

**Corum Mabie Cook Prodan Angell & Secrest, PLC**  
45 Linden Street  
Brattleboro, VT 05301

**Confidential Client Estate Planning Questionnaire**

Please take the time to provide the information requested below. Providing this information before our initial estate planning conference will make that conference more productive, save legal costs, and enable us to do a more effective job for you. If space is insufficient, additional pages may be attached.

Date \_\_\_\_\_

**FAMILY AND OCCUPATIONAL DATA**

Please provide the following family data:

**Client:** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Full name as you wish it to appear in your Will)

Home Address \_\_\_\_\_

Home telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Social security number \_\_\_\_\_

Citizenship \_\_\_\_\_

**Spouse:** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Full name as you wish it to appear in your Will)

Home Address \_\_\_\_\_

Home telephone \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Social security number \_\_\_\_\_

Citizenship \_\_\_\_\_

**Children:**

(1) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Name as it should appear in your Will)

Address \_\_\_\_\_

Occupation \_\_\_\_\_

If this child is married, name of spouse \_\_\_\_\_

Name(s) and age(s) of children (your grandchildren) \_\_\_\_\_

Does this child have any special needs that should be addressed in your estate plan? \_\_\_\_\_

(2) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Name as it should appear in your Will)

Address \_\_\_\_\_

Occupation \_\_\_\_\_

If this child is married, name of spouse \_\_\_\_\_

Name(s) and age(s) of children (your grandchildren) \_\_\_\_\_

Does this child have any special needs that should be addressed in your estate plan? \_\_\_\_\_

(3) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Name as it should appear in your Will)

Address \_\_\_\_\_

Occupation \_\_\_\_\_

If this child is married, name of spouse \_\_\_\_\_

Name(s) and age(s) of children (your grandchildren) \_\_\_\_\_

Does this child have any special needs that should be addressed in your estate plan? \_\_\_\_\_

If any child is the child of a prior marriage, please so indicate.

Are any of your children contemplating filing for bankruptcy? \_\_\_\_\_

Were you or your spouse married before? \_\_\_\_\_ If so, to whom and when? \_\_\_\_\_

How were these marriages terminated? \_\_\_\_\_  
(If by divorce, please bring a copy of the divorce decree to our initial conference.)

Do you or your estate have any outstanding obligations benefiting a former spouse or children? \_\_\_\_\_ If so, please provide details. \_\_\_\_\_

Have you and your spouse entered into a Prenuptial Agreement? \_\_\_\_\_  
(If so, please bring a copy to our initial conference.)

Are any of your children adopted? \_\_\_\_\_

Do you have any deceased children? \_\_\_\_\_

Did any deceased child leave children now living? \_\_\_\_\_

If so, please provide details. \_\_\_\_\_

Do you have any children by other persons? \_\_\_\_\_

If so, please provide details. \_\_\_\_\_

Is any other person dependent on you for their support? \_\_\_\_\_

If so, please provide details. \_\_\_\_\_

Do you have a child, parent or other dependent with special needs that should be addressed in your estate plan? \_\_\_\_\_ If so, please provide details. \_\_\_\_\_

**Parents** (if living):

	<b>Client</b>	<b>Spouse</b>
Father	_____ Name	_____ Name
	_____ Address	_____ Address
	_____ Date of birth	_____ Date of birth
Mother	_____ Name	_____ Name
	_____ Address	_____ Address
	_____ Date of birth	_____ Date of birth

**Other Information:**

Do you expect to receive any substantial inheritance from your parents or any other person?

\_\_\_\_\_ If so, please provide details. \_\_\_\_\_

Since your marriage, have you ever lived in any of the following community property states? Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Puerto Rico, Texas, Wisconsin, Washington? \_\_\_\_\_ If so, please provide dates and details. \_\_\_\_\_

Do you have any health problems that would affect your insurability, or that should be taken into consideration in your estate plan? \_\_\_\_\_

If so, please provide details. \_\_\_\_\_

Do you operate a business or have an ownership interest in a business? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

Is this business a Subchapter S corporation? \_\_\_\_\_

If so, please list the name of all stockholders. \_\_\_\_\_

Is there a buy-sell agreement in place? \_\_\_\_\_  
(If so, please bring a copy to our initial conference.)

Is there any bylaw or stock agreement affecting the sale or transfer of shares in this business?

