

**ESTATE PLANNING QUESTIONNAIRE
(MARRIED)**

Date _____

File Number _____

Home Phone No. _____

Business Phone No. _____

E-mail address _____

Fax No. _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you our initial appointment.

I. BACKGROUND

A. PERSONAL DATA

(Husband)

(Wife)

Full Name _____
(print full legal name)

Full Name _____
(print)

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Birth Date _____

Social Security No. _____ Social Security No. _____

U.S. Citizen? ___ Yes ___ No U.S. Citizen? ___ Yes ___ No

Annual Income _____ Annual Income _____

B. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

II. LAST WILL AND TESTAMENT

A. DISPOSITIVE INTENTIONS

1. SPOUSE AND CHILDREN

Do you wish to provide primarily for your spouse and secondarily for your children? ___ Yes ___ No

Do you wish to treat all of your children equally? Yes No

If not, why? _____

After your spouse's death, at what age do you want distribution to your children? _____
(e.g. typical plans provide for immediate distributions or for 1/3 at age 25, 1/2 of the remaining amount at age 30 and the entire remaining amount at age 35)

2. **CHILDREN** (if applicable)

Child's Name	Address (including zip code)	Date of Birth

Does the Husband have any children by a previous marriage? Yes No

Does the Wife have any children by a previous marriage? Yes No

Are all of your children in good health? Yes No

Are any of your children disabled? Yes No

Have all of your children completed their education? Yes No

Are any of your children receiving SSI or other form of government benefits? Yes No

Do any of your family members have any problems with:

Creditors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Addiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcoholism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spendthrift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. GRANDCHILDREN

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren?
 ___ Yes ___ No

Grandchild's Name	Address (including zip code)	Date of Birth

Do you wish to treat all of your grandchildren equally? ___ Yes ___ No

If not, why? _____

How much do you want to leave your grandchildren? _____

At what age do you want distribution to your grandchildren? _____
 (e.g. typical plans provide for immediate distributions or for 1/3 at age 25, 1/2 of the remaining amount at age 30 and the entire remaining amount at age 35)

4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren ie. Charity or other person?
 ___ Yes ___ No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

B. EXECUTOR

Whom do you want to serve as your Executor?

(Husband)

First Choice: ___ Spouse ___ Other _____

Second Choice _____

Third Choice _____

(Wife)

First Choice: ___ Spouse ___ Other _____

Second Choice _____

Third Choice _____

C. TRUSTEE

If a Trust is established whom do you want to serve as your Trustee?

(Husband)

First Choice _____

Second Choice _____

(Wife)

First Choice _____

Second Choice _____

D. GUARDIAN

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice _____

Second Choice _____

III. POWER OF ATTORNEY

Do either of you currently have a Power of Attorney? _____ Yes _____ No

(Husband)

First Choice _____
(Name) (Address)

Second Choice _____
(Name) (Address)

(Wife)

First Choice _____
(Name) (Address)

Second Choice _____
(Name) (Address)

IV. LIVING WILL

(Husband)

Do you want a Living Will? Yes No

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want to donate your eyes or organs? Yes No

Whom do you want to make your medical decisions?

First Choice _____
(Name) (Address)

Second Choice _____
(Name) (Address)

Do you want the person making your medical decisions to consult with any other person prior to acting?
 Yes No

If yes, with whom? _____

What are the name and address of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

(Wife)

Do you want a Living Will? Yes No

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want to donate your eyes or organs? Yes No

Whom do you want to make your medical decisions?

First Choice _____
(Name) (Address)

Second Choice _____
(Name) (Address)

Do you want the person making your medical decisions to consult with any other person prior to acting?
___ Yes ___ No

If yes, with whom? _____

What are the name and address of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

V. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? ___ Yes ___ No

If yes, please explain _____

Have you ever made gifts to any one person in excess of \$13,000 in any one calendar year?

Yes ___ No ___

Have you ever filed a Federal Gift Tax Return? ___ Yes ___ No

Have you visited our Website? Yes No

Do you have any ideas for improving our Website? If so, please discuss.

What is the location of your important papers? _____

VI. FINANCIAL SUMMARY

	Husband	<u>ASSETS</u> Wife	Joint	<u>LIABILITIES</u>
Bank Accounts [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (residence) [attach copy of deed]	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (other) [attach copies of all deeds]	\$ _____	\$ _____	\$ _____	\$ _____
Savings Certificates (CDS) [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - (Not Held by Broker) [attach copies of all certificates]	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - (Not Held by Broker) [attach copies of all bonds]	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Note and Mortgages Receivables [attach copies of Notes & Mortgages]	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests [attach copies of stock certificates, partnership agreement and/or other documentation]	\$ _____	\$ _____	\$ _____	\$ _____
Inheritance, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____	\$ _____	\$ _____
IRAs [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Non-IRA Tax Qualified Retirement Plans [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Annuities [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Other Assets [attach copies of documentation pertaining to such assets]	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

Personal Residence:

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

VII. CERTIFICATION

The undersigned hereby represents to Fendrick & Morgan, LLC, that the information contained in this intake form is accurate and complete. The undersigned is aware that the law firm will rely on this information and further understands that the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:
