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**ESTATE PLANNING QUESTIONNAIRE**

*Thank you for requesting our Estate Planning Questionnaire. In order to better serve your needs, please review and complete the following information and return the completed Questionnaire to our office. We will then prepare an engagement letter and provide you with an estimate of fees with respect to this engagement. If you should have any questions, please contact our office. **Completion of this Questionnaire does not mean we are representing you. You will need to sign an engagement letter before representation can begin.***

*Thank you for selecting our firm to possibly represent you with respect to your Estate Planning. We look forward to hopefully working with you.*

**How did you hear about our firm?**

Website?\_\_\_ Phone Book?\_\_\_ Advertisement?\_\_\_ Other?\_\_\_

Referral?\_\_\_ If so by whom, so we may thank that person? \_\_\_\_\_

**Personal Information**

1. Your **Full** Name : \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

2. Current residence address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Date of birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Social Security No.: \_\_\_\_\_
4. Your prior marriage (put N/A if not previously married): \_\_\_\_\_  
 a. Former spouse's name: \_\_\_\_\_  
 b. Date of marriage: \_\_\_\_\_ Date of divorce: \_\_\_\_\_  
 c. Court where judgment was rendered: \_\_\_\_\_  
 d. Date of prior spouse's death (if applicable): \_\_\_\_\_

5. List your children from a prior marriage.

| <u>Name</u> | <u>Address</u> | <u>Birthdate</u> | <u>Spouse</u> |
|-------------|----------------|------------------|---------------|
|             |                |                  |               |
|             |                |                  |               |

6. List your grandchildren.

| <u>Name</u> | <u>Parent's Name</u> | <u>M/F</u> | <u>Birthdate</u> | <u>Living</u> | <u>G'child's Spouse</u> |
|-------------|----------------------|------------|------------------|---------------|-------------------------|
|             |                      |            |                  |               |                         |
|             |                      |            |                  |               |                         |

7. Describe any special circumstances concerning your children, such as disabilities, untrustworthy child, etc. [Note: See Special Family Circumstances checklist attached on page 11.]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please list parents, siblings, grandparents and others dependent on you for support. (Use back if necessary.)

| <u>Name</u>      | <u>Address</u> | <u>Birthdate</u> | <u>Relationship</u> | <u>Spouse</u> |
|------------------|----------------|------------------|---------------------|---------------|
| Your dependents: |                |                  |                     |               |
|                  |                |                  |                     |               |

9. Your employer: \_\_\_\_\_

a. Job position: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

10. Military service (branch, dates of service):

You: \_\_\_\_\_ Spouse: \_\_\_\_\_

**DURABLE POWER OF ATTORNEY**

Do you want us to prepare a Durable Power of Attorney which appoints someone to handle your personal and business affairs if you become incapacitated?

Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, please name the persons, in order, to be your agents in the directive:

First Agent: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Second Agent: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Third Agent: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

2. Please read and choose from the following options:

\_\_\_\_\_ Check here if you desire the power to be effective only upon incapacity (a Springing Durable Power of Attorney; certified by two (2) doctors).

\_\_\_\_\_ Check here to provide that all persons serving as Agent must consent to any action.

\_\_\_\_\_ Check here to provide that a majority of persons serving as Agent must consent to any action.

\_\_\_\_\_ Check here to allow any person appointed as Agent to take action alone.

### **DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

Do you want us to prepare a Durable Power of Attorney for Health Care which appoints someone to make medical treatment and health-care decisions for you if you become incapacitated?    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

1. If so, please name the persons, in order, to be your agents in the DPAHC :

**First Agent:** \_\_\_\_\_

Address/Phone: \_\_\_\_\_

**Second Agent:** \_\_\_\_\_

Address/Phone: \_\_\_\_\_

**Third Agent:** \_\_\_\_\_

Address/Phone: \_\_\_\_\_

2. When would you like for your agent's authority to become effective:

(A) Immediately \_\_\_\_\_; or

(B) When my primary physician determines that I am unable to make my own health-care decisions. \_\_\_\_\_

