

PETERSON PALETTA, PLC
ATTORNEYS & COUNSELORS

ESTATE PLANNING INFORMATION QUESTIONNAIRE

*Please fill out this questionnaire as completely as you can.
Anything that does not apply can be left blank.*

PERSONAL DATA

Name: _____
LAST FIRST MI DATE OF BIRTH

Address: _____
STREET CITY COUNTY STATE ZIP CODE

Social Security Number: _____ Home Phone: (____) _____

Business Phone: (____) _____ Cellular Phone: (____) _____

YOUR CHILDREN

1. Name: _____
LAST FIRST MI DATE OF BIRTH

Address: _____
STREET CITY COUNTY STATE ZIP CODE

Spouse's Name: _____

Children of this Child:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

2. Name: _____
LAST FIRST MI DATE OF BIRTH

Address: _____
STREET CITY COUNTY STATE ZIP CODE

Spouse's Name: _____

Children of this Child:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

3. Name: _____
LAST FIRST MI DATE OF BIRTH

Address: _____
STREET CITY COUNTY STATE ZIP CODE

Spouse's Name: _____

Children of this Child:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

(If you have any additional children or need additional space, please use the back of this page.)

- Check if you have more than 6 children (add their information on the back of this page) Check if you anticipate having more children and and would like them included as heirs.

4. Do you have any children who are deceased? If so, list name(s) and date(s) of death.

5. Do you have any adopted children or stepchildren that are not named above? If so, list name(s).

LIVING PARENTS

1. Mother's Name: _____
LAST FIRST MI DATE OF BIRTH

Address: _____
STREET CITY COUNTY STATE ZIP CODE

2. Father's Name: _____
LAST FIRST MI DATE OF BIRTH

Address: _____
STREET CITY COUNTY STATE ZIP CODE

LIVING SIBLINGS

1. Name: _____
LAST FIRST MI DATE OF BIRTH

Address: _____
STREET CITY COUNTY STATE ZIP CODE

2. Name: _____
LAST FIRST MI DATE OF BIRTH

Address: _____

STREET

CITY

COUNTY

STATE

ZIP CODE

- Check if you have more siblings than space available above (add their information on the back of this page)

QUESTIONS ABOUT YOU, YOUR FAMILY, AND YOUR PROPERTY

Except as to question 1, if you answer "YES" to any question, please explain in the comments section following.

	YES	NO
1. Are the following family members United States citizens?		
a. You	<input type="checkbox"/>	<input type="checkbox"/>
b. Children	<input type="checkbox"/>	<input type="checkbox"/>
2. Do any of your children have special educational medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, does this child receive governmental support or benefits (Medicaid, SSI) as a result of these needs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been divorced?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you making payments or otherwise obligated to make provisions for a former spouse or children pursuant to a divorce or property settlement agreement?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever made a gift to an individual in excess of \$10,000 in one calendar year?	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, did you file a Federal Gift Tax return (form 709) for these gifts?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you own real property outside the State of Michigan?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you own an interest in a "small" business (non-publicly traded) e.g., a "family" business, partnership, or sole proprietorship?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you expecting an inheritance in the foreseeable future?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have long-term care insurance (sometimes called nursing home insurance)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has anyone appointed you as agent or attorney-in-fact under a general power of attorney?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "YES" answers, being as specific as you wish to be. If you have any documents that help explain these answers, please bring them to your initial consultation.

11. Describe your general health.

YES	NO
-----	----

12. Do you wish to take advantage of Michigan's laws concerning living wills (the use or withdrawal of artificial life support equipment in certain situations) and health care powers of attorneys?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

13. Please check the estate planning issue(s) listed below that concern you.

- Ability to manage property during disability
- Planning for long-term nursing home costs
- Minimizing Federal Estate Taxes
- Providing a means to provide property management for your children or other family members
- Avoiding probate
- Maintaining privacy of your financial affairs
- Developing a method for distributing your estate upon death
- Identifying persons to care for your minor children (if applicable)
- Avoiding in-court guardianship proceedings should you ever become disabled (i.e., incompetent)

14. Describe any other estate planning concerns that you may have that were not listed in Question 13.

ADVISORS

Please list those persons whom you depend for medical, business, or financial advice in the following categories:

Health Care Provider: _____

Bank: _____

Accountant: _____

Financial Planner: _____

Life Insurance Agent: _____

Other: _____

Who referred you to Peterson Paletta, PLC? _____

CHOICE OF FIDUCIARIES

In order of priority (see last page for definitions)

Personal Representative:

A Personal Representative (executor) handles the property of a deceased person, and distributes it to the person's heirs. Any person over the age of 18 may be a Personal Representative. A spouse is generally appointed first. List one or more persons.

