



ESTATE PLANNING QUESTIONNAIRE

All information disclosed on this Questionnaire will be held in the strictest confidence and will not be disclosed to any third party without your consent.

This form is to be completed by single persons only. If you are married, please contact our office and request the proper form.

PERSONAL INFORMATION

Full Legal Name: _____ Nickname: _____
Address: _____ City: _____ State: _____ Zip: _____
County: _____ E-mail: _____
Home #: _____ Cell #: _____ Are you a US Citizen? _____ Y _____ N
SSN: _____ Birthdate: _____ Place of birth: _____

Employer: _____ Position: _____
Address: _____ City: _____ State: _____ Zip: _____
Business Phone: _____ Business Fax: _____

State of health: _____ Insurable?: _____

Are you a widow/widower? _____ Y _____ N Are you divorced? _____ Y _____ N

Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? _____ Y _____ N

CHILDREN'S INFORMATION

If you do not have any children, please use this section to list the person(s) or organization(s) you would like to leave your assets to.

Is there a physical possibility of more children? _____ Y _____ N
Do you have any children who predeceased you? _____ Y _____ N

CHILD ONE: _____ **Date of Birth:** _____

Natural or Adopted or Step Child

Address (if different from you): _____

If Child One is married, please provide full name of spouse: _____

If Child One has children, please provide full name(s) and age(s): _____

CHILD TWO: _____ **Date of Birth:** _____

Natural or Adopted or Step Child

Address (if different from you): _____

If Child Two is married, please provide full name of spouse: _____

If Child Two has children, please provide full name(s) and age(s): _____

CHILD THREE: _____ **Date of Birth:** _____

Natural or Adopted or Step Child

Address (if different from you): _____

If Child Three is married, please provide full name of spouse: _____

If Child Three has children, please provide full name(s) and age(s): _____

CHILD FOUR: _____ **Date of Birth:** _____

Natural or Adopted or Step Child

Address (if different from you): _____

If Child Four is married, please provide full name of spouse: _____

If Child Four has children, please provide full name(s) and age(s): _____

For additional children, please provide the same information for each on a separate sheet of paper.

Does any child have special educational, medical, or physical needs, or receive governmental benefits? _____

If your children are minors, or under some form of legal disability, who will serve as their guardian?

First Choice: _____ Relation: _____

Second Choice: _____ Relation: _____

Is there anyone other than your minor children who is financially dependent on you?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

FIDUCIARY INFORMATION
FINANCIAL

If you were incapacitated for any period of time, who would you choose to make financial decisions for you?

First Choice: _____ Relation: _____
Second Choice: _____ Relation: _____

HEALTH CARE

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?
Please provide city and state of residence for each person listed.

First Choice: _____ Relation: _____
Second Choice: _____ Relation: _____

ADVISORS

Accountant: _____ Phone: _____
Financial Advisor: _____ Phone: _____
Life Insurance Agent: _____ Phone: _____

Referred to Hyden, Miron & Foster, PLLC by _____

ASSET INFORMATION

The values you include are for discussion purposes only. A more accurate list will be obtained at a later date.

Cash and Cash Equivalents. List all checking accounts, savings accounts, certificates of deposit, and money market accounts. **Do not include IRAs or 401(k)s here.**

Financial Institution and Type of Account	Market Value
<i>Bank - Checking Account</i>	<i>\$5,000</i>
	\$
	\$
	\$
	\$
	\$

Publicly Traded Securities, Brokerage Accounts, and Security Accounts. List all stocks and bonds you own. If held in a brokerage account, identify the account rather than the assets within the account. **Do not include IRAs or 401(k)s.**

Name and Type of Account	Market Value
<i>ABC Stock</i>	<i>\$10,000</i>
	\$
	\$
	\$
	\$

Retirement Accounts. List all pension, profit sharing, IRA, Roth IRA, SEP, 401(k) or 403(b) accounts.

Name and Type of Account	Beneficiary	Market Value
<i>IRA with Investment Broker</i>	<i>Parents then charity</i>	<i>\$50,000</i>
		\$
		\$
		\$
		\$

Real Estate. List all real estate and percentage of ownership if not 100%.

Location or Description	Ownership	Market Value	Debt
<i>Personal Residence</i>	<i>Self</i>	<i>\$110,000</i>	<i>\$60,000</i>
		\$	\$
		\$	\$
		\$	\$

Personal Property. List all automobiles, recreational vehicles, jewelry, personal effects, and household goods.

Description	Owner	Market Value	Debt
<i>2014 Auto</i>	<i>Self</i>	<i>\$25,000</i>	<i>\$5,000</i>
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Insurance Policies. List all life insurance policies owned by you. Under type, list whole or term.

Insurance Company	Type	Owner	Insured	Beneficiary	Cash Value	Death Benefit
<i>National Life Ins.</i>	<i>Term, 30 yr</i>	<i>Self</i>	<i>Self</i>	<i>Sister</i>	<i>\$8,000</i>	<i>\$100,000</i>
					\$	\$
					\$	\$
					\$	\$

Annuities. List all annuities. Cost basis refers to the total investment in this account by the owner.

Company	Owner	Annuitant	Beneficiary	Cost Basis	Current Value
<i>Annuity</i>	<i>Self</i>	<i>Self</i>	<i>Brother</i>	<i>\$50,000</i>	<i>\$70,000</i>
				\$	\$
				\$	\$
				\$	\$

Closely Held Business Interest. List all closely held business interests that you own.

Name	Tax Structure (LLC, S corp, etc.)	Percentage of Ownership	Market Value
<i>ABC Business, Inc.</i>	<i>C corp</i>	<i>100%</i>	<i>\$50,000</i>
			\$
			\$
			\$

Income. Estimate current year income.

Description	Amount
W-2 Wages (Salaries)	\$
Commissions/Bonuses	\$
Interest/Dividends	\$
Rental Income	\$
Retirement Income	\$
Social Security	\$
Annuities	\$

Do you have any anticipated inheritance? _____. If yes, briefly describe: _____

Do you have a lock box? If so, please provide us with the box number, bank branch location, name(s) on account, and location of keys. _____

Additional Documentation

General Document Request. Please provide copies of any existing planning documents (Wills, Trusts, powers of attorneys, etc.), deeds, pre-nuptial and post-nuptial agreements, business agreements, and any divorce or property settlement agreements (if they contain any continual obligations). Additionally, please provide us with copies of your most recent account statements (banking, investments, retirement accounts, etc.).

Please do not send originals as we cannot guarantee their safety through the U.S. Postal Service.