3. Please select one of the following choices regarding your end-of-life decisions:

(A) \_\_\_\_\_ Choice Not to Prolong Life - I do not want my life to be prolonged if:

- i. I have an incurable and irreversible condition that will result in my death within a relatively short time, or
- ii. I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or

(B) \_\_\_\_\_ Choice To Prolong Life - I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

4. Do you want artificial nutrition and hydration to be provided regardless of your condition and regardless of the choice you have made in paragraph (3) above. **Yes**\_\_\_ **No**\_\_\_

5. Please provide any special requests (e.g. **non-traditional burial, cremation, prepaid burial policy** etc.)

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6. Please provide any other special requests regarding medication, surgery, or non-heroic efforts (e.g. **do not resuscitate, donate organs**).

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7. Please provide the name, address and phone number of your **primary physician**.

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### **PLANNING FOR DISPOSITION OF ASSETS**

#### **In general, to whom and how do you want your property distributed at your death?**

Think about your family members, friends, and charities (such as nonprofit or religious organizations). Also consider to whom your property should go if your first-choice beneficiaries do not survive you (or, if all or part of your property is left in trust, if the beneficiaries do not survive until complete distribution is made from the trust).

1. Do you wish to provide that anyone who contests your Last Will and Testament will receive nothing? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

2. Do you wish to disinherit (or limit gifts to) a child or grandchild?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ To whom / Explain: \_\_\_\_\_

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#### *3. Specific Gifts:*

Many people wish to designate specific sums of money, family heirlooms, jewelry or other items of special value to be distributed to specific friends or relatives. If you wish to leave specific items of property to specific persons, please complete the following. (NOTE: Complete this number 3 ONLY if you desire such specific items to be left to person(s) other than those who would receive your other assets under your chosen Option "A" through "C" below. If you

do not complete this Item 3, all property will be distributed as indicated in the selected Option in section 4 below.) (Attach additional sheet if necessary.)

*DESCRIPTION OF ITEM*

*RECIPIENT*

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4. *General Disposition of Assets (after specific gifts) (Choose one from Options A or B):*

\_\_\_\_\_ **Option A.** I am unmarried or widowed with children and want my assets to pass:

- a. In equal shares to my children.
- b. If one or more of my children predeceases me, that child's share shall be distributed to his or her children in equal shares.
- c. If any child or grandchild to receive assets is under 21 or disabled, I want his/her share to be held in trust (see Section 6 below for details)
- d. In the event all of my children and descendants fail to survive me, I want my assets to be distributed as follows:

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\_\_\_\_\_ **Option B.** I am unmarried or widowed and have no children. I want my assets to pass as follows:\_\_\_\_\_

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\_\_\_\_\_ **Option C.** I have a potentially taxable estate (assets-liabilities exceed the current exemption equivalent amount (\$11,780,000 for 2021 unless changed by Congress)), and am interested in having either a tax-driven Will or Revocable Living Trust prepared for the benefit of my children:\_\_\_\_\_

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5. *Trust for Minor or Disabled Person:*

If your child or other person to whom you wish to leave property is a **minor or disabled** at your death, you may leave that person's share to a trustee whom you appoint to hold in trust and distribute funds for the needs of your minor or disabled child. Leaving assets directly to a disabled child may disqualify them for Medicaid, SSI or other benefits, and will require a court-established guardianship and court approval (with court costs and attorney fees) in order to access the money for the child's needs. No *such guardianship or court* approval will be required for your trustee to handle the trust assets. A trustee must be able to faithfully carry out your directions for management and distribution of the trust share as stated in your will, and must be able to keep good financial records and understand financial and legal guidance about the trust. (For a disabled child, ask for our **Special Needs Trust** Information Form.)

