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ESTATE PLANNING QUESTIONNAIRE

Your full name, date of birth, and Social Security number:

Name _____ Date of Birth _____ Social Security # _____

Spouse's full name, date of birth and Social Security number:

Name _____ Date of Birth _____ Social Security # _____

Home address and telephone numbers:

Address _____

Email: _____

Spouse Email: _____

Home: _____

Cell: _____

Work: _____

Spouse cell: _____

Spouse Work: _____

How were you referred to our firm? (Client referral, internet, phone book, etc.):

Your general state of health, including any recent or expected hospitalization:

Full names, dates of birth and social security numbers of your children:

Name	Date of Birth	Social Security #
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Name	Date of Birth	Social Security #
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Name	Date of Birth	Social Security #
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Name	Date of Birth	Social Security #
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Name	Date of Birth	Social Security #
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If any of the above listed children are not the biological children of both husband and wife, please specify which spouse is the biological parent:

Nature of any special needs or condition of any child:

Names of deceased children who left surviving children:

What person(s) or organizations do you wish to be the beneficiaries of your estate?

How would you like the assets of your estate distributed among the listed beneficiaries?

SCHEDULE OF ASSETS AND LIABILITIES

Please include the fair market value for your assets.

Assets:

<u>Property Description:</u>	<u>Ownership</u>	<u>Fair</u>
<u>Value</u>	<u>(H, W, Joint)</u>	<u>Market</u>
Primary home:	_____	\$ _____
Secondary home:	_____	\$ _____
Address: _____		

Other Real Property: <i>Please describe</i>		
(a) _____	_____	\$ _____
(b) _____	_____	\$ _____
(c) _____	_____	\$ _____
(d) _____	_____	\$ _____
Personal Property (art, jewelry, collections, personal effects)	_____	\$ _____
Cash and equivalents	_____	\$ _____
Marketable stocks and bonds	_____	\$ _____
Business interests	_____	\$ _____
Tax sheltered investments	_____	\$ _____
Qualified retirement plans	_____	\$ _____
Other employer death benefits	_____	\$ _____
IRAs (including rollovers)	_____	\$ _____
Loans to others	_____	\$ _____
Miscellaneous assets	_____	\$ _____
Other Investments: <i>Please describe</i>		
(a) _____	_____	\$ _____
(b) _____	_____	\$ _____
(c) _____	_____	\$ _____
(d) _____	_____	\$ _____

Life Insurance*:

(a)	_____	_____	\$ _____
(b)	_____	_____	\$ _____
(c)	_____	_____	\$ _____
(d)	_____	_____	\$ _____

Liabilities:

Mortgage(s)

Please Describe:

(a)	_____	_____	\$ _____
(b)	_____	_____	\$ _____
(c)	_____	_____	\$ _____

Student Loans

Please Describe:

(a)	_____	_____	\$ _____
(b)	_____	_____	\$ _____
(c)	_____	_____	\$ _____

Other Debt

Please Describe:

(a)	_____	_____	\$ _____
(b)	_____	_____	\$ _____
(c)	_____	_____	\$ _____

* Please include beneficiary information.

FURTHER DATA ON ASSETS AND LIABILITIES

1. Describe any expected inheritances, trust distributions, or other increase in assets.

2. If you own any interests in privately held businesses, please describe the extent to which those interests will automatically be liquidated, or could be liquidated at the estate's option, upon your death. If possible, please attach a copy of any partnership agreement or shareholders agreement affecting such interests.

3. Describe any stock options (incentive stock options or nonqualified options), restricted stock, junior" stock, stock appreciation rights, or other rights involving potentially substantial appreciation with a limited current investment.

4. Describe any tax shelter investments listed on page 2, giving the nature of the investment, the amount of any unpaid subscription obligation, and the cumulative income or losses reported to date.

5. Develop an estimate of the income available from all sources if you became permanently disabled this year: \$ _____

6. If you have created any custodian accounts or trusts for any minors, describe the amount held in the account or trust and the person currently serving as custodian/trustee. If possible, please attach a copy of the custodial/trust agreement for any such account/trust.