- 1. _____ / _____
PRIMARY PERSONAL REPRESENTATIVE RELATIONSHIP TO YOU
- 2. _____ / _____
ALTERNATE PERSONAL REPRESENTATIVE RELATIONSHIP TO YOU
- 3. _____ / _____
SECOND ALTERNATE PERSONAL REPRESENTATIVE RELATIONSHIP TO YOU

Guardian of Minor Children:

A Guardian is responsible for the day-to-day care of minor or incompetent children if the natural parents are deceased. Please name a primary and alternate Guardian if you have minor children.

- 1. _____ / _____
PRIMARY GUARDIAN RELATIONSHIP TO YOU
- 2. _____ / _____
ALTERNATE GUARDIAN RELATIONSHIP TO YOU
- 3. _____ / _____
SECOND ALTERNATE GUARDIAN RELATIONSHIP TO YOU

Guardian of the Person and Property:

The person appointed by a court to provide for the care, well-being, and property of a disabled (i.e., incompetent) adult. An adult may appoint a guardian in a power of attorney (or other similar document) that would become effective, with court approval, at some time in the future if that adult becomes disabled.

- 1. _____ / _____
PRIMARY GUARDIAN RELATIONSHIP TO YOU
- 2. _____ / _____
ALTERNATE GUARDIAN RELATIONSHIP TO YOU
- 3. _____ / _____
SECOND ALTERNATE GUARDIAN RELATIONSHIP TO YOU

Trustee:

Should you need a trust, you will need to appoint a person or financial institution to hold and manage property put into trust and to make distributions. You may leave this section blank until we discuss whether or not you will need a trust created.

- 1. _____ / _____
PRIMARY TRUSTEE RELATIONSHIP TO YOU

2. _____ / _____
 ALTERNATE TRUSTEE RELATIONSHIP TO YOU
3. _____ / _____
 SECOND ALTERNATE TRUSTEE RELATIONSHIP TO YOU

Agent under a General Power of Attorney:

A Durable Power of Attorney appoints a person to make personal and financial decisions on your behalf. It can be effective immediately or only in the event that you become incapacitated. A Power of Attorney terminates when you pass away. Please appoint a primary and alternate agent to act for you. The person you appoint should be someone you trust who is capable of managing your affairs in a prudent manner. A spouse is generally appointed first.

1. _____ / _____
 PRIMARY AGENT RELATIONSHIP TO YOU
2. _____ / _____
 ALTERNATE AGENT RELATIONSHIP TO YOU
3. _____ / _____
 SECOND ALTERNATE TRUSTEE RELATIONSHIP TO YOU

Agent under a Health Care Power of Attorney:

You may appoint a "Patient Advocate" in a Health Care Directive to make medical decisions on your behalf if you become incapacitated. A Patient Advocate may also be authorized to terminate life support if you are terminally ill. Please name a primary and alternate Patient Advocate. A spouse is generally appointed first.

1. _____ / _____
 PRIMARY PATIENT ADVOCATE RELATIONSHIP TO YOU
2. _____ / _____
 ALTERNATE PATIENT ADVOCATE RELATIONSHIP TO YOU
3. _____ / _____
 SECOND ALTERNATE PATIENT ADVOCATE RELATIONSHIP TO YOU

NOTE: Provide address, home telephone number, and work telephone number for each fiduciary, unless already included elsewhere in the questionnaire.

MEDICAL DIRECTIVES

Please check the boxes that reflect your wishes regarding medical treatment in the event you are not able to make your own medical decisions.

1. Life Support:

- I want doctors to do everything they think might help me. Even if I am very sick and I have little hope of getting better, *I want them to keep me alive for as long as they can.*
- I want doctors to do everything they think might help me, but, if I am very sick and I have little hope of getting better, *I do NOT want to stay on life support.*
- I want doctors to do everything they think might help me, but (check all that apply):
 - I don't want doctors to help restart my heart if it stops by using CPR.
 - I don't want a ventilator to pump air into my lungs to help me breathe if I cannot breathe on my own.
 - I don't want a dialysis machine to clean my blood if my kidneys stop working.
 - I don't want a feeding tube if I can't swallow.
 - I don't want a blood transfusion if I need more blood.
- I don't want any life support treatment.
- I want my Patient Advocate to decide for me (designated above).
- I am not sure.