Do you want the share for any **minor child or grandchild** to be held in trust for that child / grandchild? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

- a. If "Yes", indicate how you would like the trustee to make distributions to / for that child:  
\_\_\_\_\_ for ANY purposes the Trustee may determine, **OR** any of the following  
\_\_\_\_\_ to pay medical expenses not covered by other insurance  
\_\_\_\_\_ to pay education expenses, including college / vocational / graduate school  
\_\_\_\_\_ to purchase a car for him/her at certain ages or up to a certain purchase price  
\_\_\_\_\_ to provide summer trips, camps or other cultural experiences  
\_\_\_\_\_ to provide a cash award of some amount for good grades during each semester  
\_\_\_\_\_ to pay for a wedding, the purchase of a first house, or starting a business  
\_\_\_\_\_ to pay a monthly / quarterly income to the child / grandchild starting after age 21

b. The trustee must distribute the principal amount of the trust at one or more times in the future. How would you like the trust to be distributed:

- \_\_\_\_\_ distribute all to the child / grandchild at age 21  
\_\_\_\_\_ distribute \_\_\_\_\_% at age \_\_\_\_\_, then distribute \_\_\_\_\_% at age \_\_\_\_\_, then  
\_\_\_\_\_ distribute \_\_\_\_\_% at age \_\_\_\_\_

**Name your Trustee(s) in the "Appointment of Fiduciaries" section below.**

*Appointment of Fiduciaries*

1. **EXECUTOR.** The person charged with paying taxes and other debts you owe, marshaling and distributing estate assets, and otherwise carrying out the directions in your will at your death is called your "Executor". State the name and address of the person you wish to serve in this role (they must be a United States resident).

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

If the person listed above is unwilling or unable to serve as Executor, please list a **first alternate**:

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

If the person listed above is unwilling or unable to serve as Executor, please list a **second alternate**:

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

If the person listed above is unwilling or unable to serve as Executor, please list a **third alternate**:

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

The law requires an Executor to file a formal inventory of your estate with the court and to purchase an insurance bond for handling your estate, **unless you waive** these requirements. Do you wish to waive these requirements? **Yes**\_\_\_\_ **No**\_\_\_\_\_

2. GUARDIAN. If your child(ren) are under age 21, identify the person(s) you wish to act as their guardian in the event of your death (in the case of a single parent). (You should obtain the consent of that person(s) before executing your Will.)

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

If, at the time of your death, the person named above is unwilling or unable to serve as guardian, please list a first and second alternate:

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

3. TRUSTEE. You may wish to leave property for a minor child or a disabled person (the "beneficiary") to one or more persons as Trustee (or Co-Trustees), who will act as financial custodian and hold and manage the beneficiary's property so long as they are disabled or until the beneficiary reaches certain ages you select. If you have appointed a guardian for a child above, do you want the appointed guardian to also be the trustee of any funds inherited by the minor children? **Yes**\_\_\_\_ **No**\_\_\_\_\_

If no, please list the person(s) or entity you wish to act as the Trustee and successor Trustee. You should obtain the consent of that person or entity to serve as Trustee before executing your Will.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

If the person(s) or entity listed above is unwilling or unable to serve as Trustee, please list a first and second alternate person or bank to serve as successor Trustee:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

4. COMPENSATION FOR TRUSTEE: Do you want your Trustee to be compensated?

YES \_\_\_\_ NO \_\_\_\_

If Yes, how much compensation per year \$ \_\_\_\_\_ or how much per Quarter \$ \_\_\_\_\_  
or how much semi-Annually \$ \_\_\_\_\_?

