

ESTATE PLANNING QUESTIONNAIRE

- DATE: _____ REFERRED BY: _____
1. _____ SOCIAL SECURITY NO: _____
(HUSBAND'S NAME) DATE OF BIRTH: _____
DATE ATTAIN AGE 69: _____
U.S. CITIZEN?: _____ YES _____ NO
2. _____ SOCIAL SECURITY NO: _____
(WIFE'S NAME) DATE OF BIRTH: _____
DATE ATTAIN AGE 69: _____
U.S. CITIZEN?: _____ YES _____ NO
3. HOME ADDRESS: _____

4. MAILING ADDRESS: _____
(IF DIFFERENT FROM ABOVE) _____
5. HOME PHONE: _____
- WORK PHONE: _____
(HUSBAND) (WIFE)
6. EMPLOYER: _____
(HUSBAND) (WIFE)
7. DATE & PLACE OF MARRIAGE: _____

8. DATE MOVED TO IDAHO: _____
9. PREVIOUSLY MARRIED: HUSBAND - _____ YES _____ NO
WIFE - _____ YES _____ NO
10. COMMUNITY PROPERTY AGREEMENT: _____ YES _____ NO

CHILDREN

| <u>NAMES</u> | <u>ADDRESS & PHONE #</u> | <u>DATE OF BIRTH AND AGE</u> | <u>PARENT OF CHILD</u> |
|--------------|------------------------------|----------------------------------|------------------------|
| 1. _____ | _____ _____ _____ | _____ AGE: _____ | _____ |
| 2. _____ | _____ _____ _____ | _____ AGE: _____ | _____ |
| 3. _____ | _____ _____ _____ | _____ AGE: _____ | _____ |
| 4. _____ | _____ _____ _____ | _____ AGE: _____ | _____ |
| 5. _____ | _____ _____ _____ | _____ AGE: _____ | _____ |
| 6. _____ | _____ _____ _____ | _____ AGE: _____ | _____ |
| 7. _____ | _____ _____ _____ | _____ AGE: _____ | _____ |
| 8. _____ | _____ _____ _____ | _____ AGE: _____ | _____ |

ARE ALL CHILDREN ISSUE OF THIS MARRIAGE? _____ YES _____ NO

ANY DECEASED CHILDREN? _____ YES _____ NO

CHILDREN OF DECEASED CHILD: _____

STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in family business or non-publicly-traded company should be listed under "Corporate Business and Professional Interests." Stocks held in a **street name** or **investment account** should be listed under "Investment Accounts".

| Name of Stock | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____ | _____ | _____ | _____ |
| Please provide name and address of Transfer Company: Name: _____ | | | |
| Address: _____ Phone: _____ | | | |
| _____ | | | |

| Name of Stock | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____ | _____ | _____ | _____ |
| Please provide name and address of Transfer Company: Name: _____ | | | |
| Address: _____ Phone: _____ | | | |
| _____ | | | |

| Name of Stock | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____ | _____ | _____ | _____ |
| Please provide name and address of Transfer Company: Name: _____ | | | |
| Address: _____ Phone: _____ | | | |
| _____ | | | |

| Name of Stock | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____ | _____ | _____ | _____ |
| Please provide name and address of Transfer Company: Name: _____ | | | |
| Address: _____ Phone: _____ | | | |
| _____ | | | |

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money market "MM" ♦ Investment "I" ♦ Cash Management "CM" ♦ Or other account that is in a street name. (*Indicate type below.*)

| Name of Brokerage Firm | Type | Account # | Owner | Amount |
|------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |

| Name of Brokerage Firm | Type | Account # | Owner | Amount |
|------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |

| Name of Brokerage Firm | Type | Account # | Owner | Amount |
|------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |

| Name of Brokerage Firm | Type | Account # | Owner | Amount |
|------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |

| Name of Brokerage Firm | Type | Account # | Owner | Amount |
|------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |

Are any funds electronically deposited or withdrawn from any of the above accounts?
 Yes No

Are you named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, grandchildren, etc.)?
 Yes No

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.

