

ESTATE PLANNING QUESTIONNAIRE

**ALL INFORMATION WILL BE HELD
IN STRICT CONFIDENCE**

(Date)

FAMILY INFORMATION

Your Name: _____ Date of Birth ___a/___a/aa___

Social Security Number: _____

Current Marital Status: ___ Single ___ Y kf qy gf "*****" ___ O cttkgf
___ Legally Separated "aaaa'F kxqtgef "*****" Cppkxgtuct { 'F cvgaaa laaa laaaaa

Do You Have a Pre-Marital Agreement? Yes ___ No ___
(If yes, please attach a copy of the Agreement)

Spouse's Name: _____ Date of Birth ___a/___a/aa___

Social Security Number: _____

Children's Name(s) _____ Date of Birth ___a/___a/aa___

_____ Date of Birth ___a/___a/aa___

_____ Date of Birth ___a/___a/aa___

_____ Date of Birth ___a/___a/aa___

Grandchildren's Name(s) _____ Date of Birth ___a/___a/aa___

_____ Date of Birth ___a/___a/aa___

_____ Date of Birth ___a/___a/aa___

_____ Date of Birth ___a/___a/aa___

(Please designate which children or grandchildren, if any, are adopted, are stepchildren or are children of a prior marriage)

Your Living Parents: _____

Spouse's Living Parents: _____

GENERAL INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

BUSINESS -- PROFESSIONAL INFORMATION

Your Business or Profession: _____
Active ____ Retired ____

Your Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Spouse's Business or Profession: _____
Active ____ Retired ____

Spouse's Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

PROFESSIONAL ADVISORS

Accountant: _____ Telephone: _____

Life Insurance Agent: _____ Telephone: _____

Stock Broker/
Investment Advisor: _____ Telephone: _____

Other Advisor: _____ Telephone: _____

Other Advisor: _____ Telephone: _____

LOCATION(S) AND NUMBER(S) OF SAFE DEPOSIT BOX(ES)

Bank Name: _____

Address: _____ Box No.: _____

YOUR PERSONAL INFORMATION

Citizenship: _____ State of Residency: _____

Any Other State in Which You Maintain a Residence: _____

Prior Marriage(s), if any:

Name of Former Spouse(s): _____

Place of Divorce: _____

Date of Decree: _____

(Please Attach a Copy of the Decree)

Have You Ever Lived In:	_____	Arizona	_____	California
	_____	Idaho	_____	Nevada
	_____	New Mexico	_____	Texas
	_____	Washington	_____	Louisiana

Dates of Residency: _____

Community Property Acquired: _____

SPOUSE'S PERSONAL INFORMATION

Citizenship: _____ State of Residency: _____

Any Other State in Which You Maintain a Residence: _____

Prior Marriage(s), if any:

Name of Former Spouse(s): _____

Place of Divorce: _____

Date of Decree: _____

(Please Attach a Copy of the Decree)

Have You Ever Lived In: Arizona California
 Idaho Nevada
 New Mexico Texas
 Washington Louisiana

Dates of Residency: _____

Community Property Acquired: _____

GIFTING

Have you and/or your spouse ever made gifts in excess of the annual exclusion amount (i.e., more than \$10,000 prior to 01/01/03; more than \$11,000 subsequent to 12/31/02)? Yes _____ No _____

Have you and/or your spouse ever filed gift tax returns? Yes _____ No _____
(If yes, please attach a copy of all returns)

Are you and/or your spouse interested in making charitable gifts during your lifetime or at death?
Yes _____ No _____ If yes, please list approximate amount(s) and timing (life/death).

Do you and/or your spouse have specific assets you would prefer to give to specific family members or others? If yes, please list.

Jewelry: _____

Collections: _____

Other Tangible Property: _____

Marketable Securities: _____

Closely-Held Business Interests: _____

Farm Land: _____

Other: _____

Other: _____

Are you and/or your spouse interested in leaving a specific dollar amount to any person(s)?

Name of Beneficiary: _____
Address: _____
Amount: _____

Name of Beneficiary: _____
Address: _____
Amount: _____

Name of Beneficiary: _____
Address: _____
Amount: _____

MISCELLANEOUS

Do you and/or your spouse currently have Wills? Yes _____ No _____
(If yes, please attach copies)

Do you and/or your spouse currently have Trusts? Yes _____ No _____
(If yes, please attach copies)

Do you and/or your spouse currently have Powers of Attorney? Yes _____ No _____
(If yes, please attach copies)

Present thoughts or suggested changes with respect to:

Personal Representative: _____
Address: _____

Alternate Personal Representative: _____
Address: _____

Trustee: _____
Address: _____

Successor Trustee: _____
Address: _____

Guardian for Minor Children: _____
Address: _____

Alternate Guardian for Minor Children: _____
Address: _____

Are there persons other than your children or grandchildren who you would like to provide for under your Will? Yes ____ No ____

If yes, please provide the names, addresses, and relationship of those persons to you:

Do you have children or other family members with special needs? Yes ____ No ____

If yes, please explain: _____

Will your spouse need management assistance in connection with the investment of liquid assets after your death? Yes ____ No ____

If both you and your spouse are deceased, at what ages do you want your children to receive their share of your respective estates? _____

If you, your spouse, and all your children and other lineal descendants are deceased, to whom do you wish to have your estate distributed?