5. TRUST COMMITTEE MEMBERS: Please list three individuals or two individuals along with an entity to serve as the Trust Committee for the Trust.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

If the person or entity listed above is unwilling or unable to serve as a Trust Committee Member, please list a first and second alternate person or bank to serve as a successor Member:

Name: \_\_\_\_\_



Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

6. PROFESSIONAL ADVISORS.

1. Other Attorney: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. CPA or Tax Advisor: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Insurance Agent: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

4. Investment Counselor / Broker: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

5. Banker: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**SPECIAL FAMILY CIRCUMSTANCES CHECKLIST**

1. SPENDTHRIFT CHILD: Yes \_\_\_\_\_ No \_\_\_\_\_

A "spendthrift" child is one who has shown poor judgment in using or saving money or who has an overly extravagant lifestyle. Consider a trust for such child instead of giving money or assets outright to such child. Options, which often depend upon the age of the child, include:

- a. Holding that child's share in trust for a certain number of years or for the child's lifetime; allow for the child's general support or limit support to health, education, housing, etc.
- b. Staggered distributions, allowing the child to receive portions of an inheritance at certain ages, with the balance being distributed many years later.

2. "FAR-OUT" CHILD: Yes \_\_\_\_\_ No \_\_\_\_\_

This is both an objective and subjective determination by the parents. Is the child to be trusted with money, particularly if a potentially large amount of money is involved? Drug problems, gambling, cults, life styles, work styles, judgment creditors or ex-spouse threatening to garnish his/her assets, or many other circumstances may justify a cautious approach by the parent. The same trust options exist as for the spendthrift child, but careful attention must be

given to criteria, if any, for distribution and the identity of the trustee.

3. **DISFAVORED IN-LAWS:** Yes \_\_\_\_\_ No \_\_\_\_\_

A son-in-law or daughter-in-law may be disfavored to the point where clients want none of their estate to go to their own Child or minor grandchildren for fear that the assets will end up in the hands of the in-law. This may be particularly important where a marriage is perceived to be unstable. Options are an appropriate trustee and allowable distributions. Such trust may provide for the purchase of a residence with ownership to remain with the trust and therefore certain to ultimately go to the grandchildren.

4. **DISABLED CHILD:** Yes \_\_\_\_\_ No \_\_\_\_\_

Physical or mental disability may leave a child unable to manage money. Where such child is a public benefits recipient, eligibility for Supplemental Security Income (SSI) and Medicaid may be lost if the child inherits assets or even if a carelessly drafted trust is established for such child. Just as important, the untended loss of benefits also means the loss of caseworkers, some housing options, and an entire network that may have been supporting the adult child for years.

Two main options present themselves. One is disinheritance and leaving that child's share to other children, perhaps with promises from them that they will look out for their disabled sibling. The second (and better) is to create a Special Needs Trust designed to hold assets for the benefit of the child, but to restrict use of the funds so that public benefits eligibility remains undisturbed.

5. **SIBINGS, PARENTS, OR OTHER RELATIVE IN NEED:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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### **FINANCIAL INFORMATION FORM**

**ASSETS:** (If this information is for **Medicaid planning** purposes, please supply information for the Medicaid Applicant. If the information is for **Estate Planning** purposes, please supply information for the Client. Where "Value" requested, give current value or date of value if current value information not available).

**1. Home: (attach copy of deed)**

| Market Value | Assessed Value | Date  | Cost Purchased | Owner(s) Names |
|--------------|----------------|-------|----------------|----------------|
| \$ _____     | \$ _____       | _____ | \$ _____       | _____          |

**2. Other Real Estate: (attach copies of deeds)**

| Description | Value    | Date  | Cost Purchased | Owner(s) Names |
|-------------|----------|-------|----------------|----------------|
| _____       | \$ _____ | _____ | \$ _____       | _____          |
| _____       | \$ _____ | _____ | \$ _____       | _____          |
| _____       | \$ _____ | _____ | \$ _____       | _____          |

**3. Checking Accounts:**

| Bank (Branch) | Account Number | All Names on Account | Balance |
|---------------|----------------|----------------------|---------|
|---------------|----------------|----------------------|---------|

\_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**4. Safe Deposit Box**

# \_\_\_\_\_

| Bank (Branch) | Name(s) on Signature Card | Contents |
|---------------|---------------------------|----------|
| _____         | _____                     | _____    |
| _____         | _____                     | _____    |
| _____         | _____                     | _____    |