TOTAL \$ _____

CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of deposits "CD" ♦ Safety Deposit Box "SD". (Indicate type below.)

| Name of Institution and Branch | Type | Account # | Owner | Amount |
|--------------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |

| Name of Institution and Branch | Type | Account # | Owner | Amount |
|--------------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |

| Name of Institution and Branch | Type | Account # | Owner | Amount |
|--------------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |

| Name of Institution and Branch | Type | Account # | Owner | Amount |
|--------------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |

| Name of Institution and Branch | Type | Account # | Owner | Amount |
|--------------------------------|-------|--------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |

TOTAL \$ _____

Are any funds electronically deposited or withdrawn from any of the above accounts (such as social security or mortgage)?
 Yes No

Are you named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, grandchildren, etc.)?
 Yes No

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.

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property. *(Indicate type below and give a lump sum value for miscellaneous items.)*

| Type | Owner | Value | Is there a lien against the asset? |
|-------|-------|-------|--|
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TOTAL \$ _____

| | | | |
|-----------------------------------|-------------|--------------|-----------|
| Name of Car Insurance Agent _____ | | | |
| Policy # _____ | | | |
| Company _____ | | | |
| Address _____ | City _____ | State _____ | Zip _____ |
| Phone # _____ | Fax # _____ | E-Mail _____ | |

| Name of Stock | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____ | _____ | _____ | _____ |
| Please provide name and address of Transfer Company: Name: _____ | | | |
| Address: _____ Phone: _____ | | | |
| _____ | | | |

| Name of Stock | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____ | _____ | _____ | _____ |
| Please provide name and address of Transfer Company: Name: _____ | | | |
| Address: _____ Phone: _____ | | | |
| _____ | | | |

| Name of Stock | Number of Shares | Owner | Fair Market Value |
|--|------------------|-------|-------------------|
| _____ | _____ | _____ | _____ |
| Please provide name and address of Transfer Company: Name: _____ | | | |
| Address: _____ Phone: _____ | | | |
| _____ | | | |

TOTAL \$ _____

Are any of the above referenced stock pledged as collateral on any loans? Yes No

Are you named as a co-owner on any stock owned by someone else (i.e. parents, siblings, grandchildren, etc.)? Yes No

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) *(Indicate type below.)*

| Company Name | Type of Plan | Beneficiary Upon Your Death | Owner | Value |
|---|--------------|-----------------------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| Company Name | Type of Plan | Beneficiary Upon Your Death | Owner | Value |
|---|--------------|-----------------------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| Company Name | Type of Plan | Beneficiary Upon Your Death | Owner | Value |
|---|--------------|-----------------------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| Company Name | Type of Plan | Beneficiary Upon Your Death | Owner | Value |
|---|--------------|-----------------------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| Company Name | Type of Plan | Beneficiary Upon Your Death | Owner | Value |
|---|--------------|-----------------------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | | |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

TOTAL \$ _____

PENSION PLANS

| Company Name | Beneficiary Upon Your Death | Owner | Value |
|---|--------------------------------|--------------|-------|
| _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| Company Name | Beneficiary Upon Your Death | Owner | Value |
|---|--------------------------------|--------------|-------|
| _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| Company Name | Beneficiary Upon Your Death | Owner | Value |
|---|--------------------------------|--------------|-------|
| _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| Company Name | Beneficiary Upon Your Death | Owner | Value |
|---|--------------------------------|--------------|-------|
| _____ | _____ | _____ | _____ |
| Address: _____ | | Phone: _____ | |
| Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

TOTAL \$ _____

LIFE INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die (Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

| Company Name | Insured | Policy # | Owner | Type of Policy | Face Amount | Cash Value |
|----------------------------|---------|----------|------------------------------|----------------|--------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | | Phone: _____ | | Agent: _____ | |
| Primary Beneficiary: _____ | | | Secondary Beneficiary: _____ | | | |

| Company Name | Insured | Policy # | Owner | Type of Policy | Face Amount | Cash Value |
|----------------------------|---------|----------|------------------------------|----------------|--------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | | Phone: _____ | | Agent: _____ | |
| Primary Beneficiary: _____ | | | Secondary Beneficiary: _____ | | | |

