

BAUER LAW PRACTICE, PLLC
CONFIDENTIAL WILL AND ESTATE PLANNING QUESTIONNAIRE

The information requested is designed to assist us in the preparation of your Will and other Estate Planning documents. It is important that this questionnaire be completed as fully and accurately as possible. Information related to the value of your assets can be an approximate; we use this to analyze any potential tax liability and the ability to avoid probate. The manner in which assets are titled is very important in the review of your estate plan as it allows us to determine to whom certain assets will pass in the event of death. Attach additional sheets if necessary.

Date: _____

FAMILY INFORMATION:

Full Legal Name: _____
Aka: _____ Birth Date: _____
Marital Status: _____ Occupation: _____
Are you a U.S. Citizen? _____

Phone No: _____ Home or Cell? _____
Home Address: _____
County: _____

Family: List your children as well as any other party who is to become a beneficiary of your estate. Please also list any child that may have predeceased you and advise as to whether that child had any children. Please include the full name, age, relationship to you and their city and state of residence.

1. Name: _____ Birth Date: _____
Relationship: _____
Residence: _____

2. Name: _____ Birth Date: _____
Relationship: _____
Residence: _____

3. Name: _____ Birth Date: _____
Relationship: _____
Residence: _____

4. Name: _____ Birth Date: _____
Relationship: _____
Residence: _____

5. Name: _____ Birth Date: _____
Relationship: _____
Residence: _____

GENERAL:

Do you have a Will? _____ If yes, where is it? _____
Have you been divorced? _____ If yes, in what state? _____ Date divorce was granted: _____
Are you a Veteran? _____

LIFE INSURANCE: List all life insurance policies on your life. Ensure to include all life insurance benefits through your employment or other groups or organizations to which you belong.

1. Company: _____ Policy No. (Optional): _____
Insured: _____ Owner: _____
Beneficiaries: _____ Face Amt. _____

2. Company: _____ Policy No. (Optional): _____
Insured: _____ Owner: _____
Beneficiaries: _____ Face Amt.: _____

3. Company: _____ Policy No. (Optional): _____
Insured: _____ Owner: _____
Beneficiaries: _____ Face Amt.: _____

4. Company: _____ Policy No. (Optional): _____
Insured: _____ Owner: _____
Beneficiaries: _____ Face Amt.: _____

REAL ESTATE: Please list the real properties in which you have any ownership interest.

1. Property Address: _____
How Titled: _____
Approx. Mortgage Balance: _____ Approx. Fair Market Value: _____

2. Property Address: _____
How Titled: _____
Approx. Mortgage Balance: _____ Approx. Fair Market Value: _____

3. Property Address: _____
How Titled: _____
Approx. Mortgage Balance: _____ Approx. Fair Market Value: _____

4. Property Address: _____
How Titled: _____
Approx. Mortgage Balance: _____ Approx. Fair Market Value: _____

SECURITIES: List all stocks, bonds, treasury bills, or other securities.

1. Company: _____ No. of Shares: _____
Approx. Market Value: \$ _____

2. Company: _____ No. of Shares: _____
Approx. Market Value: \$ _____

3. Company: _____ No. of Shares: _____
Approx. Market Value: \$ _____

4. Company: _____ No. of Shares: _____
Approx. Market Value: \$ _____

BANK ACCOUNTS: List all checking, savings and certificates of deposit.

1. Bank: _____ Type of Account: _____
Approx. Balance: \$ _____
2. Bank: _____ Type of Account: _____
Approx. Balance: \$ _____
3. Bank: _____ Type of Account: _____
Approx. Balance: \$ _____
4. Bank: _____ Type of Account: _____
Approx. Balance: \$ _____

Do you have a safety deposit box? _____ Location: _____

Retirement Accounts: IRA's, 401(k), Etc. List all retirement accounts, their value and the beneficiary for such account.

1. Institution: _____ Type of Account: _____
Approx. Balance: \$ _____ Beneficiary: _____
2. Institution: _____ Type of Account: _____
Approx. Balance: \$ _____ Beneficiary: _____
3. Institution: _____ Type of Account: _____
Approx. Balance: \$ _____ Beneficiary: _____
4. Institution: _____ Type of Account: _____
Approx. Balance: \$ _____ Beneficiary: _____

PENSIONS OR PROFIT-SHARING PLANS: List all pension, profit-sharing or other retirement benefits or plans, excluding accounts you already listed in the Retirement Accounts section.