\_\_\_\_\_ If so, please provide details. \_\_\_\_\_

**Advisors:**

Physician \_\_\_\_\_

Accountant \_\_\_\_\_

Stockbroker \_\_\_\_\_

Banker or trust officer \_\_\_\_\_

Life insurance agent \_\_\_\_\_

Financial planner or other advisor \_\_\_\_\_

**ASSET PROFILE** (Please include approximate fair market values)

	<b>Client</b>	<b>Spouse</b>	<b>Joint</b>
Primary residence	\$_____	\$_____	\$_____
Approximate purchase price of residence and subsequent improvements \$_____			
Other real estate	_____	_____	_____
Location _____			
Checking accounts	_____	_____	_____
Name of bank _____			
Savings or money market accounts	_____	_____	_____
Name of institution _____			
Certificates of deposit	_____	_____	_____
Name of bank _____			
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Mutual funds	_____	_____	_____
Business interests	_____	_____	_____
Individual retirement accounts, Keogh, and other retirement plans	_____	_____	_____
IRA and plan beneficiaries:			
_____			
_____			
_____			
Life insurance policies (face value)			
1. Company _____			
Policy # _____			
Type (Term, whole or universal life)			
Insured _____			
Owner _____			
Beneficiary _____			
Face value	_____	_____	_____
Amount of outstanding loan \$_____			

	<b>Client</b>	<b>Spouse</b>	<b>Joint</b>
2. Company _____			
Policy # _____			
Type (Term, whole or universal life)			
Insured _____			
Owner _____			
Beneficiary _____			
Face value	_____	_____	_____
Amount of outstanding loan \$ _____			
3. Company _____			
Policy # _____			
Type (Term, whole or universal life)			
Insured _____			
Owner _____			
Beneficiary _____			
Face value	_____	_____	_____
Amount of outstanding loan \$ _____			
Annuities	_____	_____	_____
Notes receivable	_____	_____	_____
Interests in trusts created by third parties	_____	_____	_____
Tangible personal property, including automobiles, boats, artwork, collections, jewelry, and other personal effects	_____	_____	_____
Other (please describe) _____	_____	_____	_____

**LIABILITIES**

	<b>Client</b>	<b>Spouse</b>	<b>Joint</b>
Mortgages payable	_____	_____	_____
Home equity loans outstanding	_____	_____	_____
Other loans or notes payable	_____	_____	_____

Do you rent a safe deposit box? \_\_\_\_\_

If so, where is it located? \_\_\_\_\_

**GIFT DATA**

Have you made any gifts, other than to charities, in any one year of more than \$10,000.00?  
\_\_\_\_ (If so, please bring copies of any gift tax returns to our initial conference.)

Do you contemplate making future gifts? \_\_\_\_\_

If so, please provide details. \_\_\_\_\_

Do you or your spouse serve as custodian for any of your children under the Uniform Gifts to Minors Act or the Uniform Transfers to Minors Act? \_\_\_\_\_

If so, please provide details. \_\_\_\_\_

**DISTRIBUTION OBJECTIVES**

Upon your death, to whom and how do you want your assets distributed? \_\_\_\_\_

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

Please describe any items of personal property and their recipients that you want to have specifically mentioned in your Will.

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

If you and your spouse should die prematurely, at what age or ages would you want your property distributed to your children?

\_\_\_\_\_

Do you wish to make gifts to any charitable organizations at your death, or at your spouse's death if he or she should not survive you? \_\_\_\_\_

If so, please provide details. \_\_\_\_\_

If none of your children were living at the time of your spouse's death, how would you want your estate to be distributed? \_\_\_\_\_

Whom do you want to name as guardian of any minor children? \_\_\_\_\_

Whom do you want to name as an alternate guardian? \_\_\_\_\_

Whom do you want to name as executor of your estate? \_\_\_\_\_

Whom do you want to name as alternate executor? \_\_\_\_\_

Are there any other considerations that should be addressed in your estate plan? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

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**OTHER PLANNING CONSIDERATIONS**

Do you have a current Will? \_\_\_\_\_

(If so, please bring a copy to our initial conference.)

Do you have a durable power of attorney? \_\_\_\_\_

Do you have a living will? \_\_\_\_\_

Have you appointed an agent to act for you under an advance directive or durable power of attorney for health care? \_\_\_\_\_

Do you have a long-term care insurance policy? \_\_\_\_\_

Have you made your wishes known to a funeral director or members of your family? \_\_\_\_\_

Thank you for taking the time to complete this questionnaire. Please return this questionnaire to our office at 45 Linden Street, Brattleboro, VT 05301 before our initial estate planning conference. If you have any questions in the interim, please call us at (802) 257-5292. We look forward to meeting with you, and helping you achieve your estate planning objectives.