2. Pain Relief:

- Regardless of the choices made above, I want reasonable measures to be taken to keep me comfortable and relieve pain.

MEMORIAL ARRANGEMENTS

- 1. Funeral arrangements: Burial Cremation
- 2. Would you like to give your Patient Advocate authority to donate organs?
 - No
 - Yes, my organs may be used for any purpose, including scientific research
 - Yes, but my organs may only be used for transplantation

Special funeral, burial, memorial service or other provisions that you would like to include in your Will:

ASSETS

	Market value	Owner	Who would you like to inherit your interest?
Cash (include bank accounts, money market accounts, CD's)	_____	_____	_____
Investments (include stocks, bonds, mutual funds, etc.)	_____	_____	_____
Real Property			
• Residence	_____	_____	_____
• Vacation	_____	_____	_____
• Investment	_____	_____	_____
Personal Property (furniture, jewelry, collections, cars, etc.)	_____	_____	_____
Notes Receivable	_____	_____	_____
Retirement Accounts	_____	_____	_____
Life Insurance (face value)	_____	_____	_____
Small Business (i.e., family)	_____	_____	_____
Motor Vehicles	_____	_____	_____

Check if you have other significant assets (add information about additional assets on the back of this page and include them in the total below)

TOTAL _____

Addresses of all real property owned:

1.	_____	_____	_____	_____
	STREET ADDRESS	CITY	STATE	ZIP CODE
2.	_____	_____	_____	_____
	STREET ADDRESS	CITY	STATE	ZIP CODE
3.	_____	_____	_____	_____
	STREET ADDRESS	CITY	STATE	ZIP CODE

LIABILITIES

Mortgages	_____
Credit Cards	_____
Bank Loans	_____

Check if you have other significant liabilities (add information about additional assets on the back of this page and include them in the total below)

TOTAL	_____
TOTAL ASSETS	= _____
TOTAL LIABILITIES	= (_____)
NET WORTH	= _____

INCOME

Wages/Salary _____
Social Security _____
Retirement Plans _____
Investments _____
TOTAL _____

DISTRIBUTION

A lot of the information we request helps you to understand what your estate includes. Depending on how your property is titled, it may pass outside of your Will. Also, any insurance policies you own that list a beneficiary will be paid directly to those beneficiaries. Without a Will, your property will pass according to the laws of intestacy. Please tell us how you would like to distribute your assets.

1. Gifts of Money

Please complete if you would like to give any specific gifts of money.

a. _____
NAME RELATIONSHIP AMOUNT

b. _____
NAME RELATIONSHIP AMOUNT

c. _____
NAME RELATIONSHIP AMOUNT

2. Gifts of Specific Personal Property

You may complete a separate list at a later date which lists all of the personal property gifts you wish to be included in your Will. The Will refers to this list and incorporates it into the document. Therefore, you can change the list at any time without changing your Will. Do you want your Will to refer to such a list? YES NO If you answered "NO," list specific property gifts below.

a. _____
ITEM OF ESTATE NAME RELATIONSHIP

b. _____
ITEM OF ESTATE NAME RELATIONSHIP

c. _____
ITEM OF ESTATE NAME RELATIONSHIP

3. Bulk of Estate

If you wish to give your estate (minus the specific cash gifts and specific personal property gifts listed above) to one person, or divided between two or more persons, list below.

a. _____
NAME RELATIONSHIP PERCENT/AMOUNT

b. _____
NAME RELATIONSHIP PERCENT/AMOUNT

c. _____
NAME RELATIONSHIP PERCENT/AMOUNT

Or, if you wish to give specific portions of your estate to certain people (i.e., your stocks to one person, your bonds to another, your home to another), list below. Please be aware that it is better to leave these in general terms (i.e., stocks instead of AT&T stocks). This is because, if you trade those stocks, the person designated to receive them may receive nothing.

a. _____
NAME RELATIONSHIP PERCENT/AMOUNT

b. _____
NAME RELATIONSHIP PERCENT/AMOUNT

c. _____
NAME RELATIONSHIP PERCENT/AMOUNT

4. Disinheritance

(Optional) You may identify family members that you want to prevent from inheriting your property.

a. _____
NAME RELATIONSHIP

b. _____
NAME RELATIONSHIP

SPECIFIC INSTRUCTIONS AND QUESTIONS

Please list any questions, concerns, or special instructions not noted above.

Revised 5/08