

FAMILY PLANNING QUESTIONNAIRE



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A NOTE FROM TOM

Estate planning should always be done with the clients' goals and objectives in mind. If your estate planning does not meet your legally obtainable goals and objectives, it is an inadequate plan, and it has been a poor bargain, regardless of cost. Remember, proper estate planning is of vital importance, and will profoundly and inevitably affect everything in this world that you own, and every person in this world that you love. Our firm is dedicated to making certain that your plan is prepared thoughtfully and professionally.

You will begin the process of excellent planning by thoroughly completing this Questionnaire and providing us with as much evidence of title as possible. Our next step will be to use the information you provide in this packet to make a plan tailored to you, your goals, and your loved ones.

I look forward to our visit.

Sincerely,

Thomas H. Keating

PERSONAL INFORMATION

Full Legal Name _____ Today's Date _____
Signature Name _____
Nickname _____ Birthdate _____ Social Security Number _____
Home address _____ City _____ State _____ Zip _____
Home telephone _____ County of Residence _____ Business Telephone _____
Home Email _____ Work Email _____
Employer _____ Position _____
Business address _____ City _____ State _____ Zip _____

Married: Date of Marriage _____ Divorced Widowed Single

Spouse's Full Legal Name _____
Signature Name _____
Nickname _____ Birthdate _____ Social Security Number _____
Home address _____ City _____ State _____ Zip _____
Home telephone _____ County of Residence _____ Business Telephone _____
Home Email _____ Work Email _____
Employer _____ Position _____
Business address _____ City _____ State _____ Zip _____

CHILDREN

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if you are a single parent.)

Name	Parent(s)	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER DEPENDENTS

Friends or relatives who are dependents. (Use full legal name.)

Names	Relationship
_____	_____
_____	_____
_____	_____

ADVISORS

Name	Telephone
Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Primary Personal Bank _____	_____
Life insurance Agent _____	_____
Stock Broker _____	_____

Definition of Estate Planning

I want to control my property while I'm alive, take care of me and my loved ones if I become disabled, and when I die, I want to give what I have to whom I want, the way I want, and when I want, and, if I can, I want to save every tax dollar, professional fee, and court cost possible.

ESTATE PLANNING GOALS

Client		IMPORTANCE
		LeastMost
1.	I want to get my estate in order and create a consistent and comprehensive estate plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
2.	I want to plan for elderly parents' disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
3.	I want to preserve the privacy of my estate and my family from business competitors, creditors, dishonest persons or curiosity seekers.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
4.	I want to reduce estate and death taxes to the lowest possible level.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
5.	I want to avoid probate and minimize settlement expenses for myself and my family.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
6.	I want to plan for disability for myself or my spouse and avoid the expense, publicity, and loss of control of court conservatorship proceedings if I am disabled.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
7.	I want to avoid unnecessary placement in a nursing home by providing instructions for in-home health care.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
8.	I want to protect my children from the possibility of failed marriages by designing a plan whereby the children can control the property I leave to them, if they wish.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
9.	I want my estate plan to protect the assets of my minor or disabled children or grandchildren, so that my family can avoid having the court take control of their property under conservatorship.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
10.	I want to disinherit one or more children or other family members.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
11.	I want to plan for my grandchildren.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5
12.	I want to plan the transfer and survival of the family business.	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5

- | | | | |
|-----|--|--|-------------------|
| 13. | I have one or more pets that should be protected and cared for. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |
| 14. | I want to control all of my own assets while I am alive and healthy. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |
| 15. | I want to save 100% of the estate tax on my life insurance so that all life insurance passes to my heirs estate tax free. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |
| 16. | I want to create a special trust for charity to which I can transfer some of my assets that will give me a lifetime income. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |
| 17. | I want to control which of my family or loved ones will make decisions for me in the event of my incapacity, including health care decisions and life support decisions. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |
| 18. | I want to avoid contests and disputes upon my death. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |
| 19. | I may wish to protect our children's inheritance in the event my surviving spouse chooses to re-marry after my death. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |
| 20. | I want to plan for a child with disabilities or special needs, such as medical or learning disabilities. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |
| 21. | I want to plan for children from a previous marriage so that they are treated fairly in my estate plan. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |
| 22. | I may wish to give specific assets to certain charities. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |
| 23. | I want my estate plan to be valid in every state, and to allow me to decide which state law will apply if I later decide to move. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 2 3 4 5 |

I have other goals and objectives for my estate plan not mentioned above, and they are:

Please review and list the top three goals in order of importance to you:

1. _____
2. _____
3. _____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have adopted children?		
Do any of your children have special educational, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Whom do you wish to be the contingent guardians if your primary guardians are unavailable?	N/A	N/A
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)		
Have you or your spouse ever signed a pre- or post-marriage contract? (Please furnish a copy)		
Have you or your spouse ever been widowed? (If a federal estate tax return or a state death tax return was filed, please furnish a copy)		
In what states have you lived while married to your current spouse? During what periods of time did you reside there?	N/A	N/A
Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies of these returns)		
Have you or your spouse completed previous will, trust, or estate planning? (Please furnish copies of these documents)		
Are both you and your spouse United States citizens? If you answered "No," are either you or your spouse a resident or a nonresident alien?		

INSTRUCTIONS FOR COMPLETING THE *FAMILY PLANNING QUESTIONNAIRE CHECKLIST*

General Headings This *Family Planning Questionnaire* checklist is designed to help you list all the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

Type Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

Evidence of Title This indicates the document or documents you will need as evidence of title to your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself, you will save substantial professional fees. *It is important to have as much evidence of title as possible before our first meeting.*

“Owner” of Property How you own your property is extremely important for purposes of properly designing and implementing your living trust-centered plan. For each property category, there is a column titled “Owner”. When filling in this column, please use the following abbreviations:

For Property Owned In:	With:	Use
Single	If you are single and you own property in your name only, use	I
Husband’s Name	No other person	H
Wife’s Name	No other person	W
Joint Tenancy	A spouse	JTS
	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
	Someone other than a spouse	TCO
Community Property	(Applicable to spouses only)	CP
Unknown	If you cannot determine how the property is owned	?

CASH ACCOUNTS

TYPE: Checking Account "CA," Savings Account "SA," Certificates of Deposit "CD," (indicate type below).

EVIDENCE OF TITLE: Most recent bank statement.

Name of Institution	Type	Account Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

INVESTMENT ACCOUNTS

TYPE: Money market "MM," investment "I," cash management "CM," or other account that is in a street name (indicate type below).

EVIDENCE OF TITLE: The most recent statement.

Name of Brokerage Firm	Type	Account Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

STOCKS

TYPE: Stock in publicly owned corporations which is stock traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded companies should be listed under "Corporate Business and Professional Interests." Stocks held in a street name or investment account should be listed under "Investment Accounts").

EVIDENCE OF TITLE: Stock certificate

Company	Owner	Number of Shares	Fair Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

BONDS

TYPE: U.S. Savings Bonds, corporate, municipal, etc., (indicate type below).

EVIDENCE OF TITLE: Bond instrument.

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total:</i>	_____

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boat, jewelry, collections, antiques, furs, and all other valuable nonbusiness personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items).

EVIDENCE OF TITLE: Registration or title issued by your state, bill of sale, receipt, canceled check, or source of cash to purchase property, gift tax return, or inheritance tax return if you received property by gift or inheritance.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total:</i>	_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K) (indicate type below).

EVIDENCE OF TITLE: Most recent beneficiary designation form (blank).

Type of Plan	Company	Beneficiary Upon Your Death	Percentage Vested	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity (*indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation"*).

EVIDENCE OF TITLE: Most recent statement, the policy itself, including all endorsements and amendments, and the proximal application you signed.

Company _____

Policy Number _____ Type _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ Who pays premium _____

Face Amount _____ Cash Value _____

Amount of loans on policy _____

Company _____

Policy Number _____ Type _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ Who pays premium _____

Face Amount _____ Cash Value _____

Amount of loans on policy _____

Company _____

Policy Number _____ Type _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ Who pays premium _____

Face Amount _____ Cash Value _____

Amount of loans on policy _____



Company _____
Policy Number _____ Type _____
Insured _____
Primary Beneficiary _____
Secondary Beneficiary _____
Owner _____ Who pays premium _____
Face Amount _____ Cash Value _____
Amount of loans on policy _____

Company _____
Policy Number _____ Type _____
Insured _____
Primary Beneficiary _____
Secondary Beneficiary _____
Owner _____ Who pays premium _____
Face Amount _____ Cash Value _____
Amount of loans on policy _____

Company _____
Policy Number _____ Type _____
Insured _____
Primary Beneficiary _____
Secondary Beneficiary _____
Owner _____ Who pays premium _____
Face Amount _____ Cash Value _____
Amount of loans on policy _____

Company _____
Policy Number _____ Type _____
Insured _____
Primary Beneficiary _____
Secondary Beneficiary _____
Owner _____ Who pays premium _____
Face Amount _____ Cash Value _____
Amount of loans on policy _____

MORTGAGES, NOTES, AND OTHER RECEIVABLES

TYPE: Mortgages or promissory notes payable to you; other monies owed to you.