BUSINESS INTERESTS: List any business interests, which you own, and the type of business (sole proprietorship, partnership, corporation) and specify your interest therein:

1. Name: _____ Type: _____
Names of owners: _____
Percentage of ownership: _____ Approx. Fair Market Value: \$ _____
2. Name: _____ Type: _____
Names of owners: _____
Percentage of ownership: _____ Approx. Fair Market Value: \$ _____

Have you entered into any buy/sell agreements as a result of any business interest or other holding?: _____
Please attach details with as much detail as possible and provide a copy of the agreement.

ANTICIPATED INHERITANCE: Describe any inheritance expectations and include from whom you expect to receive, and the approximate value of the bequest.

Are you a beneficiary of any trust? _____ If so, please attach details.

Do you have the authority, as a result of another person's Will or Trust, to direct by your Will the distribution of that person's property? _____. If so, please attach details.

PROPERTY DISTRIBUTION: One of the main purposes of your Will and/or Trust is to insure distribution of your assets to persons in accordance with your wishes. In completing these sections please consider at least one alternative beneficiary in the event that your primary beneficiary predeceases you.

General: Describe in general terms, how you want your property previously listed in this questionnaire to be distributed at your death. (i.e. split equally among my children.)

Specific Bequests: If you have determined that a specific piece of property should be distributed to a certain person (i.e. motorcycle to brother Joe Smith or \$5,000 to sister Jane Smith), set forth those specific bequests below.

Special Circumstances: Are there any beneficiaries who may need special protection in the event of your death because of age or disability or any other nature? Please provide details.

FIDUCIARIES: Another main purpose of your Will and/or Estate Plan is to establish who will manage your affairs should you become incapacitated or when deceased. Please give careful consideration in selecting your fiduciaries. Please provide the full legal name and city and state of residence of any fiduciary you select.

Personal Representative (Executor): Please select someone to wind up your personal affairs upon your death. Named in your Will. After your death, your personal representative makes funeral arrangements, distributes tangible, personal property, collects and inventory the assets of the estate, manages the assets throughout probate (if any), transfer assets to the trust (if any) pay the estate's bills, make distributions to the beneficiaries, and closes the estate. Select at least one alternate choice in the event that your primary selection is unable or unwilling to serve as Personal Representative. It is generally more convenient to have a Personal Representative that resides in the same state as you, but not required.

First Choice: Name _____ Relationship: _____
Residence: _____

Alternative: Name _____ Relationship: _____
Residence: _____

Alternative: Name _____ Relationship: _____
Residence: _____

Guardian for Minor Children: If you should die or become incapacitated, select a person to be designated as the guardian of your minor children, i.e. raise your minor children.

First Choice: Name _____ Relationship: _____
Residence: _____

Alternative: Name _____ Relationship: _____
Residence: _____

Alternative: Name _____ Relationship: _____
Residence: _____

Conservator for Minor Children: If you should die or become incapacitated, select a person to be designated as the conservator, i.e. will control your minor children's finances.

First Choice: Name _____ Relationship: _____
Residence: _____

Alternative: Name _____ Relationship: _____
Residence: _____

Alternative: Name _____ Relationship: _____
Residence: _____

Trustee: Named in your Trust to manage the trust. If you cannot serve as trustee but are alive, the successor trustee will take over administering the trust for your benefit. Also, after you pass away, your successor trustee will take over administering the trust for the benefit of the beneficiaries you've named.

First Choice: Name _____ Relationship: _____
Residence: _____

Alternative: Name _____ Relationship: _____
Residence: _____

Alternative: Name _____ Relationship: _____
Residence: _____

Agent under Financial Power of Attorney: While you are alive, an agent will manage your financial affairs, including tasks like receive income, pay bills, manage assets.

First Choice: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Medical Power of Attorney: While you are alive, an agent will make decisions regarding your physical well-being, including communicating with medical professionals about your health and treatment, making decisions about your care in conjunction with your Living Will.

First Choice: Name _____ Relationship: _____
Residence: _____
Phone Number: _____

Alternative: Name _____ Relationship: _____
Residence: _____
Phone Number: _____

Alternative: Name _____ Relationship: _____
Residence: _____
Phone Number: _____

MISCELLANEOUS:

PERSONAL AFFAIR CONTACTS: Please list out the name, address and telephone number of the following individuals or institutions that might have specific information regarding your affairs.

Accountant: _____
Insurance Agent: _____
Principal Bank: _____
Financial Advisor: _____
Any person who might have knowledge about your personal affairs or assets: _____

Please list here any specific questions or concerns you may have or problems which you might foresee which should be reviewed at the time of our appointment.

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