

Gale, Corum, Mabie, Cook & Prodan

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.

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):

	Client	Spouse
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)

	Client	Spouse	Joint
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 \$_____			

	Client	Spouse	Joint
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)	_____	_____	_____

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

Do you own 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. _____

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? _____

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.