EVIDENCE OF TITLE: Promissory note, written contract, or other documents creating right to receive payment.

Name of Debtor	Date of Note	Date Note Due	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

PARTNERSHIP INTERESTS

TYPE: General and Limited Partnerships. Please state the percentage interest you have in the partnership when you list your interest as a general or limited partner.

EVIDENCE OF TITLE: Partnership agreement, certificate of partnership, or any documents you signed when purchasing the partnership interest. Include any buy/sell agreements.

Partnership Name	<u>Percentage of Partnership Interest</u>		Owner	Value
	General Partner	Limited Partner		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

CORPORATE BUSINESS AND PROFESSIONAL INTERESTS

TYPE: Privately owned (nonpublicly traded) stock. *(Please put ✓ if a Buy/Sell Agreement exists and, if stock is owned.*

EVIDENCE TO TITLE: Stock Certificate, minute book.

Company	Number of Share	Buy/sell Agreement	Percentage Ownership	Owner	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
				<i>Total</i>	_____

MONTHLY INCOME (Optional)

Income Source	Who Receives	Monthly Amount	Taxable Yes/No
_____	_____	_____	_____
_____	_____	_____	_____



SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership.

EVIDENCE OF TITLE: Balance sheet, depreciation schedule, registration or title issued by your state, bills of sale, fictitious name or trade name affidavits. Since a sole proprietorship is an amalgamation of assets, each asset must have an evidence of title.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

FARM AND RANCH INTERESTS

TYPE: Livestock, machinery, leases, etc.

EVIDENCE OF TITLE: If your farm or ranch is not owned by a corporation or partnership, you need to treat it as a sole proprietorship. Describe each asset.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

OIL, GAS, AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreements, etc.

EVIDENCE OF TITLE: Lease agreement, deed, royalty agreement, farmout agreement, pooling agreement or other agreement you signed to create your oil, gas, or mineral interest.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>



REAL PROPERTY

TYPE: Land, buildings, homes. Where you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else you should list those under the "Partnership Interests" section. If two or more names are on a deed or a contract that does not state the type of ownership, please use "?".

EVIDENCE OF TITLE: Deed or land contract (do not use mortgage or tax assessment).

General Description and/or Address	Owner	Fair Market Value	Mortgage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

EVIDENCE OF TITLE: Copies of wills or trusts, copy of lawsuits or judgments, or any other document that evidences your anticipated interest.

Description

<i>Total estimated value</i>	_____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

EVIDENCE OF TITLE: Documents you signed to purchase the property, documents you received when you received the property, or any other document you have that shows you own the property.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

SUMMARY OF VALUES

ASSETS	Amount*		
	Husband	Wife	Single Person
Cash Accounts	_____	_____	_____
Investment Accounts	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Personal Effects	_____	_____	_____
Retirement Plans	_____	_____	_____
Life Insurance Policies and Annuities	_____	_____	_____
Mortgages, Notes, and Other Receivables	_____	_____	_____
Partnership Interests	_____	_____	_____
Corporate Business and Professional Interests	_____	_____	_____
Sole Proprietorship Business and Professional Interests	_____	_____	_____
Farm and Rant Interests	_____	_____	_____
Oil, Gas, and Mineral Interests	_____	_____	_____
Real Property	_____	_____	_____
Anticipated Inheritance, Gift, or Lawsuit Judgment	_____	_____	_____
Monthly Income	_____	_____	_____
Other Assets:	_____	_____	_____
Total Assets:	_____	_____	_____

LIABILITIES	Amount*		
	Husband	Wife	Single Person
Loans payable	_____	_____	_____
Accounts payable	_____	_____	_____
Real estate mortgages payable	_____	_____	_____
Contingent liabilities	_____	_____	_____
Loans against life insurance	_____	_____	_____
Unpaid taxes	_____	_____	_____
Other obligations	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Liabilities:	_____	_____	_____
Net Estate:	_____	_____	_____

** Joint Tenancy (JT), Tenancy in Common (TC) and community Property (CP) values go ½ in husband's column, ½ in wife's column.*