**5. Savings Accounts and Certificates of Deposit:**

| Bank (Branch) | Account Number | All Names on Account | Balance  |
|---------------|----------------|----------------------|----------|
| _____         | _____          | _____                | \$ _____ |
| _____         | _____          | _____                | \$ _____ |
| _____         | _____          | _____                | \$ _____ |

**6. Stocks / Mutual Funds:** (attach schedule if necessary)

| Company or issuer | Current Owner(s) | # Shares | Price/Share | Total Value |
|-------------------|------------------|----------|-------------|-------------|
| _____             | _____            | _____    | \$ _____    | \$ _____    |
| _____             | _____            | _____    | \$ _____    | \$ _____    |
| _____             | _____            | _____    | \$ _____    | \$ _____    |
| _____             | _____            | _____    | \$ _____    | \$ _____    |

**7. Bonds (Savings, Treasury or Municipal):** (attach schedule if necessary)

| Type Bond | Face Amount | Present Value | Owners |
|-----------|-------------|---------------|--------|
| _____     | \$ _____    | \$ _____      | _____  |
| _____     | \$ _____    | \$ _____      | _____  |
| _____     | \$ _____    | \$ _____      | _____  |

**8. Retirement Plans (IRA, Keogh, Other):**

| Where Held | In Whose Name(s) | Balance  | Beneficiary(ies) |
|------------|------------------|----------|------------------|
| _____      | _____            | \$ _____ | _____            |
| _____      | _____            | \$ _____ | _____            |
| _____      | _____            | \$ _____ | _____            |

**9. Life Insurance:** (continue on separate sheet if necessary)

Company: \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Owner of Policy: \_\_\_\_\_  
 Insured: \_\_\_\_\_ Primary Beneficiary: \_\_\_\_\_  
 Secondary Beneficiary: \_\_\_\_\_ Type: term/ whole life / variable / universal  
 Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Owner of Policy: \_\_\_\_\_  
 Insured: \_\_\_\_\_ Primary Beneficiary: \_\_\_\_\_  
 Secondary Beneficiary: \_\_\_\_\_ Type: term/ whole life / variable / universal  
 Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Owner of Policy: \_\_\_\_\_  
 Insured: \_\_\_\_\_ Primary Beneficiary: \_\_\_\_\_  
 Secondary Beneficiary: \_\_\_\_\_ Type: term/ whole life / variable / universal  
 Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

**10. Annuities:**

Company: \_\_\_\_\_ Acct. No. \_\_\_\_\_  
 Annuitant: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Secondary Beneficiary: \_\_\_\_\_ Type: single premium / variable  
 Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Acct. No. \_\_\_\_\_  
 Annuitant: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Secondary Beneficiary: \_\_\_\_\_ Type: single premium / variable  
 Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

**11. Employee Benefits:** (Profit Sharing or Pension Plan; Stock Options)

Employer and Address: \_\_\_\_\_  
 Type Benefit: \_\_\_\_\_ Present Value: \$ \_\_\_\_\_  
 Death Benefit: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Payment of Death Benefit:  Lump Sum  Annuity  To be elected

Employer and Address: \_\_\_\_\_  
 Type Benefit: \_\_\_\_\_ Present Value: \$ \_\_\_\_\_  
 Death Benefit: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Payment of Death Benefit:  Lump Sum  Annuity  To be elected

**12. Oil, Gas, or Other Minerals:**

| Description / County / State | Value    | Owner(s) |
|------------------------------|----------|----------|
| _____                        | \$ _____ | _____    |
| _____                        | \$ _____ | _____    |

**13. Accounts / Notes Receivable / Rents Receivable:**

| Description & Debtor Name | Balance  | Owed to: |
|---------------------------|----------|----------|
| _____                     | \$ _____ | _____    |
| _____                     | \$ _____ | _____    |
| _____                     | \$ _____ | _____    |

