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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 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 Name: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

2. Current residence address: _____
 City: _____ State: _____ Zip: _____
3. Date of birth: _____ Sex: M ___ F ___ Soc Sec No.: _____
4. Spouse's name, if married: _____
 Spouse's current address: _____
 City: _____ State: _____ Zip: _____
 Home phone: _____ Work: _____ Cell: _____
 Email: _____
5. Spouse's Date of birth: _____ Sex: M ___ F ___ Soc Sec No.: _____
6. Are you currently living with spouse? Yes _____ No _____
 If No, why not? _____
7. Your prior marriage (put N/A if not previously married):
- Former spouse's name: _____
 - Date of marriage: _____ Date of divorce: _____
 - Court where judgment was rendered: _____
 - Date of prior spouse's death (if applicable): _____
8. Spouse's prior marriage (put N/A if not previously married):
- Former spouse's name: _____
 - Date of marriage: _____ Date of divorce: _____
 - Court where judgment was rendered: _____
 - Date of prior spouse's death (if applicable): _____
9. Children of present marriage:
 List children of your present marriage (living and deceased). Indicate with "A" if adopted and with "D" if deceased and give date of death next to name. (Use back of sheet if necessary.)

<u>Name</u>	<u>Address</u>	<u>Birthdate</u>	<u>Child's Spouse</u>
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10. List your children from a prior marriage.

<u>Name</u>	<u>Address</u>	<u>Birthdate</u>	<u>Spouse</u>
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11. List Spouse's children from a prior marriage.

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

12. 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>

13. List Spouse's grandchildren (if different than yours):

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

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

15. 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:				

Spouse's dependents:

16. Your employer: _____

Job position: _____ Retirement Date: _____

17. Spouse's employer: _____

Job position: _____ Retirement Date: _____

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

You: _____ Spouse: _____

19. 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 ___

a. 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: _____

b. Please read and choose from the following option:

___ 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.

c. Please name the persons, in order, to be your Homestead agents in the directive:

(NOTE: If your spouse is listed as your Durable Power of Attorney, they cannot convey both parties interest in real estate. Please list a second party to convey your individual interest, i.e. son or daughter.)

First Agent: _____

Address/Phone: _____

Second Agent: _____

Address/Phone: _____

20. **SPOUSE:** 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** ___

a. 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: _____

b. Please read and choose from the following option:

___ 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.

c. Please name the persons, in order, to be your Homestead agents in the directive:

(NOTE: If your spouse is listed as your Durable Power of Attorney, they cannot convey both parties interest in real estate. Please list a second party to convey your individual interest, i.e. son or daughter.)

First Agent: _____

Address/Phone: _____

Second Agent: _____

Address/Phone: _____

21. 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** ___

a. 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: _____

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

(1) Immediately _____; or

(2) When my primary physician determines that I am unable to make my own health-care decisions. _____

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

1. _____ 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.

2. _____ Choice To Prolong Life - I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

d. Do you want artificial nutrition and hydration to be provided regardless of your condition and regardless of the choice you have made in paragraph (c) above.

Yes___ No___

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

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

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

22. **SPOUSE**: 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 ____

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: _____

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

(1) Immediately _____; or

(2) When my primary physician determines that I am unable to make my own health-care decisions. _____

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

1. _____ 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.

2. _____ Choice To Prolong Life - I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

d. Do you want artificial nutrition and hydration to be provided regardless of your condition and regardless of the choice you have made in paragraph (c) above.

Yes ____ No ____

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

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

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

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 and your spouse have a pre-marital agreement providing for separate property?
_____ If so, attach copy.
2. Do you wish to provide that anyone who contests your Last Will and Testament will receive nothing? Yes _____ No _____
3. Do you wish to disinherit (or limit gifts to) a child or grandchild?
Yes _____ No _____ To whom / Explain: _____

4. 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 4 **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 "E" below on pages 9 and 10. If you do not complete this Item 4, all property will be distributed as indicated in the selected Option in section 5 below.) (Attach additional sheet if necessary.)

RECIPIENT

DESCRIPTION OF ITEM

5. General Disposition of Assets (after specific gifts) (Choose one from Options A-E):

_____ **Option A.** I want my assets to pass to my spouse and children as follows:

- a. To my spouse, if he/she survives me.
- b. If my spouse predeceases me, my assets are to be divided in equal shares among my children.
- c. If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- d. If any child or grandchild to receive assets is under age 21 or disabled, I want his/her share to be held in trust (see Section 6 below for details)
- e. In the event that my spouse and all of my children and descendants fail to survive me, I want my assets to be distributed to the following:

_____ **Option B.** I am unmarried 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:

_____ **Option C.** I am married with no children. I want my assets to pass:

- a. To my spouse, if surviving.
- b. If my spouse predeceases me, to the following persons or entities as indicated:

_____ **Option D.** I am unmarried and have no children. I want my assets to pass as follows:

_____ **Option E.** I (We) have a potentially taxable estate (assets-liabilities exceed the current exemption equivalent amount (\$11,580,000 for 2020)), and are interested in having either a tax-driven Will or Revocable Living Trust prepared for the benefit of my surviving spouse and children: _____

6. Trust for Minor or Disabled Person:

If your spouse, 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 or spouse. Leaving assets directly to a disabled spouse or 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 spouse's / 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 or spouse, ask for our **Special Needs Trust Information Form.**)

Do you want your Will to provide that, if your **spouse** is disabled at your death, your assets will be placed in trust to be used for his/her needs until his/her death, and then distributed to your other beneficiaries as directed above? **Yes**_____ **No**_____

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 IN THE "APPOINTMENT OF FIDUCIARIES" SECTION BELOW.