| Company Name | Insured | Policy # | Owner | Type of Policy | Face Amount | Cash Value |
|----------------------------|---------|----------|------------------------------|----------------|--------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | | Phone: _____ | | Agent: _____ | |
| Primary Beneficiary: _____ | | | Secondary Beneficiary: _____ | | | |

| Company Name | Insured | Policy # | Owner | Type of Policy | Face Amount | Cash Value |
|----------------------------|---------|----------|------------------------------|----------------|--------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Address: _____ | | | Phone: _____ | | Agent: _____ | |
| Primary Beneficiary: _____ | | | Secondary Beneficiary: _____ | | | |

Face Amount TOTAL \$ _____

Are any of the above referenced insurance policies pledged as collateral on any loans? Yes No

ANNUITIES

| Company Name | Annuitant | Account # | Owner | Face Amount | Cash Value |
|----------------------------|-----------|--------------|------------------------------|--------------|------------|
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| Address: _____ | | Phone: _____ | | Agent: _____ | |
| Primary Beneficiary: _____ | | | Secondary Beneficiary: _____ | | |

| Company Name | Annuitant | Account # | Owner | Face Amount | Cash Value |
|----------------------------|-----------|--------------|------------------------------|--------------|------------|
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| Address: _____ | | Phone: _____ | | Agent: _____ | |
| Primary Beneficiary: _____ | | | Secondary Beneficiary: _____ | | |

| Company Name | Annuitant | Account # | Owner | Face Amount | Cash Value |
|----------------------------|-----------|--------------|------------------------------|--------------|------------|
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| Address: _____ | | Phone: _____ | | Agent: _____ | |
| Primary Beneficiary: _____ | | | Secondary Beneficiary: _____ | | |

| Company Name | Annuitant | Account # | Owner | Face Amount | Cash Value |
|----------------------------|-----------|--------------|------------------------------|--------------|------------|
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| Address: _____ | | Phone: _____ | | Agent: _____ | |
| Primary Beneficiary: _____ | | | Secondary Beneficiary: _____ | | |

Are you receiving any regular distributions from any annuity contracts? Yes No

If "yes," do the distributions have "survivorship" or "period certain" provisions? Yes No
 Survivorship Period Certain

TOTAL \$ _____

BONDS

TYPE: US Savings Bonds

Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills *(Indicate type below.)*

| Type | Owner | Face Value |
|-------|-------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOTAL \$ _____

MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you

(Please provide a copy of any promissory notes.)

| Name of Debtor | Date Due | Owed To | Current Balance | Promissory Note |
|----------------|----------|---------|-----------------|--|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TOTAL \$ _____

OTHER ASSETS

TYPE: Any property you own that does not fit into any other listed category.

| Description | Owner | Value |
|-------------|-------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL \$ _____

| ASSETS* | CLIENT #1 | CLIENT # 2 |
|--|------------------|-------------------|
| | AMOUNT | |
| Cash Accounts | | |
| Investment Accounts | | |
| Stocks | | |
| Personal Effects | | |
| Retirements Plans | | |
| Pension Plans | | |
| Life Insurance Policies | | |
| Annuities | | |
| Bonds | | |
| Monies Owed to You | | |
| Partnership & LLC's Interests | | |
| Corporate Business Interests | | |
| Sole Proprietorship Interests | | |
| Anticipated Inheritance, Gift, or Judgment | | |
| Oil, Gas, and Mineral Interests | | |
| Other Assets | | |
| Real Property | | |
| TOTAL ASSETS | | |
| | | |
| LIABILITIES | CLIENT #1 | CLIENT # 2 |
| | AMOUNT | |
| Loans payable | | |
| Accounts payable | | |
| Real estate mortgages payable | | |
| Loans against life insurance | | |
| Unpaid taxes | | |
| Other obligations | | |
| TOTAL LIABILITIES | | |
| NET ESTATE | | |
| | | |
| ANNUAL INCOME | | |

* Joint Tenancy (JT), Tenancy in Common (TC), and Community Property (CP) values go 1/2 in Client #1's column and 1/2 in Client #2's column.