**14. Property Income:**

Description: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_  
 Annual Taxes & Maintenance: \$ \_\_\_\_\_ Lease cost: \$ \_\_\_\_\_ Annual Net Income \$ \_\_\_\_\_

Description: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_  
 Annual Taxes & Maintenance: \$ \_\_\_\_\_ Lease cost: \$ \_\_\_\_\_ Annual Net Income \$ \_\_\_\_\_

**15. Personal Property:** (Indicate how ownership is held)

| <u>Description</u>          | <u>Value</u> | <u>Owner(s) Names</u> |
|-----------------------------|--------------|-----------------------|
| Vehicles _____              | \$ _____     | _____                 |
| (make/model/ _____          | \$ _____     | _____                 |
| type) _____                 | \$ _____     | _____                 |
| Boats/RV's _____            | \$ _____     | _____                 |
| Silverware _____            | \$ _____     | _____                 |
| Home Furnishings _____      | \$ _____     | _____                 |
| Jewelry and/or Furs _____   | \$ _____     | _____                 |
| Tools and/or Firearms _____ | \$ _____     | _____                 |
| Art Collection _____        | \$ _____     | _____                 |
| Coin Collection _____       | \$ _____     | _____                 |
| Other _____                 | \$ _____     | _____                 |
| _____                       | \$ _____     | _____                 |

**16. Business Interests:**

Please give name, location, percentage owned by you, names and relationship of co-owners, the form (e.g., **sole proprietorship, Limited Liability Company, limited partnership, closely held corporation**, etc.) of business; if there is a buy-sell agreement (provide us with a copy), or any Operating Agreement or other agreement relating to death, disability or retirement of a Member, partner or shareholder; its fair market value (appraisal or your estimate).

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**17. Rights or Interests in Trusts, Estates, or Prospective Inheritance:**

Are you a beneficiary of any trust? Yes \_\_\_\_ No \_\_\_\_ . If so, please describe and furnish a copy of the trust agreement (Name/ Date of Trust. Name/ contact information of Trustee.): \_\_\_\_\_

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Are you now, or will you soon be, an heir to an inheritance from any person?

Yes \_\_\_\_ No \_\_\_\_ . If so, please describe the Property (real or personal) to be inherited.: \_\_\_\_\_

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Estimated Fair Market Value of inheritance?

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**18. Miscellaneous:**

Do you own an interest in any other assets (such as a franchise, hunting club membership, interest in a lawsuit, etc.)? Describe below and on a separate sheet if necessary:

**19. LIABILITIES**

| <b>Description</b>                                  | <b>Name of Creditor</b> | <b>Name of Debtor(s)</b> | <b>Balance Due</b> | <b>When Due</b> |
|---|-------------------------|--------------------------|--------------------|-----------------|
| Home Mortgage                                       | _____                   | _____                    | \$ _____           | _____           |
| Other Mortgage                                      | _____                   | _____                    | \$ _____           | _____           |
| Secured Loan(s)                                     | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
| Unsecured Loans(s)                                  | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
| Notes and Accounts Payable (including credit cards) | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
| Loans on Insurance Policies                         | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
| Medical and Other Expenses                          | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
| Contingent Liabilities                              | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |
| Other Debts   | _____                   | _____                    | \$ _____           | _____           |
|   | _____                   | _____                    | \$ _____           | _____           |

**20. Prior Gifts you have made**

[Include all gifts of money or property to anyone during the last six (6) years that exceeds the annual per donee exclusion amount (currently \$15,000 per person per year for 2019). If none, write n/a.]

| <b>Donor (giver)</b> | <b>Donee (recipient)</b> | <b>Date Given</b> | <b>Value/Amt.</b> | <b>Return Filed?</b> |
|----------------------|--------------------------|-------------------|-------------------|----------------------|
| _____                | _____                    | _____             | _____             | _____                |
| _____                | _____                    | _____             | _____             | _____                |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME EXPENSES**