7. If you or your spouse were previously married, describe any obligations to the former spouse and any children of that marriage.

PERSONAL DATA

8. Identify any trusts (other than those for minors described under item 7 above) which you have ever created, or as to which you are a trustee, a beneficiary, or the holder of a power of appointment over income or principal. If possible, please attach a copy of the trust agreement for any such trust.

9. Please list all states and foreign countries in which you own real estate other than your primary residence.

10. Are you a United States citizen? Yes_____ No_____
Your spouse? Yes_____ No_____

11. An estate plan necessarily deals with the management of your assets after you have died. Consider whether your beneficiaries will need help with investment and financial planning matters after you have died, and who would be a good person to turn to for such help (other family member, relative, friend, business associate, or investment adviser).

12. If you have any minor children, list whom you would name as their guardian(s) should your spouse predecease you?

Primary:

Full name	Address	Phone Number
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Secondary:

Full name	Address	Phone Number
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As to both adult and minor children, discuss at what ages their shares of your assets should be paid to them outright to spend or invest as they please.

If you will be setting up a trust for either your minor children, adult children, or any other beneficiary under your Will, who would you like to appoint as trustee? The trustee is the person or financial institute which manages the money and assets which you have provided on behalf of the beneficiary.

Primary:

Full name	Address	Phone Number
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Secondary:

Full name	Address	Phone Number
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13. Whom would you like to serve as the executor(s) of your estate?

Primary:

Full name	Address	Phone Number
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Secondary:

Full name	Address	Phone Number
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ADDITIONAL DOCUMENTS NEEDED OR TO BE CONSIDERED

14. A copy of any federal gift tax return Form 709 which you have ever filed. If you ever made gifts to an individual before 1982 exceeding \$3,000 in a single year, or gifts to an individual after 1981 exceeding \$10,000 in a single year, and did not file a federal gift tax return with respect to such gifts, please describe the date, recipient, and amount of such gifts.

15. A copy of the first page of the deed to your home and any other real estate which you own individually or jointly. (only provide if requested)

16. A copy of your current will, trust, power of attorney document(s), if any.

17. If you desire to give to specific individuals any articles of art, china, silver, jewelry, rugs, furniture, antiques, musical instruments, motor vehicles, or any other tangible personal property, consider making a detailed list of those items and the intended beneficiaries in lieu of specifying gifts in your will.

18. Have you provided anyone with a written description of your preferences as to funeral and burial arrangements? If so please provide details.

19. Have you given anyone a power of attorney which could be used to take care of your property if you became incapacitated for any length of time? Such a power could avoid serious losses caused by an inability to respond quickly to changing conditions, and could spare you and your beneficiaries the needless expense and inconvenience of a formal guardianship.

20. Do you have any preference as to the extent and style of health care to be given you if you should become terminally ill or injured and no longer able to communicate with your doctor? Would you want to give someone else the power to determine the kind of medical care you receive whenever you are unable to communicate, whether or not you are terminally ill? You may sign a healthcare advance directive (also called a 'living will ') and a healthcare power of attorney to describe your wishes in these circumstances and nominate one or more family members or friends to speak for you.

21. Would you or your spouse want to make a gift of any body parts or organs upon your death?

22. If we will be preparing a Durable General Power of Attorney document for you, please list whom you would like to serve as your Primary and Secondary Power of Attorney:

Primary:

Full name	Address	Phone Number
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Secondary:

Full name	Address	Phone Number
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Who would you like to serve as the Attorney-in-Fact solely for the purpose of determining if a gift of your property to the acting Durable General Power of Attorney is appropriate and to make any such gifts which are appropriate.

Primary:

Full name	Address	Phone Number
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23. If we will be preparing a Power of Attorney for Health Care document for you, please list whom you would like to serve as your Primary and Secondary Power of Attorney:

Primary:

Full name	Address	Phone Number
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Secondary:

Full name	Address	Phone Number
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