Collateral Relatives: _____

Charitable Organizations: _____

Other: _____

Do you and/or your spouse wish to consider arrangements for the management of assets during your lifetime in the event of incapacity?

Revocable Trust? Yes ____ No ____
Power of Attorney? Yes ____ No ____

Are you and/or your spouse interested in an advance health care directive?
Yes _____ No _____

If yes, are you interested in:

Life Prolonging Procedures Declaration? Yes _____ No _____

Living Will Declaration? Yes _____ No _____

Health Care Durable Power of Attorney/
Appointment of Health Care Representative? Yes _____ No _____

If yes, do you want to give your health care
representative the power to withhold:

Nutrition? Yes _____ No _____

Hydration? Yes _____ No _____

Are you and/or your spouse interested in making anatomical gifts? Yes _____ No _____

If yes, please specify organs: _____

FINANCIAL INFORMATION

In addition to answering the following questions, please complete the attached asset summaries to the best of your ability.

Do you and/or your spouse anticipate receiving any inheritances? Yes _____ No _____

If yes, the estimated amount of:

Your Inheritance(s): _____

Spouse's Inheritance(s): _____

Are you and/or your spouse the beneficiary of any trust or estate? Yes _____ No _____

If yes, please explain: _____

Do you and/or your spouse have or have you and/or your spouse granted to any person any powers of appointment exercisable by deed or by Will? Yes _____ No _____

If yes, please identify:

Instrument Conferring Power: _____

Date Power Created: _____

Power is Exercisable by: _____

Value of the Property Subject to the Power: _____

A. CASH ACCOUNTS (savings, checking, CD's, etc.)

TYPE OF ACCOUNT	INSTITUTION	AMOUNT	OWNERSHIP (Select)		
			H	W	Joint
			H	W	Joint
			H	W	Joint
			H	W	Joint
			H	W	Joint
			H	W	Joint

B. REAL ESTATE

	COSTS & IMPROVEMENTS	LOCATION	CURRENT VALUE	MORTGAGE	OWNERSHIP (Select)
Residence					H W "Joint
Vacation or investment real estate					H W "Joint
					H W "Joint
					H W "Joint
					H W "Joint

C. PUBLICLY TRADED SECURITIES (stocks, bonds, mutual funds, etc.)

COMPANY	DATE ACQUIRED	ORIGINAL COST/BASIS	SHARES OR CURRENT VALUE	OWNERSHIP (Select)
				H W ""Joint
				H W ""Joint
				H W ""Joint
				H W ""Joint
				H W ""Joint
				H W ""Joint
				H W ""Joint

D. U.S. GOVERNMENT OBLIGATIONS (treasury notes, treasury bills, savings bonds, etc.)

TYPE	FACE VALUE	PAY ON DEATH BENEFICIARY	ISSUE DATE	CURRENT VALUE	OWNERSHIP (Select)
					H W ""Joint
					H W ""Joint
					H W ""Joint
					H W ""Joint
					H W ""Joint

E. CLOSELY-HELD BUSINESS STOCK, PARTNERSHIP INTERESTS OR PROPRIETORSHIP INTERESTS

COMPANY	PERCENT OF OWNERSHIP	DATE ACQUIRED	ORIGINAL COST/BASIS	SHARES OR CURRENT VALUE	OWNERSHIP (Select)
					H W ""Joint
					H W ""Joint
					H W ""Joint
					H W ""Joint
					H W ""Joint
					H W ""Joint

Are any of the above-described interests subject to any buy-sell agreement(s)? Yes ____ No ____ If yes, please attach copies of all such buy-sell agreements.

F. ANNUITIES AND EMPLOYEE RETIREMENT PLAN BENEFITS

COMPANY	OWNER (Select)	TYPE OF PLAN*	CURRENT VALUE	BENEFICIARY (Select)
	H W			H W ""Joint
	H W			H W ""Joint
	H W			H W ""Joint
	H W			H W ""Joint

*Please attach a copy of the summary plan description for any employee retirement plan.

G. LIFE INSURANCE

COMPANY	INSURED	TYPE	FACE AMOUNT	OWNER	BENEFICIARY	OUTSTANDING LOANS	CSV

H. MISCELLANEOUS PROPERTY

PROPERTY	CURRENT VALUE
Household Goods and Furniture	
Automobiles, Boats, Aircraft	
Collections (stamps, coins, art, etc.)	
Jewelry & Furs	
Insurance Owned on the Life of Another	
Interests in Estates or Trusts	
Stock Options	
Copyrights, Trademarks or Patents	
Other	

I. LIABILITIES

TYPE	CURRENT OUTSTANDING BALANCE*
Real Estate Mortgage	
Bank Loans	
Debts Owed to Individuals	
Personal Consumer Debt (credit card)	
Business Related Personal Debt/Guaranties	
Installment Contracts	
Contingent Liabilities (guaranty, indemnity agreement)	
Other	

*Please identify any liability that is covered by liability insurance.