**21. Monthly Income (current)**

|                         |          |
|-------------------------|----------|
| Wages, Salary           | _____    |
| Other Compensation      | _____    |
| Social Security         | _____    |
| Disability Compensation | _____    |
| Annuity                 | _____    |
| Pensions                | _____    |
| IRA/Retirement Income   | _____    |
| Interest and Dividends  | _____    |
| Business Income         | _____    |
| Rental Income           | _____    |
| Other (describe)        | _____    |
| _____                   | _____    |
| TOTAL                   | \$ _____ |

**22. Monthly Expenses (current)**

|                               | Amount   | Notes: |
|-------------------------------|----------|--------|
| Mortgage or Rent              | \$ _____ | _____  |
| Property Taxes                | \$ _____ | _____  |
| Utilities                     | \$ _____ | _____  |
| Telephone                     | \$ _____ | _____  |
| Repairs and Maintenance       | \$ _____ | _____  |
| Food                          | \$ _____ | _____  |
| Clothing                      | \$ _____ | _____  |
| Automobile (gas, maintenance) | \$ _____ | _____  |
| Medical and Dental            | \$ _____ | _____  |
| Prescription Drugs            | \$ _____ | _____  |
| Services (describe)           | \$ _____ | _____  |
| Insurance – Homeowners        | \$ _____ | _____  |
| Insurance – Life              | \$ _____ | _____  |
| Insurance – Medical           | \$ _____ | _____  |
| Insurance - Disability        | \$ _____ | _____  |
| Insurance – Automobile        | \$ _____ | _____  |
| Insurance - Long Term Care    | \$ _____ | _____  |
| Insurance – Other             | \$ _____ | _____  |
| Loan Payments – Auto          | \$ _____ | _____  |
| Loan Payments - Credit Cards  | \$ _____ | _____  |
| Children's Education          | \$ _____ | _____  |
| Entertainment/Travel          | \$ _____ | _____  |
| Contributions                 | \$ _____ | _____  |
| Gifts                         | \$ _____ | _____  |
| Child Support                 | \$ _____ | _____  |

|                |          |
|----------------|----------|
| Income Taxes   | \$ _____ |
| TOTAL EXPENSES | \$ _____ |

The above information is true to the best of my knowledge. I understand that if such information is incorrect or incomplete, then inaccurate advice may be given and inappropriate documents may be prepared.

\_\_\_\_\_  
(Signature) (Date)

**AUTHORIZATION TO DISCLOSE INFORMATION**

As an attorney, my Firm and I are required to keep your information confidential unless you specifically allow us to disclose it to others. The Federal Trade Commission now also requires anyone giving significant "financial advice" to let you know their policy of disclosure of information. The Federal Trade Commission requirement is found at 16 CFR § 313.4 (C)(3)(c). Our policy is to not disclose anything about your financial information to others if not specifically allowed and instructed to do so by you.

Only you can choose to allow our Firm and me to disclose information about your legal matters to others. Following is a list of your instructions about people you authorize my firm and me to provide any such information to. We will disclose only such information as we may believe to be in your best interest.

I, \_\_\_\_\_ (client), authorize McLEOD & RIGEL, P.A., and my attorney, to communicate with the following people about my financial or legal matters. ("Now" means at any time prior to my incapacity.)

|   | <b>Now</b> | <b>After<br/>Incapacity</b> |
|---|------------|-----------------------------|
| _____ Any Child of mine: _____  | _____      | _____                       |
| <u>Except:</u> _____  | _____      | _____                       |
| _____   | _____      | _____                       |
| _____ My Trustee, Power of Attorney Agent,<br>or Health Care Agent: _____ | _____      | _____                       |
| _____ My Accountant, Banker, or Financial Planner:                        | _____      | _____                       |
| _____ My Insurance Agent:   | _____      | _____                       |
| _____ Other Relatives or Friends:   | _____      | _____                       |

Other Instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_



(Signature)