to determine who would make medical decisions for you in the event that you are unable to yourself. List two alternates if naming a spouse, If not naming spouse, list three individuals:

Spouse first, if any. THEN:

1. Name/Relationship: _____
Address: _____
Phone: _____
2. Name/Relationship: _____
Address: _____
Phone: _____

Optional if naming spouse first:

3. Name/Relationship: _____
Address: _____
Phone: _____

**Please complete the information on the following pages.
This information is needed for the Attorney to best advise you on matters including Estate Taxes**

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ASSETS

<u>CASH</u>	<i>Institution Name</i>	<i>Account Number(s)</i>	MALE	FEMALE	JOINT
Checking Acct.			\$	\$	\$
Savings Acct.			\$	\$	\$
C.D.			\$	\$	\$
Other:			\$	\$	\$
Safety Deposit Box:			\$	\$	\$
		TOTAL:	\$	\$	\$

<u>CASH INVESTMENT</u> <i>(at Fair Market Value)</i>	<i>Institution Name</i>	<i>Account Number(s)</i>	MALE	FEMALE	JOINT
Marketable Securities			\$	\$	\$
Savings Bonds			\$	\$	\$
Mutual Funds			\$	\$	\$
Qualified Retirement Plans			\$	\$	\$
Roth IRA Account			\$	\$	\$
Standard IRA Account			\$	\$	\$
401(k)			\$	\$	\$
403(b)			\$	\$	\$
Employer Profit Share			\$	\$	\$
Other Qualified Plan			\$	\$	\$
Other			\$	\$	\$
		TOTAL:	\$	\$	\$

<u>ANNUITIES</u>	<i>Name of Company</i>	<i>Policy Number(s)</i>	MALE	FEMALE	JOINT
			\$	\$	\$
			\$	\$	\$
		TOTAL:	\$	\$	\$

<u>INSURANCE</u> <i>At Face Value = Death Benefit to Beneficiary</i>	<i>Name of Company</i>	<i>Policy Number(s)</i>	MALE	FEMALE	JOINT
Term Policies			\$	\$	\$
Group Policies			\$	\$	\$
Whole Life Policies			\$	\$	\$
Long Term Care			\$	\$	\$
Automobile			N/A	N/A	N/A
Homeowners			N/A	N/A	N/A
Other			\$	\$	\$
		TOTAL:	\$	\$	\$

Cemetery Lot (Name and location): _____

Prepaid / Preneed Funeral Contract? (Y / N) If yes, name & location of funeral home: _____

<u>REAL ESTATE</u>	<i>Street Address</i>	<i>City, State</i>	MALE	FEMALE	JOINT
Residential			\$	\$	
Unimproved			\$	\$	\$
Timeshare			\$	\$	\$
Income Producing			\$	\$	\$
Other:			\$	\$	\$
		TOTAL:	\$	\$	\$

Association Contact (if any) w/ Phone #

THIS PAGE TOTAL ASSETS \$ _____ \$ _____ \$ _____

(form continues on reverse)

ASSETS CONTINUED

<u>PERSONAL PROPERTY</u>	<i>Description</i>	MALE	FEMALE	JOINT
Automobile #1	<i>Year/Make/Model:</i>	\$	\$	\$
Automobile #2	<i>Year/Make/Model:</i>	\$	\$	\$
Boats, Campers, Etc.		\$	\$	\$
Furniture & Household <i>(estimated)</i>	<i>Appraised items (if any):</i>	\$	\$	\$
Clothing and personal Effects <i>(estimated)</i>	<i>Appraised items (if any):</i>	\$	\$	\$
Freq. Flyer Miles	<i>Airline / # of miles:</i>	N/A	N/A	N/A
TOTAL:		\$	\$	\$

<u>BUSINESS</u>	<i>Name</i>	<i>Form (i.e. LLC)</i>	<i>Buy/See Agreement? If yes, with whom:</i>	<i>% Owned</i>	<i>Value of ownership interest</i>		
					MALE	FEMALE	JOINT
1 st Business					\$	\$	\$
2 nd Business					\$	\$	\$
TOTAL:					\$	\$	\$

TOTAL ASSETS (including previous page) \$ _____ \$ _____ \$ _____

LIABILITIES

<u>OUTSTANDING BILLS</u>	<i>Owed to whom:</i>	MALE	FEMALE	JOINT
Medical and Dental		\$	\$	\$
Taxes (real estate or income)		\$	\$	\$
Personal Notes or Loans		\$	\$	\$
Automobile Loans		\$	\$	\$
Installment Contract		\$	\$	\$
Credit/Charge Cards		\$	\$	\$
Loans on Life Insurance		\$	\$	\$
Commitments to Church		\$	\$	\$
Personal Loans (to friends)		\$	\$	\$
Other:		\$	\$	\$
TOTAL:		\$	\$	\$

<u>MORTGAGE</u>	<i>Lender Name</i>	<i>Account #</i>	<i>Lender Address</i>	<i>Phone</i>	MALE	FEMALE	JOINT	
Residential					\$	\$	\$	
Equity/2 nd Mtg.					\$	\$	\$	
Other:					\$	\$	\$	
<input type="checkbox"/> Check here if no loans exist on property					TOTAL:	\$	\$	\$

TOTAL LIABILITIES \$ _____ \$ _____ \$ _____

ESTATE VALUE

TOTAL ASSETS LESS TOTAL LIABILITIES \$ _____ \$ _____ \$ _____

TOTAL COMBINED NET WORTH \$ _____ \$ _____ \$ _____

Signature (Client One)

Signature (Client Two)