Appointment of Fiduciaries

1. EXECUTOR. The person charged with paying taxes and other debts you owe, managing 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) or in case of the joint death of you and your spouse (if married). (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(s) named above are unwilling or unable to serve as guardian, please list a first alternate:

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

If, at the time of your death, the person(s) named above are unwilling or unable to serve as guardian, please list a second alternate:

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**. You should obtain the consent of that person or entity 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 financial trustee, please list a first alternate person or bank to serve as **successor Trustee**:

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

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

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): _____

SPOUSE'S APPOINTMENT OF FIDUCIARIES

1. **EXECUTOR.** The person charged with paying taxes and other debts you owe, marshalling 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) or in case of the joint

death of you and your spouse (if married). (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(s) named above are unwilling or unable to serve as guardian, please list a first alternate:

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

If, at the time of your death, the person(s) named above are unwilling or unable to serve as guardian, please list a second alternate:

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**. You should obtain the consent of that person or entity before executing your Will.

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

If the person(s) or entity listed above are unwilling or unable to serve as financial trustee, please list an alternate person or bank to serve as **successor Trustee(s)**:

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): _____

PROFESSIONAL ADVISORS:

1. Other Attorney: _____
Address _____
Phone _____

2. CPA or Tax Advisor: _____
Address _____
Phone _____

3. Insurance Agent: _____
Address _____
Phone _____

4. Investment Advisor/Financial Advisor _____
Address _____
Phone _____

5. Banker: _____
Address _____
Phone _____

DIGITAL ESTATE PLANNING

Please list the name(s) of the individual or entity you would like to have access to any electronically stored information or online accounts, including but not limited to financial accounts, Paypal accounts, smartphone digital wallet accounts, social media accounts (Twitter, Facebook, Snapchat, Youtube, etc.), media storage accounts (Dropbox, iCloud, etc.), email accounts (personal and work), Netflix accounts, iTunes accounts, and/or retail accounts, etc.

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

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

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. **SIBLINGS, PARENTS, OR OTHER RELATIVE IN NEED:** Yes_____ No_____

If yes, please explain:

FINANCIAL INFORMATION FORM CLIENT(S):

ASSETS: (If this information is for **Medicaid planning** purposes, please supply information for the Medicaid Applicant and spouse, if married. If the information is for **Estate Planning** purposes, please supply information for the Client and spouse, if married. 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 / universal
Death Benefit: \$ _____ Cash Value: \$ _____
Company: _____ Acct. No. _____
Annuitant: _____ Beneficiary: _____
Secondary Beneficiary: _____ Type: single premium / variable / universal
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 costs: \$ _____ Annual Net Income \$ _____

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

Description	Value	Owner(s) Names
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).

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

Are you a beneficiary of any trust? Yes ____ No ____ . If yes, please describe and furnish a copy of the trust agreement: _____

Name/Date of Trust: _____

Name/Contact information/Email Address of Trustee: _____

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

Yes ____ No ____ . If yes, please describe the property (real or personal) to be inherited:

Estimated Fair Market Value of inheritance? _____

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

Description	Name of Creditor/ Contact Information	Name of Debtor(s)	Balance Due	Date Due
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 done exclusion amount, currently \$15,000 per person per year for 2019. If none, write n/a.]

Donor (giver)	Donee (recipient)	Date Given	Value/Amt.	Return Filed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME EXPENSES

21. Monthly Income (current)

	Husband	Wife	Total
Wages, Salary	_____	_____	_____
Other Compensation	_____	_____	_____
Social Security	_____	_____	_____
Disability Compensation	_____	_____	_____
Annuity	_____	_____	_____
Pensions	_____	_____	_____
IRA/Retirement Income	_____	_____	_____
Interest and Dividends	_____	_____	_____
Business Income	_____	_____	_____
Rental Income	_____	_____	_____
Other (describe)	_____	_____	_____
TOTALS	\$_____	\$_____	\$_____

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	\$_____	_____

Initials

Initials

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	\$	_____	_____

NOTES:

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)

(signature)

We have reviewed the foregoing Estate Planning Questionnaire. Each of us realizes that there are areas where our interests and objectives may differ and areas of potential or actual conflict of interest between us in connection with our estate planning. We understand that either of us may retain separate, independent counsel in connection with these matters at any time. After careful consideration, each of us requests that the law firm of McLeod & Rigel, P.A. (the "Firm") represent us jointly in connection with our estate planning and each of us consents to that dual representation. Each of us also understands and agrees that communications and information the Firm receives from either of us relating to these matters will be shared with the other.

(signature) (date)

(signature) (date)

Initials

Initials

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 my Firm and me to disclose information about your legal matters to others. The 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) and _____ (client) , authorize McLEOD & RIGEL, P.A., and my (our) attorney(s), to communicate with the following people about my financial or legal matters. ("Now" means at any time prior to my incapacity.)

	Now	After Incapacity
_____ Any Child of mine: _____	_____	_____
<u>Except:</u> _____	_____	_____
_____	_____	_____
_____ My Trustee, Agent under Durable Power of Attorney, or Agent under Durable Power of Attorney for Healthcare : _____	_____	_____
_____ My Accountant, Banker, or Financial Planner:	_____	_____
_____ My Insurance Agent	_____	_____
_____ Other Relatives or Friends:	_____	_____

Other Instructions:

Dated: _____ (Signature of Client)

Dated: _____ (Signature of Client)